

SCOPE OF PRACTICE FOR KINESIOTHERAPY

PREAMBLE

This Scope of Practice has been established by the Council on Professional Standards for Kinesiotherapy, Inc., and is put forth for application to those individuals who are REGISTERED by said body. This document delineates the competencies for Registered Kinesiotherapists, and identifies the job tasks that Registered Kinesiotherapists are qualified to perform. This Scope of Practice reflects the evaluation procedures and comprehensive treatment interventions applied by Kinesiotherapists. The individual Kinesiotherapist may obtain additional training and credentials in areas beyond this Scope of Practice.

Kinesiotherapists administer treatment upon receipt of a prescription from physicians, and nurse practitioners or physician's assistants who have legal privileges to make such referrals.

DEFINITIONS

KINESIOTHERAPY: Kinesiotherapy is the application of scientifically based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning. An RKT can administer treatment only upon receipt of a prescription from qualified physicians, nurse practitioners and/or physician's assistants who have been privileged to make such referrals.

The Kinesiotherapist is a health care professional competent in the administration of musculoskeletal, neurological, ergonomic, biomechanical, psychosocial, and task specific functional tests and measures. The Kinesiotherapist determines the appropriate evaluation tools and interventions necessary to establish, in collaboration with the client and physician, a goal specific treatment plan.

The intervention process includes the development and implementation of a treatment plan, assessment of progress toward goals, modification as necessary to achieve goals and outcomes, and client education. The foundation of clinician-client rapport is based on education, instruction, demonstration and mentoring of therapeutic techniques and behaviors to restore, maintain and improve overall functional abilities.

THE COUNCIL ON PROFESSIONAL STANDARDS FOR KINESIOTHERAPY, INC.: An organization whose function is to insure that kinesiotherapy practitioners meet the standards for education, credentialing, and professional competence, which the Council has established.

GENERAL SCOPE OF PRACTICE

A. EVALUATION

The kinesiotherapist obtains detailed information from the client and the clinical record regarding the specific history that resulted in the referral for treatment. This is followed by an appropriate physical assessment pertaining to the reason for referral. The kinesiotherapist then records and analyzes the data, develops an appropriate treatment plan in conjunction with the client, and communicates with the referring practitioner regarding the proposed treatment. In cases where an evaluation is performed without the expectation of treatment, a physician referral may not be necessary. Examples might be fitness testing, work fitness testing, physical ability testing, and functional capacity testing. The Kinesiotherapist is advised to obtain a written or oral screening survey from the client to determine whether any possible medical conditions exist that may be affected by the testing conditions or tasks. Additionally the Kinesiotherapist should obtain from the client a signed written consent form that describes the test conditions and possible risks of the evaluation.

I. PHYSICAL COMPONENTS:

- a. Muscular strength and endurance
- b. Functional stability and mobility
- c. Neuromuscular coordination
- d. Kinesthesia, proprioception, and sensory deficits
- e. Flexibility/joint range of motion
- f. Aerobic fitness
- g. Reaction time

2. PSYCHOSOCIAL COMPONENTS:

- a. Appropriateness of behavior
- b. Enhancers/barriers to learning
- c. Capability of task planning and goal-directed behavior
- d. Orientation
- e. Affect
- f. Social interaction
- 9. Motivation

B. INTERVENTIONS:

The kinesiotherapist administers scientifically based exercise principals and activities to accomplish the stated goals of the treatment plan, such as those outlined in the Kinesiotherapy Scope of Practice and Kinesiotherapy Standards of Practice. The treatment plan may include strategies to educate the client and caregiver on techniques to enhance neuromusculoskeletal, psychomotor and psychosocial well being.

1. THERAPEUTIC EXERCISE:

- a. Strengthening exercise:
 - 1) Isometric
 - 2) Isotonic
 - 3) Isokinetic
- b. Endurance exercise
 - 1) Aerobic exercise
 - 2) Muscular endurance
- c. Functional mobility training and ambulation training
- d. Flexibility and range of motion exercise
 - 1) Passive
 - 2) Active-assistive
 - 3) Active
- e. Aquatic exercise
- f. Balance and coordination activities
- g. Neuromuscular re-education
- h. Work conditioning exercise

2. EDUCATION:

- a. Implications of disease/disability process, progression, and expectations for client and family
- b. Home exercise programs
- c. Body mechanics and functional mobility
- d. Home and/or worksite modification