

EDITORIAL

Emerging Physical Therapy as an Autonomous and Specialized Health Care Profession

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According to the World Confederation of Physical Therapy (WCPT) "Physical therapy (PT) is an autonomous global health care profession and physical therapists (PTs) serve the community to develop, maintain and restore the optimal movement and functional ability". They can target the people from childhood to old age, where movement and functional abilities are threatened by ageing, injury, diseases, disorders, conditions or environmental factors. PTs help their patients to enhance the quality of life, covering physical, psychological, social and emotional well being. They promote good health, play a preventive role, treat and manage patients suffering from diseases, rehabilitate the patients after injuries, and habilitate children born with disabilities, hence looking at the clients' health in a holistic approach.¹

PTs are skilled for comprehensive history taking, examination, evaluation of the findings from the examination, make clinical judgments, formulate diagnosis, prognosis, and plan the treatment. They are competent enough to independently give consultation to the patients, make referrals to other health care professionals, plan treatment, estimate the outcomes and advise self-management. The broad role of the PTs in the health care system is to involve in public health strategies, health advocacy, supervision, delegation, leading the PT institutions, manage, teach, research, and develop and implement local, national and international health policies.²

Currently PT professional has a structured university level education including entry level doctor of Physical Therapy (DPT), Master level programs in sub-specialties, and advanced research based Doctoral (PhD) and post-doctoral level programs. PT

is a main stream health care profession and has established sub-specialties including; musculoskeletal and manual physical therapy, neurological physical therapy, cardiovascular and pulmonary physical therapy, sports physical therapy, gynecological physical therapy, geriatric physical therapy, community based physical therapy, and pediatric physical therapy. Currently some specialties have also developed their super-specialties like neurological physical therapy which is further subdivided into pediatric, adult and spinal cord injuries.

Being once used for polio epidemics and world war victims, It is now used for multiple purpose such as providing high quality evidence based patient care with strict adherence to the patients' safety, research, technological developments, education standards and professional ethics. PT profession in Pakistan is trying to fulfill all the three parameters set by the Commission on Accreditation of Physical Therapy Education (CAPTE), USA. The first one is professional practice expectations by demonstration of accountability, altruism, integrity, communication, clinical reasoning, and education. Secondly it is used for the patient/client management expectations of screening, examination, evaluation, diagnosis, prognosis, planning of care, and outcome assessment. Thirdly it is used for practice management expectations of prevention, health promotion, management of care delivery, practice consultation, social responsibility, and advocacy.³

Today PTs are aware of the continuous professional development in academics, clinical expertise and research skills. They are updating competence along with lifelong learning to insure high quality evidence based health care services. Clinical residency programs, clinical fellowship programs and clinical specialization programs are the integral part of PT education system globally, to achieve the objective of continuous professional development (CPD). Furthermore there is licensure system for PTs in developed countries and regulated through the government bodies with a view to establish the competence of the PTs.⁴ On the other hand there are professional bodies like World Confederation of Physical Therapy representing 350,000 PTs worldwide through 112 member organization/

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countries and they are striving to achieve high standard in PT education, research and practice. Many other societies, organizations and associations are working for the same purpose at the country level.⁵

As part of the global village this revolution of the PT profession also affected Pakistan in the last decade. Although PT education was introduced in fifties and there were only 4-5 PT institutions by 2007 but now there are approximately 80-90 institutions offering degree programs in PT. The first Doctor of physical Therapy program was started in 2007 along with Post-professional Doctor of Physical Therapy program for the existing practicing PTs with 4 years BS degree.

The Higher Education Commission (HEC) of Pakistan developed a uniform curriculum for entry level doctor of physical therapy program in 2011 and it was revised in 2016 through the national curriculum revision committee which represented the key PT institutions of the country. Another key development was the establishment of Pakistan Physical Therapy association in 2008 and PTs started struggling for the Pakistan Physical Therapy Council, which is in progress.

National and international conferences were organized by the universities offering PT education and are now regular part of their academic calendar

to develop research among the faculty members. PT journals were started and three research journals are regularly published to cover the PT research. MS and PhD level programs were stated to educate the faculty through research based and clinical degree programs. The challenges we are currently facing in Pakistan are regulation of the PT practice and education, lack of policies for job creation in government hospitals as per the community need, lack of specialized rehab centers, proper clinical service structure, advanced technology for patient care and research.

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