Complete physical therapy examination, evaluation, and plan of care, including determination of selected interventions that may be directed to the PTA.

Establish patient/client condition safety parameters that must be met prior to initiating and during intervention(s) (e.g., resting heart rate, max pain level).

Review results of physical therapy examination/evaluation, plan of care (POC), and safety parameters with the PTA.

Are there questions or items to be clarified about the selected interventions or safety parameters?

Yes

Provide needed information and/or direction to the PTA.

No

PTA collects data on patient/client condition relative to established safety parameters.

Follow up with patient/client, including re-examination if appropriate.

Yes

PTA initiates selected intervention(s) directed by the PT.

Have the established patient/client condition safety parameters been met?

Yes

Monitor patient/client safety and comfort, progression with the selected intervention, and progression within the plan of care through discussions with PTA, documentation review, and regular patient/client interviews.

No

Provide needed information and/or direction to the PTA.

Re-evaluate patient/client and proceed as indicated.

Continue to monitor and communicate regularly with the PTA.

Is patient/client safe & comfortable with selected intervention(s) provided by the PTA?

Yes

Continue to monitor and communicate regularly with the PTA.

No

Do the data collected by the PTA indicate that there is progress toward the patient/client goals?

Yes

Has the PTA tried permissible modifications to the selected intervention(s) to ensure patient/client safety/comfort?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA progressed the patient/client within the selected intervention as permitted by the plan of care?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA tried permissible modifications to the selected intervention(s) to improve patient/client response?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA tried permissible modifications to the selected intervention(s) to ensure patient/client safety/comfort?

Re-evaluate patient/client and proceed as indicated.

Do the data collected by the PTA indicate that the patient/client goals may be met?

Yes

Continue to monitor and communicate regularly with the PTA or re-evaluate patient/client.

No

Do the data collected by the PTA indicate that there is progress toward the patient/client goals?

Yes

Has the PTA progressed the patient/client within the selected intervention as permitted by the plan of care?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA tried permissible modifications to the selected intervention(s) to improve patient/client response?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA tried permissible modifications to the selected intervention(s) to ensure patient/client safety/comfort?

Re-evaluate patient/client and proceed as indicated.

Is patient/client safe & comfortable with selected intervention(s) provided by the PTA?

No

Provide needed information and/or direction to the PTA.

Continue to monitor and communicate regularly with the PTA.

Has the PTA tried permissible modifications to the selected intervention(s) to ensure patient/client safety/comfort?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA progressed the patient/client within the selected intervention as permitted by the plan of care?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA tried permissible modifications to the selected intervention(s) to improve patient/client response?

Yes

Re-evaluate patient/client and proceed as indicated.

No

Has the PTA tried permissible modifications to the selected intervention(s) to ensure patient/client safety/comfort?