

To

The Chairman,

Department Related Committee on Health and Family Welfare,

Government of India.

Sub: Suggestions regarding the Proposed Paramedical and Physiotherapy
Central Councils - Bill, 2007.

Dear Sir / Madam,

We are a group of Physiotherapists who have been coming together for the past 4 years as an online community named Physioblasts.Org <<http://physioblasts.org>>. Our current user base stands at 1627 members which keeps growing each day. The members represent almost every region of our nation as well as Indian trained physical therapists working abroad. There are also foreign nationals in our collective. We are helping each other for the upliftment of the profession continuously all these years. We have also been imparting information and awareness among the public about Physiotherapy. Physioblasts.Org is accredited and recognized for imparting quality health information on the web by many organizations including the 'Health on the Net Foundation' (HON) <<http://www.hon.ch/>> which has special consultative status with the UN.

We welcome the move to form a council for us Physiotherapists in India. It is not just because every other country is having one for the past many years to regulate such a crucial field in the medical profession, but also for the fact that there had been many unaccounted substandard colleges and clinics that have sprung up in many parts of our country in the name of physiotherapy. The situation is alarming and such unregulated profit motive enterprises are a serious threat to public health and the right for trustable medical service. We are heading towards a healthcare catastrophe.

Physiotherapy in India has become a very important Health Team Member as it is in other developed and developing nations. And many countries have responded with forming a council for the profession to maintain and regulate the autonomy to practice. But the Bill at present seems to be deficient to consummate the needs of the professionals in this field. We would like to present before you some important suggestions which if used to modify the present Bill, will be immensely beneficial to the Physiotherapy professionals, students and the Public alike.

Our Suggestions are:

1. The definition of Physiotherapy in the Bill is inadequate and vague and probably purposefully drafted. It does not depict or respect the abilities of Physiotherapists to assess, examine or test patients or plan the treatment

strategies according to the results of the assessment, examinations and tests which vary for each patient.

Physiotherapy is much an established field these days such that we have specializations like Master of Physiotherapy (2 to 3 years) and PhD in Physiotherapy after the Bachelor's degree (BPT - 4 and 1/2 yrs.)

These specializations focus on almost every aspect of the human conditions which needs Physiotherapy and cover a wide area in diagnosing the condition, formulating and implementing the treatment strategies to bring out the maximum recovery for a patient.

There are Doctoral courses (DPT - Doctor of Physiotherapy) in other countries where they have phased out the bachelor's degree courses which too show how much is left undone to bring the profession to the world class standards.

Physiotherapists are qualified and professionally required to:

- a) Undertake a comprehensive examination/assessment/evaluation of the patient/client or needs of a client group;
- b) Formulate a diagnosis, prognosis, and plan of treatment;
- c) Provide consultation within their expertise and determine when patients/clients need to be referred to another healthcare professional;
- d) Implement a physiotherapist intervention/treatment programme;

- e) Determine the outcomes of any interventions/treatments; and
- f) Make recommendations for self management.

The physical therapist's extensive knowledge of the body and its movement needs and potential is central to determining strategies for diagnosis and intervention. So it asks for a better definition for the profession in the Bill, especially in the context of the current ongoing advancements in the profession.

Moreover, if you may kindly take a look into the definitions given for Physiotherapy by various Councils and Acts across the world, you may understand how vague our Bill describes Physiotherapy thus by limiting the scope of its practice in India.

Illinois Physical Therapy Act (225 ILCS 90/)

(1) "Physical therapy" means all of the following:

(A) Examining, evaluating, and testing individuals who may have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan of therapeutic intervention, and assessing the on-going effects of the interventions.

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity,

sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

(C) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness.

(D) Engaging in administration, consultation, education, and research.

Physical therapy includes, but is not limited to: (a) performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists, advanced practice nurses, physician assistants, and podiatrists, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is prescribed by the patient's physician, licensed to practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, the patient's advanced practice nurse, the patient's physician assistant, or the patient's dentist, and (f) supervision or teaching of physical therapy. Physical therapy does not include radiology, electrosurgery, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy

techniques that he or she is educated and licensed to perform. A physical therapist shall refer to a licensed physician, advanced practice nurse, physician assistant, dentist, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist.

Reference Link:

<<http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1319&ChapAct=225%26nbsp%3BILCS%26nbsp%3B90%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Illinois+Physical+Therapy+Act%2E>>

Physical Therapy Practice act Hawaii:

"Physical therapy" or "physical therapy services" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition as performed by a physical therapist appropriately licensed under this chapter. It includes but is not limited to:

(1) Administration, evaluation, modification of treatment, and instruction involving the use of physical measures, activities, and devices, for preventive and therapeutic purposes; provided that should the care or treatment given by the physical therapist contravene treatment diagnosed or prescribed by a medical doctor, osteopath, or as determined by the board, the physical therapist shall confer with the professional regarding the manner or course of treatment in conflict and take appropriate action in the best interest of the patient; and

(2) The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction, or pain.

"Practice of physical therapy" includes, but is not limited to, the use of the following:

- (1) Physical agents, such as heat, cold, water, air, sound, compression, light, electricity, and electromagnetic radiation;
- (2) Exercise with or without devices, joint mobilization, mechanical stimulation; biofeedback; postural drainage; traction; positioning, massage, splinting, training in locomotion, and other functional activities with or without assisting devices; and correction of posture, body mechanics, and gait;
- (3) Tests and measurements of: muscle strength, force, endurance, and tone; joint motion, mobility, and stability; reflexes and automatic reaction; movement skill and accuracy; sensation and perception; peripheral nerve integrity; locomotor skill, stability, and endurance; activities of daily living; cardiac, pulmonary, and vascular functions; and fit, function, and comfort of prosthetic, orthotic, and other assisting devices; posture and body mechanics; limb strength, circumference, and volume; thoracic excursion and breathing patterns; vital signs; nature and locus of pain and conditions under which pain varies; photosensitivity; and the home and work physical environments.

Reference Link:

<http://hawaii.gov/dcca/areas/pvl/main/hrs/hrs_pvl_461j.pdf>

South Australian Physiotherapy Practice Act 2005.

“physiotherapy means—

- (a) restricted therapy; and
- (b) any other physical therapy provided in the course of practice by a physiotherapist or a person who holds himself or herself out, or is held out by another, as a physiotherapist; and
- (c) all diagnostic, therapeutic, health or other services or advice not referred to in paragraph (a) or (b) provided in the course of practice by a physiotherapist or a person who holds himself or herself out, or is held out by another, as a physiotherapist;

restricted therapy

- (a) the manipulation or adjustment of the spinal column or joints of the human body involving a manoeuvre during which a joint is carried beyond its normal physiological range of motion; or
- (b) any other therapy declared by the regulations to be restricted therapy;”

Reference Link:

<<http://www.legislation.sa.gov.au/LZ/C/A/PHYSIOTHERAPY%20PRACTICE%20ACT%202005/CURRENT/2005.26.UN.PDF> >

The Delhi Council For Physiotherapy and Occupational Therapy ACT, 1997

“Physiotherapy means physiotherapeutic system of medicine which includes examination, treatment, advice and instructions to any person preparatory to or for the purpose of or in connection with movement dysfunction, bodily malfunction, physical disorder, disability, healing and pain from trauma and disease, physical and mental conditions using physical agents including exercise, mobilization, manipulation,

mechanical and electrotherapy, activity and devices or diagnosis, treatment and prevention."

The Maharashtra State Council For Occupational Therapy And Physiotherapy- Maharashtra Act Number II Of 2004

"Physiotherapy means a branch of modern medical science, which includes examination, assessment, interpretation, physical diagnosis, planning and execution of treatment and advice to any person for the purpose of preventing, correcting, alleviating and limiting dysfunction, acute and chronic bodily malfunction including life saving measures via chest physiotherapy in the intensive care units, curing physical disorders or disability promoting physical fitness, facilitating healing and pain relief and treatment of physical and psychosomatic disorders through modulating physiological and physical response using physical agent, activities and devices using exercises, mobilization, manipulations, therapeutic ultra-sound, electrical and thermal agents and electrotherapy for diagnosis, treatment and prevention."

WCPT (World Confederation of Physical Therapists), the apex body for the profession has stated that "In a growing number of countries physical therapy has first contact status, a referral from a medical practitioner not being required, legally or ethically, before physical therapy services are provided. Whether a referral is required or not, physical therapists are qualified and professionally required to undertake a comprehensive examination/assessment of the patient/client, formulate a physical therapy diagnosis, plan and implement a therapeutic intervention/treatment programme where appropriate, evaluate the outcome of any intervention/treatment, and determine discharge arrangements."

In the United States of America Thirty-eight (38) states have granted consumers the freedom to seek physical therapy treatment without a referral. As they think, referrals from physicians can cause delays in the provision of physiotherapists' services to individuals who would otherwise benefit from treatment by a physiotherapist. Delays in care result in higher cost decreased functional outcomes, and frustration to patients seeking physiotherapy treatment.

When the whole world sees Physiotherapists as an able medical fraternity who don't need a directive from a medical practitioner to initiate an assessment or treatment, it is sad and hurting for the profession in India and its practitioners to be downgraded which is not in the benefit of public or the health care infrastructure. To be someone who is just to carry out orders of someone else after having to study like any other medical professional due to improper definition given in the Council Bill for the profession is improper and unjust.

The World Confederation of Physical Therapists (WCPT) has its principle on autonomy described as:

"The World Confederation for Physical Therapy (WCPT) believes it is fundamental to professional autonomy that individual physical therapists should have the freedom to exercise their professional judgment, whether they

are working in health promotion, prevention or in the management, treatment/intervention and rehabilitation of patients/clients - as long as it is within the physical therapist's knowledge and competence. The actions of individual physical therapists are their own responsibility. So it follows that their professional decisions cannot be controlled or compromised by employers, persons from other professions or others.

A corollary of the profession's right of professional autonomy is that it has a continuing responsibility to self-regulate. The actions and conduct of physical therapists must always be within the bounds of the professional code of ethics governing physical therapists in each country. National associations must have a procedure for dealing with members who breach their code, and a procedure through which the public may recognise the authority of the profession to regulate itself."

Physiotherapists who have graduated from India had been practicing all over the world for many years under the respective councils of each country. They had never been found wanting in any aspects of knowledge regarding to diagnosing or treating the patient. Their educational credentials had been evaluated and considered equivalent to their own educational standards by many developed nations including the United Kingdom and United States of America and had been acknowledged to have equal abilities to work among the Physiotherapists graduated from their own universities. And many of them had brought in laurels for the standard of education from India. By grading down the Physiotherapists in India by limiting their rights for independent and autonomous practice we foresee grave implications in the way foreign councils

might look at Indian trained Physiotherapists and might reflect it on the credential rating given to us which in turn will pose hurdles in finding a job abroad.

2. Inclusion of Occupational Therapists in Physiotherapy Council

Occupational therapy is an entirely different discipline that plays different roles in rehabilitation and treatment of an individual. You may want to take a look at some of the definitions given for occupational therapy practice in various acts, across the world.

Illinois Occupational Therapy Practice Act

‘Occupational therapy’ means “the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals and populations who have a disease or disorder, an impairment, an activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles and to promote health and wellness..”

South Australian occupational Therapy Practice Act, 2005

“occupational therapy means—

(a) any therapy provided to persons with disabilities arising out of injury, illness or impairment of any kind, being therapy directed towards the acquisition (or reacquisition) of life skills; and

(b) all diagnostic, therapeutic, health or other services or advice provided in the course of practice by an occupational therapist or a person who holds himself or herself out, or is held out by another, as an occupational therapist;”

It is indefensible for both Occupational therapists and Physical therapists to be under a single council. A council for physiotherapy should only be regulating physiotherapists as it is the case with every other nation.

Clubbing physiotherapy and occupational therapy professionals under one council would only bring in confusions and doubts among the public and the health care sector about these disciplines and will diminish the benefits that these disciplines has to offer for greater common good and public health care at large.

When it is possible to form multiple councils within the scope of this bill no justifications are seen as why occupational therapists are being included in the physiotherapy Council.

3. Council and Committee formation:

We would be pleased to have a committee headed by a person who had have his/her name entered in the register and be elected by the members itself rather than headed by a non Physiotherapist. We would like to draw your attention to the committees of various health councils like Medical Council of India, Dental Council of India, Nursing Council of India etc that are headed by

people elected by the members from themselves. They though, had their committees headed by representatives of the government for the initial five year term. We hope you would take a note of the committee formation procedures and modify our committee too on the same lines.

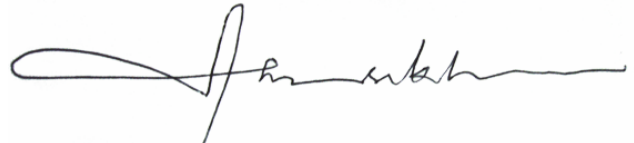
We are extremely happy to have this opportunity to present our concerns and suggestions in front of you for the kindest consideration. We hope that you will take the relevant actions to modify the existing proposed Bill and address the concerns raised in a democratic, inclusive and prudent manner.

Thanking you,

Place: Kottayam, Kerala.

Yours Sincerely,

Date: 31st January 2008



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For Users of Physioblasts.Org