

# **“Are You Up to Code?” (Part 1)**

## **APTA’s Revised Code of Ethics and Standards of Ethical Conduct for the PTA**

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# Objectives

- **Aware that the APTA Code of Ethics and Standards of Ethical Conduct for the PTA have been revised.**
- **Able to find resources on the APTA website for the Code of Ethics, Ethical Standards for the PTA, and Guides.**
- **Understand the rationale, process and implications for the revision as conducted by the *Task Force to Revise the APTA Core Ethics Documents*.**
- **Able to describe key differences between the old and revised Code and Standards.**

# **Acknowledgement**

**Thank you to:**

**American Physical Therapy Association**

**Dolly Swisher**

**Peg Hiller**

**Nancy Kirsch**

**Code of Ethics Task Force**

**This presentation is adapted from their work.**

**APTA 2009**

**House of Delegates Adopts  
Historic Revision to Code of  
Ethics!!**

# **To Access the Old and Revised Code and Standards**

- **Go to [APTA.org](http://APTA.org)**
- **Click on “Core Documents” under  
“Popular Pages”**

# Purpose of a Code of Ethics?

- Mark of a profession – accepting the right / obligation to set standards and regulate the behavior of members, to uphold the profession's image and reputation.
- Balance static, timeless principles and dynamic application
- Codes must be dynamic enough to help members of the profession and the public understand the ethical obligations of the profession
- Must guide members of the profession, and adapt to the times...be relevant

# History of Professionalism in PT

- **1919 – Interest in an Association**
- **1921 - American Women's Physical Therapeutic Association (245 members)**
- **1922 - American Physiotherapy Association**
- **1935 – First Code of Ethics**

From *The Beginning: Physical Therapy and the APTA* (APTA, 1979)

# **First PT Code of Ethics 1935**

- **Emphasis on preeminence of the physician's diagnosis and prescription**
- **PT should not criticize the MD or "dictate technique"**
- **No advertisement for physical therapy in commercial periodicals**

# 1948

- Spoke to “adequate medical supervision”
- Diagnosis of disability and prescription of physical therapy is the responsibility of the MD
- Full loyalty and support to organization PT serves
- PT guided by “best welfare of the patient”
- Duty to disclose unethical actions of members and to testify in investigation

# 1978

- **Added *Guide for Professional Conduct* – to assist in interpreting the Code of Ethics**
- **Addressed “sound judgment” by PT**
- **“Conduct oneself” so as not to discredit the Association and profession**
- **Loyalty and support to APTA**
- **Reasonable, sound remuneration**
- **Written referral – regardless of state law**

# 2009

## Code of Ethics

1. Respect rights and dignity/provide compassionate care
2. Trustworthy
3. Comply with laws and regulations
4. Sound professional judgment
5. Professional competence
6. High standards
  - Practice
  - Research
  - Education
7. Reasonable remuneration
8. Accurate and relevant information to the public
9. Protect public from
  - Unethical
  - Illegal
  - Incompetent acts
10. Address health needs of society
11. Respect colleagues and other health care professionals

## Standards of Conduct / PTA

1. Respect rights and dignity/ provide compassionate care
2. Trustworthy
3. Supervision/direction of PT
4. Comply with laws and regulations
5. Competence
6. Judgments commensurate with education and legal qualifications
7. Protect public from
  - Unethical
  - Illegal
  - Incompetent acts

## Core Values

1. Accountability
2. Altruism
3. Compassion/caring
4. Excellence
5. Integrity
6. Professional Duty
7. Social Responsibility

# Process of 2009 Code Revision

- **APTA Ethics and Judicial Committee (EJC) charged to yearly review/revise the *Guide for Professional Conduct*, and make recommendations on the *Code of Ethics/Standards*. *Code/Standards* are documents of the House of Delegates.**
- **2005-2006 the EJC engaged in an expanded critical evaluation of the *Code/Standards* and APTA Core documents, including comparison with those of other professions.**
- **Primary Question: “Do the APTA Core Documents guide autonomous practice of physical therapy as a doctoring profession?”**

**EJC concluded that the ethics documents were inadequate. They failed to:**

- **...address roles of PT as educator, critical inquirer, consultant, and administrator; focus was on patient-management role only.**
- **...provide guidance for the expanded responsibilities of the PT related to autonomous practice**
- **...address complexities within contemporary health care environment,**

## **...documents failed to:**

- **...capture adequately the contemporary notion of relationship of PT and PTA to other health care providers**
- **...articulate a moral self-understanding that is unique to the profession of physical therapy – “What is unique about the ethical obligations of physical therapists, and physical therapist assistants?”**

# Timeline for Code Revision

- **EJC recommendation to APTA BOD, for a Task Force to revise Core Ethics documents (6/2006)**
- **Task Force drafts documents (9/07)**
- **BOD approves draft for comment (3/08)**
- **Survey of members (9/1/08 – 10/30/08)**
- **Co-chairs integrate survey feedback into draft documents and submit final edits (12/08 – 1/09)**
- **Final Report to BOD (3/09)**
- **BOD drafts RCs for 2009 HOD (3/09)**
- **HOD approves revision (6/09)**
- **Planned implementation (7/10)**

# Task Force Members

- **Peg Hiller, PT (AZ) – Task Force Co-Chair**
- **Laura (Dolly) Swisher, PT, PhD (FL) – Task Force Co-Chair**
- **Babette Sanders, PT, MS (IL) – Board Liaison**
- **Debora Kay Bornmann, PTA (AZ)**
- **Kathryn Leigh Bossen, SPT (IA)**
- **Ann Giffin, PT, MS (TN)**
- **Meredith Hinds Harris, PT, EdD (MA)**
- **Gail M. Jensen, PT, PhD, FAPTA (NE)**
- **Mille Jorge, PT, PhD (OK)**
- **Nancy R Kirsch, PT, DPT, PhD (NJ)**
- **Lee Nelson, PT (VT)**
- **Charlene Portee, PT, MS (GA)**
- **Jeffrey M Rosa, OTPTAT Licensing Board (OH)**
- **Susan W Sisola, PT, PhD (MN)**
- **Neil Shiosaki, PT (WA)**
- **Herm Triezenberg, PT, PhD (MI)**

# Features of the Documents

- **Preamble captures roles of contemporary PTs/PTAs and their unique ethical obligations; also purposes of Code/Standards**
- **Format extends beyond the former basic principles with *Interpretive Guide*, to foundational principles (numbered) with related lettered principles that clarify intent, meaning, and application. All principles rise to level of ethical obligation.**
- **Core values incorporated within the code, associated with each cluster of principles.**

# Preamble (con't)

- **Code of Ethics delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:**
  - Define ethical principles
  - Provide standards of behavior and performance that form the basis of professional accountability to the public.
  - Provide guidance for physical therapists facing ethical challenges
  - Educate physical therapists, students, other health care professionals, regulators, and the public
  - Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

# Preamble (cont'd)

- Code is not exhaustive – consult with colleagues
- Built on the 5 roles (Patient Care Management, consultation, education, researcher and administration), and multiple realms (individual, organizational, societal)
- Guided by 7 core values of PT (Accountability, altruism, compassion/caring, excellence, integrity, professional duty, social responsibility)
- Special obligation to empower, educate, and enable those with impairments and activity limitations.

# Common Language

- Each principle begins with:  
“Physical Therapists/Physical Therapist Assistants *shall...*” and thus are all mandatory ethical obligations.
- The core values of professionalism only apply to the *Code of Ethics*, not the Standards of Ethical Conduct.

# Language

- **The language contained in the revised Code and Standards is intended to provide greater clarification of existing ethical obligations, thereby allowing the PT/PTA to have a clearer understanding of their existing ethical obligations. These long standing ethical obligations predate the revised Code and Standards.**

# **Categories for Principles/Standards**

- **Principle/Standard 1 — Duty to all individuals**
- **Principle/Standard 2 — Duty to patients/clients**
- **Principle/Standard 3 — Accountability for sound judgments**
- **Principle/Standard 4 — Integrity in relationships**
- **Principle/Standard 5 — Fulfilling legal and professional obligations**
- **Principle/Standard 6 — Lifelong acquisition of knowledge, skills and abilities**
- **Principle/Standard 7 — Organizational behaviors and business practice**
- **Principle/Standard 8 — Meeting health needs of people**

# Principle/Standard #1

- Ethical duty to all people
- *Core Values: Compassion, Integrity*

# Principle #1

- **Physical therapists shall respect the inherent dignity and rights of all individuals.**

1A. **Act in a respectful manner** toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. **Recognize their personal biases and shall not discriminate** against others in PT practice, consultation, education, research, and administration.

# Standard #1 (same as Code)

- **Physical therapist assistants shall respect the inherent dignity and rights of all individuals.**

**1A. Act in a respectful manner** toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

**1B. Recognize their personal biases and shall not discriminate** against others in the provision of physical therapy services.

# Principle/Standard #2

- **Duty to patients & clients**
  - ***Core Values: Altruism, Compassion, [Professional] duty***

# Principle #2

- **Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.**
  - 2A. **Adhere to the core values** of the profession and shall **act in the best interests of patients/clients** over the interests of the physical therapist.
  - 2B. Provide services with **compassionate and caring behaviors that incorporate the individual and cultural differences** of patients/clients.

# Principle #2

- 2C. Provide the information necessary to allow patients or their surrogates to make informed decisions about PT care or participation in clinical research.
- 2D. Collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

# Standard #2

- **Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.**
  - 2A. **Act in the best interests of patients/clients** over the interests of the physical therapist assistant.
  - 2B. Provide physical therapy interventions with **compassionate and caring behaviors that incorporate the individual and cultural differences** of patients/clients.

# Standard #2

**2C. Provide patients/clients with information** regarding the interventions they provide.

**2D. Protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.**

# Principle/Standard #3

- **Accountability for sound judgments**
- ***Core Values: Excellence, Integrity***

# Principle #3

- **Physical therapists shall be accountable for making sound professional judgments.**
  - 3A. Demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
  - 3B. Demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience and patient/client values.

# Principle #3

- 3C. Make judgments within their **scope of practice** and **level of expertise** and shall **communicate** with, **collaborate** with **or refer** to peers or other health care professions when necessary.
- 3D. **Shall not engage in conflicts of interest that interfere** with professional judgment.
- 3E. **Provide appropriate direction** of **and communication** with physical therapist assistants and support personnel.

# Standard #3

- **Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.**
  - 3A. Make **objective decisions** in the patient's client's best interest in all practice settings.
  - 3B. **Guided by information about best practice** regarding physical therapy interventions.

# Standard #3

- 3C. Make decisions based upon their level of competence and consistent with patient/client values.
- 3D. Not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

# Principle/Standard #4

- Integrity in Relationships
  - *Core Value: Integrity*

# Principle #4

- **Physical therapists shall demonstrate integrity in their relationships with patient/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public.**
  - 4A. Provide **truthful, accurate, and relevant information** and shall not make misleading representations.
  - 4B. **Not exploit persons over whom** they have supervisory, evaluative, or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

# Principle #4

- 4C. **Discourage misconduct** by healthcare professionals and **report illegal or unethical acts** to the relevant authority when appropriate.
- 4D. **Report suspected cases of abuse** involving children or vulnerable adults to the appropriate authority, **subject to law**.
- 4E. **Not engage in any sexual relationship** with any of their patients/clients, supervisees, or students.
- 4F. **Not harass anyone** verbally, physically, emotionally, or sexually.

# Standard #4

- **Physical therapist assistants shall demonstrate integrity in their relationships with patient/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public.**
  - 4A. Provide truthful, accurate, and relevant information and not make misleading representations.
  - 4B. Not exploit persons over whom they have supervisory, evaluative, or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

# Standard #4

- 4C. **Discourage misconduct** by healthcare professionals and **report illegal or unethical acts** when appropriate.
- 4D. **Report suspected cases of abuse** involving children or vulnerable adults **to the supervising physical therapist** and the appropriate authority, **subject to law**.
- 4E. **Not engage in any sexual relationship** with any of their patients/clients, supervisees, or students.
- 4F. **Not harass anyone** verbally, physically, emotionally, or sexually.

# Principle/Standard #5

- Legal and professional obligations
- *Core Values: [Professional] duty, Accountability*

# Principle #5

- **Physical therapists shall fulfill their legal and professional obligations.**
  - 5A. Comply with applicable local, state, and federal laws and regulations.
  - 5B. Have primary responsibility for supervision of physical therapists assistants and support personnel.
  - 5C. involved in research shall abide by accepted standards governing protection of research participants.

# Principle #5

- 5D. **Encourage colleagues** with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities **to seek assistance or counsel.**
- 5E. **Who have knowledge** that a **colleague is unable to perform their professional responsibilities with reasonable skill and safety** shall report this information to the appropriate authority.
- 5F. **Provide notice and information about alternatives for obtaining care** in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

# Standard #5

- **Physical therapist assistants shall fulfill their legal and ethical obligations.**
  - 5A. Comply with applicable local, state, and federal laws and regulations.
  - 5B. Support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.
  - 5C. involved in research shall abide by accepted standards governing protection of research participant.

# Standard #5

5D. Encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

# Principle/Standard #6

- Lifelong acquisition of knowledge, skills and abilities
- *Core Value: Excellence*

# Principle #6

- **Physical therapists shall enhance their expertise through lifelong acquisition and refinement of knowledge, skills, abilities and professional behaviors.**

**6A. Achieve and maintain professional competence**

**6B. Take responsibility for their professional development based on critical self-assessment and reflection on changes in PT practice, education, healthcare delivery, and technology.**

# Principle #6

- 6C. Evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Cultivate practice environments that support professional development, life-long learning, and excellence.

# Standard #6

- **Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.**
  - 6A. **Achieve and maintain** clinical competence.
  - 6B. **Engage in life-long learning** consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
  - 6C. **Support practice environments** that support **career development and life-long learning**.

# Principle #7

- **Organizational behaviors and business practices**
- ***Core Values: Integrity, Accountability***

# Principle #7

- **Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.**
  - 7A. **Promote practice environments** that support **autonomous and accountable** professional judgments.
  - 7B. Seek **remuneration as is deserved and reasonable** for physical therapy services.
  - 7C. **Not accept** gifts or other considerations **that influence or give an appearance of influencing** their professional judgment.

# Principle #7

- 7D. **Fully disclose any financial interest** they have in products or services they recommend to patients/clients.
- 7E. **Be aware** of charges and shall **ensure that documentation and coding** for physical therapy services **accurately reflect** the nature and extent of the services provided.
- 7F. **Refrain from employment** arrangements, or other arrangements, **that prevent physical therapists from fulfilling professional obligations** to patients/clients.

# Standard #7

- **Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.**
  - 7A. **Promote work environments** that support **ethical and accountable** decision-making.
  - 7B. **Not accept** gifts or other considerations **that influence or give an appearance of influencing** their decisions.
  - 7C. **Fully disclose any financial interest** they have in products or services they recommend to patients/clients.

# Standard #7

- 7D. Ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

# Principle #8

- Meeting health needs of people
- *Core Value: Social responsibility*

# Principle #8

- **Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.**
  - 8A. **Provide *pro bono* physical therapy services or support organizations** that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
  - 8B. **Advocate** to reduce health disparities and health care inequities, **improve access** to health care services, **and address the health, wellness, and preventive health care needs** of people.

# Principle #8

8C. Be responsible stewards of healthcare resources and shall avoid over-utilization or under-utilization of physical therapy services.

8D. Educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

# Standard #8

- **Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.**

8A. **Support organizations** that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. **Advocate** for people with impairments, activity limitations, participation restrictions, and disabilities in order **to promote their participation in community and society.**

# Standard #8

- 8C. Be responsible stewards of healthcare resources by collaborating with physical therapists in order to avoid over-utilization or under-utilization of physical therapy services.
- 8D. **Educate members of the public** about the benefits of physical therapy.

# **Fiction versus Fact**

- 1. Eliminates the Guide for Professional Conduct (GPC).**
  - 2. Ethical duties that are numbered principles (eg. 3) are more binding than those that are lettered (3A).**
  - 3. “The new documents make it more likely that I will be sanctioned for an ethics violation”**
- 1. EJC still has responsibility for the GPC and will develop a new GPC.**
  - 2. All of the principles (numbered or lettered) are equally binding**
  - 3. The new documents provide greater clarity about existing obligations.**

# Fiction Versus Fact

- 4. Working in a referral-for-profit setting is an ethical violation of the new COE Principle 7F.**
- 4. If a PT or PTA is able to fulfill ethical obligations to the patient/client, they are compliant with 7E, regardless of setting.**
- 5. “I am unable to provide pro bono services due to family responsibilities and this is a violation of 8A.”**
- 5. 8A stipulates that PTs should provide pro bono services or support organizations that help those without access.**
- 6. If the new Code does not state that it is unethical, it is probably permissible.**
- 6. As stated in the Preamble, the Code does not address every situation.**

# Fiction Versus Fact

**7. The new Code and Standards are in force as of June 2009.**

**8. Members are “on their own” to learn the content of the new documents.**

**7. The new documents are effective 7/01/10 to provide time for PTs and PTAs to learn about the documents.**

**8. Although each member is responsible for his/her learning, the APTA has planned and is providing a number of resources to assist members in this process.**

**Questions / Thoughts ?**

# **Are You Up To Code? Part 2**

**Case Discussions this Afternoon with  
Denise Wise and Jon Nordrum  
Join Us!**

# Bibliography

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