

## PHYSICAL THERAPY PRACTICE

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive defines the physical therapy scope of practice, which includes evaluation, treatment, consultation, education, research, health maintenance/coaching, program development and oversight, and provides assistance to Department of Veterans Affairs (VA) medical facility leadership and clinicians in establishing, maintaining, and improving physical therapy services and programs. This allows for progression of evolving profession to practice at the highest level of licensure and training.

**2. SUMMARY OF CONTENT:** This is a new directive establishing policy for the scope of practice for physical therapists and physical therapist assistants and provides authority for the establishment of performance goals.

**3. RELATED ISSUES:** VA Handbook 5005/99, Staffing, Part II, Appendix G-12, dated February 7, 2018; VHA Directive 1170.03, Physical Medicine and Rehabilitation Service, dated November 5, 2019.

**4. RESPONSIBLE OFFICE:** The Director, Physical Medicine and Rehabilitation Service (PM&RS) (10P4R), and the Physical Therapy Executive are responsible for the contents of this directive. Questions may be referred to the VHA Physical Therapy Executive at 515-699-5510 or the PM&RS Program Office at [pmrsprogramoffice@va.gov](mailto:pmrsprogramoffice@va.gov).

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of May 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ Lucille B. Beck, PhD  
Deputy Under Secretary for  
Health for Policy and Services

**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. PURPOSE

This Veterans Health Administration (VHA) directive defines the physical therapy scope of practice, which includes evaluation, treatment, consultation, education, research, health maintenance/coaching, program development and oversight, and provides assistance to Department of Veterans Affairs (VA) medical facility leadership and clinicians in establishing, maintaining, and improving physical therapy services and programs. This allows for progression of evolving profession to practice at the highest level of licensure and training. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b), 7402(b)(14).

### 2. BACKGROUND

a. The goal of physical therapy is to restore, optimize, and promote physical function, health, and wellness. Physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications for restoration, maintenance, and promotion of optimal function. Physical therapy within the United States (U.S.) was born out of the necessity to meet the needs of American Service members injured during World War I. VA Physical Therapists (PTs) are licensed independent practitioners who continue to serve the VA mission by helping enrolled Veterans and other individuals who are eligible for VA health care maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life. Moreover, physical therapy services work to prevent, minimize, or eliminate impairments and any limitations in their activities of daily living or functional independence. Physical Therapist Assistants (PTAs) practice only under the plan of care established by a PT.

b. Physical therapy clinical evaluations include but are not limited to patient history, systems review, and standardized tests to identify potential and existing problems including physical therapy 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 health care providers, as indicated.

c. PT entry level education is at the doctoral level. In addition to the entry level doctorate, there are other PT board certifications recognizing advanced practice, identified by organizations that include but are not limited to the American Board of Physical Therapy Specialties, the Hand Therapy Certification Commission, the Lymphology Association of North America, the American Board of Wound Management, and the Rehabilitation Engineering and Assistive Technology Society of North America. PTs function at the highest level of licensure and training.

d. PTA education is an associate degree with the potential for advanced practice recognition.

e. PTs and PTAs in the U.S. 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 physical therapist without a prescription or referral. Patients are able to self-refer to physical therapists without being referred by a physician or other health care practitioner. 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 Physical Therapy services.

### 3. POLICY

It is VHA policy to provide high quality physical therapy services by ensuring that physical therapy services align to the practice standards of VA and the American Physical Therapy Association (APTA) and established strategic goals.

### 4. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

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

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for supporting the implementation and oversight of this directive across VHA.

d. **Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services.** The Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services is responsible for:

(1) Ensuring support and resources for successful implementation of this directive.

(2) Communicating programmatic changes, performance metrics, and progress on strategic goals to the Deputy Under Secretary for Health for Policy and Services.

(3) Establishing annual strategic goals based on VHA leadership priorities.

(4) Establishing performance metrics and goals and the reporting and oversight structure for the delivery of physical therapy services. These metrics and goals must be reviewed annually and updated as needed and made available to the field.

(5) Overseeing the VHA Physical Therapy (VHA PT) Executive.

e. **VHA Physical Therapy Executive.** The VHA PT Executive provides policy guidance in the overall administration of a system-wide physical therapy health care service. The VHA PT Executive is responsible for:

(1) Establishing and disseminating overarching VHA physical therapy policy 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 of the establishment of scopes of practice and credentialing.

(3) Suggesting staffing levels and appropriate utilization of PTs and PTAs for VISNs and VA medical facilities upon request.

(4) Initiating, promoting, and leading effective collaborations with other VHA program offices to integrate the delivery of comprehensive physical therapy health care services to patients and continuously evaluating and improving the delivery of health care to Veterans.

(5) Overseeing physical therapy performance and strategic goals established by the Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services, and other VHA leadership based on priorities.

f. **Veterans Integrated Services Networks Director.** The VISN Director provides a critical juncture in implementation and support for physical therapy services, balancing local needs within the framework of national strategic initiatives and national policy. The VISN Director, or designee, is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive.

(2) Providing necessary support and resources to ensure high-quality, efficient, and accessible physical therapy services sufficient to meet network and local needs while achieving VA and VHA strategic priorities, objectives, and goals.

(3) Working with the VHA PT Executive to ensure there is a VISN PT designee to serve as point of contact to ensure communication channels regarding the VHA Physical Therapy Practice are available between VA Central Office, the VISN, and VA medical facilities.

(4) Ensuring that established physical therapy performance goals are reported to the VHA PT Executive.

(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. VHA Rehabilitation and Prosthetic Services data resources can be found here:

<https://reports.vssc.med.va.gov/Reports/report/OPES/RehabSPARQ/SpecialtyQuadrant>

. **NOTE:** *This is an internal VA Web site that is not available to the public.*

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

(1) Ensuring that physical therapy programs are consistent with applicable VHA policies.

(2) Ensuring that physical therapy services are delivered by a qualified and competent workforce in a high-quality and efficient manner that supports VA and VHA strategic goals.

(3) Ensuring VA Handbook 5005/99; VA Directive 5017, Employee Recognition and Awards, dated April 15, 2002; and other VA and VHA policies related to recruitment, appointment, promotion, recognition, and advancement are consistently implemented.

(4) Engaging with local PTs and PTAs 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).

(5) Considering the quality of care to Veterans foremost in making decisions on staffing in conjunction with VA medical facility physical therapy leadership.

(6) Providing adequate space for the provision of diagnostic and therapeutic services for the effective and efficient delivery physical therapy 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>.

(7) Using available local, VISN, and VHA Rehabilitation and Prosthetic Services data resources and reports from the VA medical facility Supervisor of Physical Therapy Services to track and analyze PT and PTA workload, productivity, cost, utilization, and access, and report findings to the VISN Director. VHA Rehabilitation and Prosthetic Services data resources can be found here:

<https://reports.vssc.med.va.gov/Reports/report/OPES/RehabSPARQ/SpecialtyQuadrant>

. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(8) Implementing quality management initiatives related to the mix and level of staff required, based upon trends in performance measures, patient outcomes, or other

indicators or monitors of the accessibility and quality of care provided after seeking input from PTs and PTAs providing the care or services involved.

(9) Determining the appropriate equipment, resources, and necessary supplies to provide 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 physical therapy 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) Physical therapy equipment that requires calibration must be maintained according to current standards published by the American National Standards Institute or other established standard organization. **NOTE:** *Appropriate standards depend on contracts and manufacturer.*

(10) Ensuring that credentialing staff verify that each PT and PTA possesses a full current and unrestricted license for as required, in accordance with VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, and the appropriate VA qualification standard for the occupation.

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

(12) Reporting established national physical therapy performance goals to the VISN Director.

(13) Ensuring consistent standard operating procedures are in place to address practice, supervision, and physical therapy service administration (i.e., scope of practice or credentialing in accordance with VHA Handbook 1100.19).

**h. Chief of Staff, Associate Director, Patient Care Services, or Nursing Executive.** Depending on the VA medical facility's reporting structure as established by the VA medical facility Director, the Chief of Staff, Associate Director, Patient Care Services, or Nursing Executive is responsible for collaborating with the VA medical facility Supervisor of Physical Therapy Services or equivalent to develop consistent standard operating procedures to address practice, supervision, and physical therapy service administration (i.e., scope of practice or credentialing and privileging relevant to physical therapy in accordance with VHA Handbook 1100.19).

**i. VA Medical Facility Chief Physical Medicine and Rehabilitation.** The VA medical facility Chief Physical Medicine and Rehabilitation (Chief PM&R) or equivalent service or designee is responsible for:

(1) Ensuring that their staff has been informed of the contents of this directive.

(2) Ensuring standard operating procedures to cover the provision of physical therapy to address clinical services not otherwise outlined in this directive.

(3) Providing clinical and administrative support as needed.

j. **VA Medical Facility Supervisor of Physical Therapy Services.** *NOTE: In those VA medical facilities where no supervisory PT is assigned, a physical therapy Chief, Program Manager, or Lead is responsible for the management of professional and administrative activities. For the purpose of this directive, the term Supervisor, Physical Therapy Service will be used as the title for the person responsible for the management of the Physical Therapy Service. If the Supervisor of PT is not a PT, it is essential that documentation of competence for PTs be performed by a PT. The VA medical facility Supervisor of Physical Therapy Services or equivalent title is responsible for:*

(1) Collaborating with the VA medical facility Chief of Staff to develop consistent standard operating procedures to address practice, supervision, and physical therapy service administration (i.e., scope of practice or credentialing and privileging relevant to physical therapy in accordance with VHA Handbook 1100.19).

Tracking, analyzing, and trending variations in patient outcomes and performance metrics established by the Office of Productivity, Efficiency and Staffing (OPES) to assess VA medical facility needs and the effectiveness of staffing plans, making adjustments as indicated, and reporting metrics on established performance goals to the VA medical facility Director. Dashboards reporting OPES information are available at <https://vaww.infoshare.va.gov/sites/rehab/Data%20References/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(2) 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 physical therapy services, quality of health care services, access goals, expected and emerging demand for services, sustainability, cost, availability of resources, and staff morale. Dashboards reporting this information are available at <https://vaww.infoshare.va.gov/sites/rehab/Data%20References/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(3) Ensuring coordination and collaboration within the physical therapy service and with other relevant VA medical facility programs.

(4) Defining, assigning, and delegating duties and responsibilities, evaluating the work of employees at least annually, and administering appropriate disciplinary actions.

(5) Collaborating with the Designated Learning Officer, ensuring effective academic affiliations when appropriate.

(6) Encouraging professional development and providing training and continuing education resources to physical therapy staff.

(7) Contributing to budget development and communicating resource needs to accomplish the PM&R's mission to upper-level management using evidence-based data to justify requests.

(8) Ensuring that physical therapy services are provided in a timely, effective, and efficient manner by utilizing available data resources.

(9) Providing general supervision of other professional, technical, and clerical staff such as occupational therapists and kinesiotherapists if assigned.

(10) Ensuring established performance goals are met by VA PTs and VA PTAs.

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

(1) Providing patient evaluation, examination, diagnosis, prognosis, establishing plan of care, treatment, and interventions based upon their evaluation.

(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 physical therapy assessment techniques including, but not limited to:

(a) Strength and range of motion;

(b) Gait analysis;

(c) Posture;

(d) Balance and coordination;

(e) Transfer mobility;

(f) Pain;

(g) Physical endurance; and

(h) Systems Review (i.e., Neuromuscular, Musculoskeletal, Integumentary, and Cardiovascular/pulmonary).

(4) Providing common physical therapy interventions, if applicable, including, but not limited to:

(a) Therapeutic exercise and activities;

(b) Strength and conditioning training;

- (c) Joint mobilization;
  - (d) Manipulation;
  - (e) Soft tissue mobilization;
  - (f) Debridement and wound care;
  - (g) Pelvic health intervention;
  - (h) Gait analysis and training;
  - (i) Mobility assessment and training;
  - (j) Environmental assessment;
  - (k) Therapeutic dry needling;
  - (l) Fabrication and modification of assistive, adaptive, orthotic, prosthetic, protective, casting, and supportive devices and equipment;
  - (m) Airway clearance techniques;
  - (n) Lymphedema management;
  - (o) Aquatic therapy;
  - (p) Application of physical agents or modalities, including thermal and nonthermal but not limited to mechanical and electrotherapeutic modalities; and
  - (q) Any other practices that are informed by evidence and linked to existing or emerging practice models such as additional privileges with demonstrated training (i.e. initiating electromyographic testing, battlefield/auricular acupuncture, ordering diagnostic imaging and laboratory studies, and specific pharmacy and therapeutic medications approved by the VA medical facility in accordance with applicable requirements from The Joint Commission).
- (5) Providing patient, caregiver, and family education efforts that include injury prevention, human performance optimization, and management of chronic conditions and pain management strategies (see the APTA Web site at <http://www.apta.org> for more information on physical therapy education efforts). **NOTE:** *PTs provide supervision as appropriate to PTAs. Supervision can occur through an in-person or telehealth visit. A PT must use professional judgement when delegating to a PTA and how frequently the PT needs to participate in the frequency of physical therapy services provided. Only the PT performs the initial examination and reexamination of the patient and may utilize the PTA in collection of selected examination and outcomes data.*

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

(1) Collaborating with the primary VA medical facility PT and drawing upon practical knowledge and treatment skill set in order 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 primary VA medical facility PT for patient cases, advancing the program and continually reviewing the patient's condition to determine medical and functional status.

(3) Performing selected physical therapy intervention as outlined in APTA's Guide to Physical Therapy Practice, with no less than general supervision by the PT. This guide and the recommended Federal scope of practice are available on APTA's Web site at <http://www.apta.org>.

**NOTE:** *General physical therapist supervision and participation can occur through an in-person or telehealth visit. Supervision may occur across state lines while performing in their official capacity as a VA employee. In general supervision, the PT is not required to be on-site for direction and supervision but must be available at minimum by telecommunication.*

(4) Providing evidenced based skilled patient interventions including, but not limited to:

- (a) Therapeutic exercise;
- (b) Therapeutic activities;
- (c) Therapeutic modalities;
- (d) Gait training;
- (e) Transfer training;
- (f) Manual treatment;
- (g) Neuromuscular re-education;
- (h) Self-care and management training; and
- (i) Patient and caregiver education and group therapy.

## 5. TRAINING

There are no formal training requirements associated with this directive.

## 6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control

Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## 7. REFERENCES

- a. 38 U.S.C. 7301(b).
- b. 38 U.S.C. 7402(b)(14).
- c. VA Directive 5017, Employee Recognition and Awards, dated April 15, 2002.
- d. VA Handbook 5005/99, Staffing, dated April 15, 2002.
- e. VA Handbook 5005/99, Staffing, Part II, Appendix G-12, dated February 7, 2018.
- f. VHA Directive 1170.03, Physical Medicine and Rehabilitation Service, dated November 5, 2019.
- g. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- h. VHA Procedure Guide 1601C.03, Physical Therapy and Rehabilitation Services Reasonable Charges and Billing, Chapter 7, Section C. 2019
- i. VA Space Planning Criteria, Chapter 270: Veterans Health Administration: Physical Medicine and Rehabilitation Service, <http://www.cfm.va.gov/til/space.asp#VHA>.
- j. American Board of Physical Therapy Specialties, <http://www.abpts.org>.
- k. American Board of Wound Management, <http://www.abwmcertified.org>.
- l. American National Standards Institute, <http://www.ansi.org>.
- m. American Physical Therapy Association, <http://www.apta.org>.
- n. American Physical Therapy Association, Guide to Physical Therapist Practice, <http://guidetoptpractice.apta.org>.
- o. American Physical Therapy Association, Physical Therapist Scope of Practice, <http://www.apta.org/ScopeOfPractice>.
- p. The Hand Therapy Certification Commission, <http://www.htcc.org>.
- q. The Lymphology Association of North America, <http://www.clt-lana.org>.
- r. Rehabilitation Engineering and Assistive Technology Society of North America <http://www.resna.org>.