

SCOPE OF PRACTICE FOR KINESIOTHERAPY

PREAMBLE

This Scope of Practice is established by the Council on Professional Standards for Kinesiotherapy, Inc., and is put forth for application to those individuals who are registered by said body. This document delineates the competencies for Registered Kinesiotherapists and identifies the job tasks that Registered Kinesiotherapists are qualified to perform. This Scope of Practice reflects the evaluation procedures and comprehensive treatment interventions applied by Registered Kinesiotherapists. Those Registered Kinesiotherapists who have demonstrated additional training and/or credentials beyond the entry level may be privileged or credentialed to practice skills and knowledge beyond this Scope of Practice. The therapist must abide by the continuing competency requirements of the credentialing entity.

DEFINITIONS

Kinesiotherapy: Kinesiotherapy is the application of scientifically based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning.

Registered Kinesiotherapist (RKT): The RKT is a health care professional competent in the administration of musculoskeletal, neurological, ergonomic, biomechanical, psychosocial, and task specific functional tests and measures. The Kinesiotherapist determines the appropriate evaluation tools and interventions necessary to establish, in collaboration with the client, family/caregiver, and referral source, a goal specific treatment plan.

Kinesiotherapy Intervention: The intervention process includes client assessment, the development and implementation of a treatment plan, assessment of progress toward goals, modification as necessary to achieve the goals and outcomes, and client education. Intervention can be delivered throughout the entire spectrum of care, from acute to chronic to wellness. The foundation of clinician-client rapport is based on education, instruction, demonstration and mentoring of therapeutic techniques and behaviors to restore, maintain and improve overall functional abilities.

The Council on Professional Standards for Kinesiotherapy, Inc. (COPSKT): An organization whose function is to establish and ensure that Kinesiotherapy practitioners meet the standards for education, credentialing, and professional competence.

General Scope of Practice

A. Referral Sources

- a. **Medical Setting:** The RKT is qualified to evaluate and administer treatment interventions upon receipt of a referral or concurrence from physicians, nurse practitioners, or physician assistants who have such privileges. Treatments provided within a healthcare system (such as the Veterans Affairs) may be initiated without direct referral so long as the subsequent treatment plan is reviewed by a physician, PA or NP and there is evidence of continued care.
- b. **Wellness/Fitness Setting:** Treatment interventions may be administered upon completion of a written or oral screening survey by the client and signed written consent or disclosure form that describes the test conditions, treatment interventions, and possible risks.

B. Evaluation:

The RKT obtains detailed information from the client, family/caregiver, and the clinical record regarding the specific history that resulted in the referral for treatment. This is followed by an appropriate physical assessment pertaining to the reason for the referral. The RKT then records and analyzes the data, develops an appropriate treatment plan in conjunction with the client, and communicates with the referral source.

Assessment/Evaluation can be performed in a home, work, medical, wellness, or virtual setting.

a. Physical Components

- i. Muscular strength and endurance
- ii. Functional stability and mobility
- iii. Neuromuscular coordination
- iv. Kinesthesia, proprioception, and sensory function
- v. Flexibility and joint range of motion including joint integrity
- vi. Reaction time
- vii. Posture and body mechanics
- viii. Pain
- ix. Ergonomics
- x. Biomechanical analysis
- xi. Seating and positioning
- xii. Gait and/or locomotion
- xiii. Motor function including motor learning and motor control
- xiv. Aerobic capacity and endurance
- xv. Anthropometric measurements
- xvi. Hemodynamic and respiratory response

b. Psychosocial Components

- i. Appropriateness of behavior
- ii. Enhancers/barriers to learning

- iii. Capability of task planning and goal directed behavior
- iv. Affect
- v. Social interaction
- vi. Motivation

c. Cognitive Components

- i. Memory
- ii. Comprehension
- iii. Expression
- iv. Problem Solving
- v. Safety awareness
- vi. Arousal, attention, cognition

d. Functional Components

- i. Mobility Aids (including but not limited to ambulation, locomotion, and/or transfer devices)
- ii. Orthotic and prosthetic devices including protective and supportive devices
- iii. Adaptive devices
- iv. Assistive technology
- v. Telecommunication/Virtual technology
- vi. Work/home assessments

C. Interventions: The RKT administers a variety of scientifically based modalities, including but not limited to exercise principles and activities, to accomplish the stated goals in the treatment plan, such as those outlined in the *Kinesiotherapy Scope of Practice* and *The Kinesiotherapy Standards of Practice*. The treatment plan may include strategies to educate the client and family/caregiver on techniques to enhance neuromuscular, musculoskeletal, psychomotor, and psychosocial wellbeing. Evaluation and treatment interventions can be performed in multiple formats including but not limited to face to face, telephonically, or through various forms of virtual health.

a. Therapeutic Exercise including but not limited to:

- i. Strengthening
- ii. Endurance
- iii. Flexibility and range of motion
- iv. Aquatic exercise
- v. Balance and coordination activities
- vi. Neuromuscular re-education
- vii. Work reconditioning/hardening

b. Functional Training including but not limited to:

- i. Bed mobility
- ii. Wheelchair mobility (all surfaces)
- iii. Transfer training
- iv. Ambulation/Gait training (all surfaces)

- v. Ambulation/gait mobility aid/devices
- vi. Fall recovery techniques
- vii. Stabilization and posture mechanics
- viii. Mechanical modification and corrective movement patterning

c. Assistive/adaptive technology application and/or adaptation of appropriate technologies including but not limited to:

- i. Supportive and protective equipment/devices
- ii. Prosthetics and orthotics
- iii. Adaptive equipment
- iv. Transfer equipment
- v. Ambulatory/mobility equipment
- vi. Wheelchairs
- vii. Electronic technology
- viii. Information technology

D. Education:

- i. Therapeutic exercise principles
- ii. Implications of disease/disability process, progression and expectations for client and family
- iii. Home exercise programs
- iv. Body mechanics, posture, functional mobility, functional fitness
- v. Home and/or worksite modification and injury prevention
- vi. Community reintegration
- vii. Fall prevention
- viii. Application and use of adaptive and assistive devices/equipment
- ix. Chronic disease prevention and progressive lifestyle change
- x. Caregiver and family training
- xi. Holistic health, wellness, lifestyle coaching, and behavior change
- xii. Injury prevention
- xiii. Awareness of cognitive and appropriate psychosocial interactions and compensatory techniques
- xiv. Self-Motivation education
- xv. Task planning skills including but not limited to energy conservation

E. Professional Code of Ethics:

a. A Registered Kinesiotherapist (RKT) shall be required to observe the Code of Ethics adopted by the Council, which are as follows:

1. An RKT shall comply with the By-Laws of the Council
2. An RKT working in a medical or transitional rehabilitation setting shall not at any time, undertake, give, or accept responsibility for any treatment unless upon receipt of a

prescription from qualified physicians, nurse practitioners and/or physician assistants (referral source) who have been privileged to make such referrals.

3. An RKT working in a wellness/fitness setting shall not at any time, undertake, give, or accept responsibility for any treatment until receipt of a written or oral screening survey, and a written consent form signed by the client, describing the test conditions, treatment interventions and possible risks. Should potential risk factors be identified during the screening process, a signed medical clearance/prescription from a qualified physician, nurse practitioner and/or physician assistant is required and must be included in the client's treatment record.

4. An RKT shall not, at any time, either in a professional capacity or otherwise, undertake to give, or accept responsibility for a form of treatment in which he/she does not hold a recognized qualification.

5. An RKT shall not, at any time, directly advertise him/herself in any manner not consistent with the ruling of the Association.

6. An RKT shall, at all times, respect the status of, and show courtesy, to his/her own departmental superior or staff, and his/her professional colleagues.

7. An RKT shall not, at any time, either in a professional capacity or otherwise, discuss with a client, or within a client's hearing, any treatment or other professional matter in such a way as may be calculated to bring doubt or discredit on the professional skills, knowledge, services, or qualifications of any other registered medical auxiliary or professional colleague or any other person in the medical field.

8. An RKT shall, at all times, give the best of his/her skill and knowledge when treating any client, without prejudice and irrespective of financial remuneration.

9. An RKT shall report to the referral source accurately, and with frequency, the client's progress and response to treatment. He/she shall report to the referral source immediately, if or when, the client exhibits responses that are not normally expected and shall report any accident that may occur in the course of treatment.

10. An RKT shall, at all times maintain a professional presence, with regard to both appearance and conduct.

11. An RKT shall not, at any time, either in a professional capacity or otherwise, act in such a manner as to bring discredit upon his/her colleagues or the Association. He/she shall maintain integrity and discipline in personal behavior so as to sustain and enhance public confidence in his/her profession.

12. An RKT shall faithfully observe the conditions of his/her appointment with an employer, whether these conditions have been agreed upon verbally or in writing.

13. An RKT shall hold any information coming to his/her attention regarding a client as confidential and consider it "privileged communications". Such information will not be made available to anyone except those responsible for the client's medical care.
 14. An RKT shall adhere to Health Insurance Portability and Accountability Act (HIPAA) or other appropriate regulations.
 15. An RKT shall publish only information and opinions that can be reasonably expected to be a scientific contribution to the field of rehabilitation.
 16. An RKT shall strive at all times to improve his/her professional knowledge, skill and efficiency and thereby increase the value of his/her contribution to the field of rehabilitation.
 17. An RKT shall adhere to all appropriate regulations set forth by state/federal laws governing health professions.
- b. In the event that Professional Code of Conduct charges are brought against a Registered Kinesiotherapist for violation of this Code, the case shall be remanded to the Council on Professional Standards for Kinesiotherapy (COPSKT) for adjudication.
 - c. Neither COPSKT nor an RKT shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Revised: July 9, 2021