

PHYSICAL THERAPY PRACTICE

1. SUMMARY OF MAJOR CHANGES: Major changes are as follows:

a. A title change of the Veterans Health Administration (VHA) Physical Therapy (PT) Executive, Rehabilitation and Prosthetic Services to the National PT Program Manager.

b. Moved examples of PT techniques, interventions and evaluations to the VHA PT Services SharePoint at: <https://dvagov.sharepoint.com/sites/vhaphysical-therapy-marketplace/SitePages/PT-Directive-%26-Resources.aspx>. **NOTE:** This is an internal Department of Veterans Affairs (VA) website that is not available to the public.

2. RELATED ISSUES: VA Handbook 5005, Staffing, Part II, Appendix G12, dated February 7, 2018; VA Handbook 5005, Staffing, Part II, Appendix G23, dated January 28, 2021; VHA Directive 1170.03(1), Physical Medicine and Rehabilitation Service, dated November 5, 2019.

3. POLICY OWNER: The Executive Director, Rehabilitation and Prosthetic Services (12RPS) is responsible for the contents of this directive. Questions may be referred to the National PT Program Manager at VHA12RPSRehabandProstheticsAction@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: None.

5. RESCISSIONS: VHA Directive 1170.05, Physical Therapy Practice, dated May 11, 2020, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

September 16, 2024

VHA DIRECTIVE 1170.05

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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PHYSICAL THERAPY PRACTICE

1. POLICY

It is Veterans Health Administration (VHA) policy to provide high quality physical therapy (PT) services by ensuring that PT services align with the practice standards of the Department of Veterans Affairs (VA) and the American Physical Therapy Association (APTA). **AUTHORITY:** 38 U.S.C. §§ 7301(b) and 7402(b)(14).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for:

(1) Supporting Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Overseeing VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Rehabilitation and Prosthetics Services.** The Executive Director, Rehabilitation and Prosthetic Services is responsible for:

(1) Overseeing implementation of the policy standards specified by this directive and ensuring that corrective action is taken when noncompliance is identified.

(2) Communicating programmatic changes, performance metrics, and progress on strategic goals to the Assistant Under Secretary for Health for Patient Care Services/CNO for awareness.

(3) Establishing annual strategic goals based on VA and VHA strategic priorities, objectives, and goals.

(4) Collaborating with the National PT Program Manager to establish performance metrics for the delivery of PT services. These metrics must be reviewed annually and updated as needed, and made available to the field. **NOTE:** *Performance metrics are available at:*

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render. *This is an internal VA website that is not available to the public.*

(5) Overseeing the National PT Program Manager.

e. **National Physical Therapy Program Manager, Rehabilitation and Prosthetic Services.** The National PT Program Manager, Rehabilitation and Prosthetic Services is responsible for:

(1) Establishing and disseminating this directive and determining the effectiveness and efficacy of the policy and field compliance using established reports, surveys, and measurement instruments. This includes reports provided by VISN Directors.

(2) Providing guidance and clarification for the establishment of scopes of practice and credentialing to the VA medical facility Supervisor of PT Services.

(3) Providing recommendations and guidance on staffing levels and appropriate utilization of PTs and Physical Therapy Assistants (PTAs) for VISNs and VA medical facilities upon request (e.g., from the VISN Director or VA medical facility Chief, PT).

(4) Initiating, promoting, and leading effective collaborations with other VHA program offices (e.g., Office of Geriatrics and Extended Care, Primary Care, Rural Health, National Center for Patient Safety) to integrate the delivery of comprehensive PT health care services to Veterans.

(5) Collaborating with the Executive Director, Rehabilitation and Prosthetic Services to establish PT performance metrics for the delivery of PT services. **NOTE:** *Performance metrics are available at:*

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render. *This is an internal VA website that is not available to the public.*

(6) Collaborating with the VISN Director to appoint a VISN PT Point of Contact to facilitate communication between VA Central Office, the VISN, and VA medical facilities.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Patient Care Services/CNO and the Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(2) Overseeing actions to correct operational noncompliance at the VISN and VA medical facilities within the VISN.

(3) Providing necessary support and resources to ensure high-quality, efficient, and accessible PT services that are sufficient to meet VISN and VA medical facility needs.

(4) Collaborating with the National PT Program Manager to appoint a VISN PT point of contact.

(5) Reviewing available data resources and reports from the VA medical facility Director that track PT and PTA workload, productivity, cost, utilization, access, and other available and relevant metrics within the VISN, and reporting data on established PT performance goals to the National PT Program Manager. **NOTE:** *Performance metrics are available at:*

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render. This is an internal VA website that is not available to the public.

g. **Veterans Integrated Services Network Point of Contact.** The VISN PT Point of Contact is responsible for ensuring communication channels regarding the VHA PT practice are available between VA Central Office, the VISN, and VA medical facilities.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that PT services are delivered at the VA medical facility by a qualified and competent workforce in a high-quality and efficient manner.

(3) Collaborating with the VA medical facility Supervisor of PT Services to determine appropriate local performance and outcome measures set against national standards and related to areas such as access and scheduling to evaluate local practice. The needs of the VA medical facility must shape these discussions (e.g., VHA access criteria).

(4) Providing adequate space for the provision of diagnostic and therapeutic services for the effective and efficient delivery of PT services. Established criteria for minimum space requirements are provided in VA Space Planning Criteria, Chapter 270: Veterans Health Administration: Physical Medicine and Rehabilitation Service, available at: <http://www.cfm.va.gov/til/space.asp#VHA>.

(5) Reviewing reports from the VA medical facility Supervisor of PT Services on PT and PTA workload, productivity, cost, utilization, and access, and reporting outliers to the VISN Director.

(6) Collaborating with the VA medical facility Supervisor of PT Services to implement quality management initiatives related to the mix and level of staff required based upon

feedback (e.g., trends in performance measures, patient outcomes, or other indicators or monitors of the accessibility and quality of care provided).

(7) Ensuring that the VA medical facility Chief, PT provides the appropriate equipment, resources, and necessary supplies for diagnostic testing and rehabilitation for the effective and efficient delivery of PT services.

(8) Determining appropriate organizational placement of PTs and PTAs.

i. **VA Medical Facility Chief of Staff and Associate Director for Patient Care Services.** Depending on the VA medical facility structure, the VA medical facility Chief of Staff and Associate Director for Patient Care Services are responsible for collaborating with the VA medical facility Chief, PT to ensure PT scope of practice or credentialing and privileging relevant to PT are evaluated and documented consistently and in accordance with VHA Directive 1100.20(1), Credentialing of Health Care Providers, dated September 15, 2021, and VHA Directive 1100.21(1), Privileging, dated March 2, 2023. Resources to assist in the privileging process, accountability of scope of practices, and clinical chart reviews are available on the VHA PT Services SharePoint at: <https://dvagov.sharepoint.com/sites/vhaphysical-therapy-marketplace/SitePages/PT-Directive-%26-Resources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

j. **VA Medical Facility Chief, Physical Therapy.** **NOTE:** The VA medical facility Chief, PT refers to the individual at the VA medical facility with primary responsibility for the operations and management of the PT service and the management of related professional and administrative activities. This falls under Physical Medicine and Rehabilitation at most VA medical facilities but may fall under other service lines (e.g., Extended Care and Rehabilitation, Medicine), depending on the VA medical facility's organizational structure. The VA medical facility Chief, PT is responsible for:

(1) Ensuring that VA medical facility staff within PT Services are informed of the contents of this directive and have sufficient administrative support.

(2) Collaborating with the VA medical facility Chief of Staff and Associate Director for Patient Care Services to ensure PT scope of practice or credentialing and privileging relevant to PT are evaluated and documented consistently and in accordance with VHA Directive 1100.20(1) and VHA Directive 1100.21. Resources to assist in the privileging process, accountability of scope of practices, and clinical chart reviews are available on the VHA PT Services SharePoint at: <https://dvagov.sharepoint.com/sites/vhaphysical-therapy-marketplace/SitePages/PT-Directive-%26-Resources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Determining and providing the appropriate equipment, resources, and necessary supplies for providing diagnostic testing and rehabilitation. This includes, but is not limited to:

(a) Therapeutic and rehabilitative equipment, devices, expendables, and tools sufficient for the treatment and management of disorders associated with the practice of PT involving a full range of patient complexity;

(b) Computers, internet connectivity, and information technology sufficient to run clinical equipment and analyze diagnostic results, provide staff and patient education, and manage health records; and

(c) PT equipment that requires calibration and must be maintained according to current standards published by the manufacturer's recommendations.

k. VA Medical Facility Supervisor of Physical Therapy Services. *NOTE: For this directive, the term Supervisor of PT Services is used as the title for the person responsible for the management of the VA medical facility's PT Service. If the Supervisor of PT Services is not a PT, it is essential that documentation of competence for PTs be performed by a PT. The VA medical facility Supervisor of PT Services is responsible for:*

(1) Referring to relevant productivity tracking resources to track productivity and establish reasonable workload and productivity goals for PTs and PTAs, considering the unique scope and complexity of PT services, quality of health care services, access goals, expected and emerging demand for services, sustainability, and cost, and reporting metrics on established performance goals to the VA medical facility Director. Tracking resources and dashboards reporting this information are available at: https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render and <https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=55>. For further guidance, refer to the Workload and Productivity Resources on the VHA PT Services SharePoint available at: <https://dvagov.sharepoint.com/sites/VHAREhab/data%20references/forms/allitems.aspx>. **NOTE:** *These are internal VA websites that are not available to the public.*

(2) Contributing to budget development and communicating resource needs to the VA medical facility Director to accomplish PT Services missions using evidence-based data to justify requests.

(3) Collaborating with the VA medical facility Director to determine appropriate local performance and outcome measures set against national standards and related to areas such as access and scheduling to evaluate local practice. This includes escalating identified challenges in meeting the national standards to the VA medical facility Director. The needs of the VA medical facility must shape these discussions (e.g., VHA access criteria).

(4) Collaborating with the VA medical facility Director to implement quality management initiatives related to the mix and level of staff required based upon feedback (e.g., trends in performance measures, patient outcomes, or other indicators or monitors of the accessibility and quality of care provided).

I. **VA Medical Facility Physical Therapist.** The VA medical facility PT is responsible for:

(1) Providing patient evaluation, examination, diagnosis, prognosis, plan of care, treatment, and interventions based upon their evaluation. **NOTE:** *VA PT clinical evaluations include but are not limited to patient history, systems review, and standardized tests to identify potential and existing problems including PT treatment diagnosis. PTs synthesize the examination data and develop individualized plans of care that incorporate clinical judgment, the best available scientific evidence, socioeconomic factors, and patient goals. Clinical management requires ongoing assessment of progress towards patient goals of care and modifications of the treatment plan, including collaboration with, and referrals to, other VA health care providers, as indicated.*

(2) Providing patient health and wellness interventions and education, evaluation in muscle strength, balance and coordination, joint flexibility, physical endurance, locomotion and transfer mobility, and pain.

(3) Providing patient PT evaluation techniques and common PT interventions, if applicable, including but not limited to those outlined in “PT Techniques, Interventions, and Evaluations” available on the VHA PT Services SharePoint at: <https://dvagov.sharepoint.com/sites/vhaphysical-therapy-marketplace/SitePages/PT-Directive-%26-Resources.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Providing patient, caregiver, and family education that includes injury prevention, human performance optimization, and management of chronic conditions and pain management strategies (see the APTA website at <http://www.apta.org> for more information on PT education efforts).

(5) Providing clinical supervision to PTAs as the responsible VA medical facility PT. Supervision can occur through an in-person or telehealth visit. **NOTE:** *A PT must use professional judgment when delegating to a PTA and determining how frequently the PT needs to participate in the frequency of PT services provided. Only the PT performs the initial examination and reexamination of the patient, establishes the plan of care, and may utilize the PTA in collection of selected examination and outcomes data.*

m. **VA Medical Facility Physical Therapist Assistant.** The VA medical facility PTA is responsible for:

(1) Collaborating with the responsible VA medical facility PT who is responsible for clinical supervision of the patient, and drawing upon practical knowledge and treatment skill set to reach pre-determined patient goals by independently modifying techniques within the established patient plan of care.

(2) Implementing the patient plan of care under the direction of the responsible VA medical facility PT for patient cases, advancing the program and continually reviewing

the patient's condition to determine medical and functional status. **NOTE:** PTAs practice only under the plan of care established by the PT.

(3) Performing selected PT intervention as outlined in APTA's Guide to Physical Therapy Practice, with no less than general supervision by the responsible VA medical facility PT. These guides are available on APTA's website at: <https://guide.apta.org/> and <https://www.apta.org/apta-and-you/leadership-and-governance/policies/position-scope-of-practice>.

(4) Providing evidenced-based, skilled patient interventions, if applicable, including but not limited to those outlined in "PT Techniques, Interventions, and Evaluations" available on the VHA PT Services SharePoint at: <https://dvagov.sharepoint.com/sites/vhaphysical-therapy-marketplace/SitePages/PT-Directive-%26-Resources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

3. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Leadership oversight by the Executive Director, Rehabilitation and Prosthetic Services, VISN Director, and VA medical facility Director as outlined in paragraph 2 of this directive.

(2) Required collaboration between the Executive Director, Rehabilitation and Prosthetic Services and National PT Program Manager, Rehabilitation and Prosthetic Services to establish PT performance metrics for the delivery of PT services.

b. **Metrics.** The metrics in this directive that assess the directive or program effectiveness are:

(1) Established national PT performance and strategic goals.

(2) Ongoing tracking and analysis of PT and PTA service outcomes (e.g., patient access, quality indicators, workload, staff productivity, cost, and utilization) in accordance with the performance metrics available at: https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render. **NOTE:** This is an internal VA website that is not available to the public.

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and

Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

6. BACKGROUND

PTs and PTAs are licensed and regulated by a state, territory, or Commonwealth of the U.S. or the District of Columbia. As of January 1, 2015, all 50 states, the District of Columbia, and the U.S. Virgin Islands allow patients to seek treatment from a licensed PT without a prescription or referral. Patients are able to self-refer to PTs without being referred by a physician or other health care provider. The health care provider of record is sufficient to satisfy the requirements of institutional billing; therefore, initial certification and re-certification is not required for coverage of PT services.

7. REFERENCES

- a. 38 U.S.C. §§ 7301(b) and 7402(b)(14).
- b. VHA Directive 1100.20(1), Credentialing of Health Care Providers, dated September 15, 2021.
- c. VHA Directive 1100.21(1), Privileging, dated March 2, 2023.
- d. VHA PT Services SharePoint. <https://dvagov.sharepoint.com/sites/vhaphysical-therapy-marketplace/SitePages/PT-Directive-%26-Resources.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*
- e. VHA Rehabilitation and Prosthetic Services Data References. <https://dvagov.sharepoint.com/sites/VHAREhab/data%20references/forms/allitems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*
- f. VHA Integrated Clinical Communities Rehabilitation and Extended Care National Metric Inventory. https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render. **NOTE:** *This is an internal VA website that is not available to the public.*
- g. VHA Support Service Center Rehabilitation Services Data Resources. <https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=55>. **NOTE:** *This is an internal VA website that is not available to the public.*
- h. VA Space Planning Criteria, Chapter 270: Veterans Health Administration: Physical Medicine and Rehabilitation Service. <http://www.cfm.va.gov/til/space.asp#VHA>.
- i. American Physical Therapy Association, Guide to Physical Therapist Practice. <https://guide.apta.org/>.

j. American Physical Therapy Association, Physical Therapist Scope of Practice.
<https://www.apta.org/apta-and-you/leadership-and-governance/policies/position-scope-of-practice>.