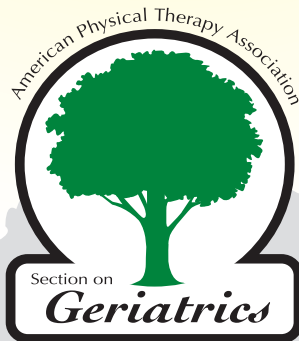


Section on Geriatrics, APTA

**Essential Competencies
in the Care of Older Adults
at the Completion of the
Entry-level
Physical Therapist
Professional Program of Study**



Essential Competencies in the Care of Older Adults

Anticipating an impending health care crisis, the Institute of Medicine charged its Committee on the Future Health Care Workforce for Older Americans to determine the health care needs of Americans over 65 years of age and to analyze the forces that shape the health care workforce for these individuals. The resulting 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*,¹ noted that as the number of older adults grows to comprise almost 20% of the population in the U.S., they will face a health care workforce that is too small and critically unprepared to meet their health needs. The most recent analysis of practice in physical therapy confirms that 40%- 43% of patient care activity of physical therapists across a wide variety of practice settings are for individuals 66 years of age or older.²

One action taken as a result of the *Retooling for an Aging America* report was the formation of the Partnership for Health in Aging (PHA) by the American Geriatrics Society. A PHA workgroup comprised of 10 health care disciplines, including physical therapy, developed a set of overarching multidisciplinary competencies in the care of older adults across six different domains of practice.³ Each competency is deemed essential for practitioners to achieve by the completion of an entry-level health professional program of study. The Section on Geriatrics of the American Physical Therapy Association (APTA) was involved with the development of these PHA overarching multidisciplinary competencies. The competencies have been endorsed by 28 national organizations, including the APTA (in May of 2010).

The Partnership for Health in Aging expects each professional group to individualize the overarching competencies to elucidate the specific skills representing competence in their field. A Taskforce of the Section on Geriatrics, using the PHA document as a framework, identified specific statements (we've termed 'subcompetencies') that clarify the skills essential for a physical therapist to provide competent physical therapy care to older adults within each domain and for each PHA competency.

Section on Geriatrics taskforce members, all experienced educators with substantial expertise in geriatric physical therapy, developed an initial list of subcompetencies; first, working in pairs and then as a committee of the whole. Review and revisions continued until all taskforce members agreed on all subcompetency statements. The resultant first draft document was brought to the 2011 Combined Sections Meeting of APTA where a group of 35 physical therapist volunteers attending the convention participated in a validation activity, providing feedback on the content and face validity of the document. Further revisions were

made based on this participant feedback. The revised second draft document was circulated via e-mail to each individual who attended the validation activity. Their feedback was incorporated into the final review by the Taskforce. Final taskforce consensus and approval of the *Essential Competencies in the Care of Older Adults at the Completion of the Entry-level Physical Therapist Professional Program of Study* document was achieved in May 2011 and then prepared for distribution to our membership. The following document represents the final work of this Taskforce. Section on Geriatrics strongly encourages accredited physical therapist educational programs to assure that their graduates demonstrate competence in each of the competencies described below.

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References:

1. Institute of Medicine. *Retooling for an Aging America: Building the Health Care Workforce*, 2008.
<http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx>
2. Knapp D, Russell T, Byrum C, Waters S. Entry-Level Practice Analysis Update for Physical Therapist Licensure Examinations Offered by the Federation of State Boards of Physical Therapy. Prepared for: Federation of State Boards of Physical Therapy (FSBPT), Alexandria, VA, 2007, pg 21 and 23.
http://www.fsbpt.org/download/PA2006_PTFinalReport20070214.pdf
3. *Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree*.
http://www.americangeriatrics.org/files/documents/health_care_pros/PHA_Multidisc_Competencies.pdf

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Essential Competencies in the Care of Older Adults

DOMAIN 1: Health Promotion and Safety

- A. Advocate to older adults and their caregivers about interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life.**
1. Identify and apply best available evidence to advocate to older adults and caregivers about interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life across domains and care delivery settings.
 2. Value the advocacy role of the physical therapist in promoting the health and safety of older adults.
- B. Identify and inform older adults and their caregivers about evidence-based approaches to screening, immunizations, health promotion, and disease prevention.**
1. Translate best available evidence about screening, immunizations, health promotion, and disease prevention to patient/client/caregiver(s) in a culturally appropriate manner using health literacy principles.
 2. Implement disease prevention, health promotion, fitness and/or wellness education programs that incorporate best available evidence targeted to older adults and their caregivers.
- C. Assess specific risks and barriers to older adult safety, including falls, elder mistreatment, and other risks in community, home, and care environments**
1. Perform health, fitness and wellness screens (e.g., screens for fall risk, elder mistreatment, environmental hazards) that identify older adults at risk of injury.
- D. Recognize the principles and practices of safe, appropriate, and effective medication use in older adults.**
1. Locate best up-to-date medication resources clarifying common uses, side-effects, and signs and symptoms of under and over dosing of prescription and non-prescription medications commonly used by older adults.
 2. Discuss common pharmacokinetic factors that should be considered when providing physical therapy interventions to older adults.
 3. Describe the influence of age and polypharmacy on pharmacokinetics and drug interactions.
- E. Apply knowledge of the indications and contraindications for, risks of, and alternatives to the use of physical and pharmacological restraints with older adults.**
1. Define physical and chemical restraints as they relate to physical therapist practice.
 2. Identify regulatory agencies responsible for monitoring and enforcing restraint policies across health care settings.
 3. Cite evidence that validates the impact of physical and chemical restraint use on the restrained individual, the restrained individual's caregiver(s), and society.
 4. Describe and advocate alternatives to physical and chemical restraint use that are safe and least restrictive (e.g., positioning devices, enabling devices, environmental adaptation, caregiver/careworker supervision or intervention).

DOMAIN 2: Evaluation and Assessment

- A. Define the purpose and components of an interdisciplinary, comprehensive geriatric assessment and the roles individual disciplines play in conducting and interpreting a comprehensive geriatric assessment.**
1. Describe the concept of, and various formats for, interdisciplinary, comprehensive geriatric assessment and explain the benefit of this approach over single discipline assessment for complex older adults.
 2. Describe the role and contributions of each member of a typical comprehensive geriatric assessment team (such as geriatrician, geriatric nurse practitioner, pharmacist, physical therapist, social worker, case manager, occupational therapy, speech therapy).
 3. Explain the role of the physical therapist as the movement specialist on the geriatric assessment team.
- B. Apply knowledge of the biological, physical, cognitive, psychological, and social changes commonly associated with aging.**
1. Incorporate knowledge of normal biological aging across physiological systems, effects of common diseases, and the effects of inactivity when interpreting examination findings and establishing intervention plans for aging individuals.
 2. Describe, identify, and appropriately respond to normal biological changes of somatosensation and the special senses that commonly occur with aging and as a result of diseases common in older adults.
 3. Interpret a patient/client's behavior within the context of various psychological and social theories of aging; selecting appropriate action including referral.
 4. Recognize the differences between typical, atypical, and optimal aging with regards to all systems; develop appropriate recommendations to reflect the person's goals, needs, and environment.
- C. Choose, administer, and interpret a validated and reliable tool/instrument appropriate for use with a given older adult to assess: a) cognition, b) mood, c) physical function, d) nutrition and e) pain.**
1. Select and administer valid and reliable tests for cognition and depression (e.g., MMSE, Geriatric Depression Scale, Clock Drawing Test); and determine need for referral.
 2. Administrate and interpret functional tests that can identify risk for falling and mobility deficits (e.g., Berg Balance Scale, Timed Up and Go, Timed Walk Tests, Gait Speed, Balance Confidence scales); communicating the findings, and making recommendations to the health care team.
 3. Objectively assess pain in any older person regardless of cognitive or communication abilities.
 4. Administer a basic nutritional assessment including key questions regarding protein, calcium, Vitamin D, and fluid intake; taking appropriate action as indicated including referral.

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Essential Competencies in the Care of Older Adults

DOMAIN 2: continued from previous page

D. Demonstrate knowledge of the signs and symptoms of delirium and whom to notify if an older adult exhibits these signs and symptoms.

1. Differentiate between depression, delirium, and dementia based on presentation and related conditions; and refer as appropriate.

E. Develop verbal and nonverbal communication strategies to overcome potential sensory, language, and cognitive limitations in older adults.

1. Identify and assess barriers to communication (e.g., hearing and/or sight impairments, speech difficulties, aphasia, limited health literacy, cognitive disorders).
2. Analyze how patient/client attributes and limitations, health care professional and family attitudes, and societal and cultural perspectives may impact communication during the rehabilitation process.
3. Modify communication, including the use of adaptive equipment, to deliver effective patient management for older adults with depression, dementia, anxiety, or for older adults who are in bereavement.
4. Develop alternative communication methods to deliver effective patient management for older adults with limited health literacy, hearing, sight impairments, or speech difficulties.
5. Consult other disciplines and make referrals where appropriate.

DOMAIN 3: Care Planning and Coordination Across the Care Spectrum (Including End-of-Life Care)

A. Develop treatment plans based on best evidence and on person-centered and person-directed care goals.

1. Develop evidence-based and patient-centered physical therapy interventions for conditions commonly encountered with older adults, utilizing enablement-disablement frameworks, emphasizing functional movement, and considering principles of optimal aging across physiological systems:
 - a. Musculoskeletal (e.g., osteoarthritis, spinal stenosis, spinal disc disease, fractures, joint arthroplasty, amputation, disuse atrophy, incontinence).
 - b. Neuromotor (e.g., stroke, Parkinson's disease, Alzheimer's disease, DJD with spinal nerve compression injuries, vestibular disorder).
 - c. Cardiopulmonary (e.g., post-myocardial infarction, post-coronary artery bypass surgery, cardiomyopathy, COPD, pneumonia, aerobic deconditioning).
 - d. Integumentary (e.g., cellulitis, pressure ulcers, vascular insufficiency ulcers, lymphedema, burns).

2. Develop evidence-based prevention and risk reduction programs for conditions prevalent in older adults (e.g., skeletal demineralization, sarcopenia, flexibility restrictions, falls, cardiopulmonary disorders, impaired integumentary integrity, postural deficits).
3. Develop a plan of care for the physical therapy management of patients/clients with complex medical profiles (e.g., frailty, heart failure, mechanical ventilation dependency, multiple chronic health conditions, dementia, malignant neoplasm, multiple traumatic injuries).
4. Adapt plan of care to address disabling psychosocial factors (e.g., depression, learned helplessness, anxiety, fear of falling).

B. Evaluate clinical situations where standard treatment recommendations, based on best evidence, should be modified with regard to older adults' preferences & treatment/care goals, life expectancy, co-morbid conditions, and/or functional status.

1. Synthesize and recommend intervention modifications based upon patient/client values and lifestyle, life expectancy, co-morbid conditions, pharmacological profile, lab values, domicile setting, and financial resources.
2. Suggest environmental modifications to the clinical practice settings that better meet the needs of older adult (e.g., equipment adaptations, privacy, lighting, climate control, accessibility).

C. Develop advanced care plans based on older adults' preferences and treatment/care goals, and their physical, psychological, social, and spiritual needs.

1. Define advance directives and discuss implications for physical therapy management.
2. Develop physical therapy plan of care for older adults receiving end-of-life care which integrates the:
 - a. Patient/client goals
 - b. Treatment setting
 - c. Functional and palliative needs of the patient/client

D. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings, utilizing information technology where appropriate and available.

1. Identify methods used to communicate among health care professionals regarding the status and well-being of geriatric clients (e.g., team meetings, electronic documentation and review of medical records, discharge summaries, falls surveillance tools, community visit sessions).
2. Identify relevant evidence/literature guiding best practice regarding continuity of treatment across services and during transitions between care settings.
3. Value continuity of treatment across services and during transitions between care settings.

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Essential Competencies in the Care of Older Adults

DOMAIN 4: Interdisciplinary and Team Care

- A. Distinguish among, refer to, and/or consult with any of the multiple healthcare professionals and providers who work with older adults, to achieve positive outcomes.**
1. Differentiate and choose appropriate healthcare professional or provider for referral or consultation to best meet the specific needs of an older adult.
 2. Communicate appropriately and in a timely manner with each individual provider the reason for referral or consultation.
 3. Provide consultation within the scope of practice of the physical therapist.
- B. Communicate and collaborate with older adults, their caregivers, healthcare professionals, and direct care workers to incorporate discipline-specific information into overall team care planning and implementation.**
1. Select, prioritize, and communicate essential physical therapy findings to contribute to a team care plan.
 2. Adapt communication to accommodate learning styles and cultural, social, and educational perspectives and stressors effecting:
 - a. Older adults
 - b. Caregivers
 - c. Healthcare providers
 - d. Direct care workers

DOMAIN 5: Caregiver Support

- A. Assess caregiver knowledge and expectations of the impact of advanced age and disease on health needs, risks, and the unique manifestations and treatment of health conditions.**
1. Effectively assess caregiver knowledge and perceptions of the functional impact of advanced age and health conditions on optimal aging.
 2. Determine caregiver expectations of the health needs of his or her patient/client/family member; and caregiver ability to recognize and manage manifestations of the patient's common health conditions.
 3. Communicate with caregivers in a culturally competent and age-appropriate manner.
- B. Assist caregivers to identify, access, and utilize specialized products, professional services, and support groups that can assist with care-giving responsibilities and reduce caregiver burden.**
1. Assess caregiver and patient goals for the care-giving relationship, identify potential areas for conflict, and refer to other providers as appropriate.
 2. Analyze needs and recommend products, services, and support systems to provide ADL and IADL assistance, considering individual needs of the patient and caregiver, with sensitivity to resource constraints.
 3. Advocate for caregiver access to appropriate services and products that reduce caregiver burden and support effective care.

- C. Know how to access and explain the availability and effectiveness of resources for older adults and caregivers that help them [the patient] meet personal goals, maximize function, maintain independence, and live in their preferred and/or least restrictive environment.**
1. Identify options for least restrictive environment that maximizes physical functional ability and independence.
 2. Educate caregiver in accessing and using resources for optimal functioning in least restrictive manner.
- D. Evaluate the continued appropriateness of care plans and services based on older adults' and caregivers' changes in age, health status, and function; assist caregivers in altering plans and actions as needed.**
1. Monitor and adjust the plan of care in response to changes in the patient, caregiver capacity, or care-giving environment.

DOMAIN 6: Healthcare Systems and Benefits

- A. Serve as an advocate for older adults and caregivers within various healthcare systems and settings.**
1. Take history and ask questions regarding unmet needs of older adults and caregivers.
 2. Assist in obtaining needed services through referral or consultation to facilitate optimal functioning of the patient/client.
 3. Provide information on best practice/evidence-based practice to older adults, caregivers, colleagues, and health care providers and agencies.
- B. Know how to access, and share with older adults and their caregivers, information about the healthcare benefits of programs such as Medicare, Medicaid, Veteran's Services, Social Security, and other public programs.**
1. Describe the various public programs for healthcare available to older adults and the physical therapy services available within each (e.g., Medicare, Medicaid, Veterans Services, Social Security).
 2. Utilize information technology to obtain information on eligibility for services; effectively communicate these resources with older adults and caregivers; and/or refer patient to appropriate healthcare professional/social services as indicated.
- C. Provide information to older adults and their caregivers about the continuum of long-term care services and supports - such as community resources, home care, assisted living facilities, hospitals, nursing facilities, sub-acute care facilities, and hospice care.**
1. Discuss appropriate care settings available to extend geriatric rehabilitation services (e.g., sub-acute rehabilitation, home health care, skilled nursing facilities, assisted living centers, senior centers, hospice care).
 2. Identify resources available to facilitate community-dwelling older adults' ability to live independently (e.g., meal delivery, home care resources, social services, electronic alert devices, community support groups, transportation services, home modifications, adaptive equipment).