STANDARDS OF PRACTICE FOR REGISTERED KINESIOTHERAPISTS

Preamble: These standards are established by the Council on Professional Standards for Kinesiotherapy, Inc. (COPSKT) and are endorsed by the American Kinesiotherapy Association (AKTA). The intent of these standards is to serve as guidelines for the Registered Kinesiotherapist (RKT) and to provide a basis for assessment of Kinesiotherapy practice. A RKT has attained that status upon passing the registration examination of COPSKT.

Standard 1: Only individuals who qualify by virtue of their education and clinical experience can practice Kinesiotherapy.

1.1   An RKT must have a minimum of a baccalaureate degree with didactic preparation in the following areas:

    1.101   Human anatomy
    1.102   Human physiology
    1.103   Exercise physiology
    1.104   Kinesiology/biomechanics/ergonomics
    1.105   Therapeutic exercise
    1.106   Adapted physical education
    1.107   Growth and development
    1.108   Motor learning/control/performance
    1.109   General psychology
    1.110   Organization and administration
    1.111   Tests and measurements
    1.112   Research methods or statistics
    1.113   First aid and cardiopulmonary resuscitation
    1.114   Introduction to Kinesiotherapy
    1.115   Pathophysiology
    1.116   Clinical neurology/neuropathology
    1.117   Rehabilitation procedures
    1.118   Client assessment and management
    1.119   Therapeutic activities
    1.120   Wellness/fitness

1.2   An RKT must have completed a minimum of 1,000 hours of clinical practice in approved training sites to qualify for certification and subsequent registration.

1.3   An RKT must not perform any treatment beyond the *Kinesiotherapy Scope of Practice* unless credentialed or otherwise qualified to do so.

1.4   An RKT can administer treatment upon receipt of a referral from physicians, nurse practitioners or physician assistants who have legal privileges to make such referrals.

1.5   An RKT can administer treatment in a wellness or fitness setting without a physician or other practitioner referral, when a written or oral screening survey is completed. In addition, the client must sign a written consent form which describes the assessment procedures, treatment interventions, and possible risks.

1.6   An RKT will adhere to all policies and protocols established by the profession and the work setting.

1.7   An RKT will comply with local, state and federal requirements for administering health care.

1.8   An RKT must demonstrate competency to maintain a safe treatment environment.

Standard 2: Referrals shall contain appropriate information before treatment can be administered by an RKT.

2.1   Referrals for kinesiotherapy should contain description information to include the following:

      2.11   Client name and/or identification number
      2.12   A referring diagnosis and problem to be addressed
      2.13   Indications/contraindications for treatment
      2.14   Client assigned medical setting or address

2.2   Referrals must be signed by a qualified referring source before treatment begins, unless those received in the wellness or fitness setting.

Standard 3: An RKT shall develop an individual treatment plan for each client.

3.1   An RKT is responsible for documentation of the treatment plan in the client's permanent medical record as dictated by the work setting.

3.2   The client and family/caregiver should actively participate as appropriate in the formulation of the treatment plan.

3.3   Goals specified in the treatment plan should be stated in measurable terms and include time frames for achievement.

3.4   Client/family/caregiver education shall be addressed as appropriate to the treatment plan.

3.5   The treatment plan should be updated on a regular basis or as required by national accrediting bodies and/or the treatment facility.

Standard 4: An RKT shall perform assessments on the first visit and on subsequent visits as change in status dictates. Client/family/caregiver involvement will be included in the assessment process.

4.1   An RKT will evaluate various physical capabilities and capacities of the client, including:

      4.11   Muscular strength and endurance
      4.12   Functional stability and mobility
      4.13   Neuromuscular coordination
      4.14   Kinesthesis, proprioception, and sensory function
      4.15   Flexibility/joint range of motion including joint integrity
      4.16   Aerobic capacity and endurance
      4.17   Reaction time
      4.18   Posture and body mechanics
      4.19   Pain
      4.20   Ergonomics
      4.21   Biomechanical analysis
      4.22   Seating and positioning
      4.23   Motor function including motor learning and motor control
      4.24   Anthropometric measurements
      4.25   Hemodynamic and respiratory response

4.2   An RKT will assess various psychosocial components, including:

4.21   Appropriateness of behavior
4.22   Enhancers/barriers to learning
4.23   Capability of task planning and goal-directed behavior
4.24   Affect
4.25   Social interaction
4.26   Motivation

4.3   An RKT will assess various components of cognitive functioning including:

4.31   Memory
4.32   Comprehension
4.33   Expression
4.34   Problem solving
4.35   Safety awareness
4.36   Arousal, attention, and cognition

4.4   An RKT will assess various functional components and the need for adaptive/assistive devices including:

4.41   Ambulation/mobility (including but not limited to ambulation, locomotion, transfer, activities of daily living/instrumental activities of daily living)
4.42   Orthotic and prosthetic devices
4.43   Adaptive devices
4.44   Assistive technology
4.45   Telehealth
4.46   Seating and positioning

Standard 5: An RKT shall administer therapeutic exercise or activity to accomplish the stated goals of the treatment plan.

5.1   An RKT shall instruct the client in therapeutic exercise interventions:

5.11   Strengthening exercise
5.12   Endurance exercise
5.13   Flexibility and range of motion exercise
5.14   Aquatic exercise
5.15   Balance and coordination exercise/activity
5.16   Neuromuscular re-education
5.17   Work hardening/conditioning exercise

5.2   An RKT shall instruct a client in functional training:

5.21   Bed mobility
5.22   Wheelchair mobility (all surfaces)
5.23   Transfer training
5.24   Ambulation/gait training (all surfaces)
5.25   Fall recovery techniques
5.26   Stabilization and posture mechanics
5.27   Mechanical modification and corrective movement patterning

5.3   An RKT shall instruct the client in Assistive/Adaptive Technology including but not limited to:

5.31   Supportive and protective equipment/devices
5.32   Prosthetics and orthotics
5.33   Adaptive equipment
5.34   Transfer equipment
5.35   Ambulatory/mobility equipment
5.36   Wheelchairs
5.37   Electronic technology
5.38   Information technology

5.4   An RKT shall instruct the client in Telecommunication Technology

5.31   Video telecommunication
5.32   Remote monitoring
5.33   Store and forward devices
5.34   Phone, email, web-based communication
5.35   Live feed devices
5.36   Virtual reality

5.5   An RKT will monitor treatment results and intervene regularly to facilitate progress toward stated goals.

5.6   An RKT shall be responsible for the treatment process and will provide a safe environment that is conducive to achievement of the treatment objectives.

5.7   An RKT will be trained in the safe use of equipment employed in the treatment process.

Standard 6: An RKT shall educate the client and family/caregiver as appropriate to accomplish the stated outcome of the treatment plan.

6. 1   An RKT shall provide instruction in the following areas:

6.11   Implications of disease/disability process, progression, and expectations for client and family
6.12   Home exercise programs
6.13   Body mechanics, posture, and functional mobility
6.14   Home and/or worksite modification and injury prevention
6.15   Therapeutic exercise principles
6.16   Community reintegration
6.17   Fall prevention
6.18   Application and use of adaptive equipment and assistive equipment
6.19   Chronic disease prevention and progressive lifestyle change
6.20   Caregiver and family training
6.21   Holistic health, wellness, lifestyle coaching and behavioral change
6.22   Awareness of cognitive and appropriate psychosocial interactions and compensatory techniques
6.23   Self-motivation education
6.24   Task planning skills including but not limited to energy conservation

Standard 7: An RKT shall document client treatment Information.

7.1   An RKT shall document progress toward established goals.

7.2   An RKT will be responsible for accurately entering progress notes into the permanent client record.

7.3   Time frames of completion of notes will conform to those as specified in Standard 3.

7.4   An RKT will provide a written summary of treatment, which includes recommendations for follow-up care.

7.5   All notes will be signed either in writing or electronically.

7.6   Documentation shall be subject to peer review on a regular basis to ensure conformity to stated standards and as part of the facility's performance improvement program.

Standard 8: An RKT shall actively participate in the activities congruent with health care delivery.

8.1   An RKT shall attend client planning functions and provide input as deemed appropriate.

8.2   An RKT shall at all times, adhere to the KT Code of Ethics, and accord client, family, medical staff and visitors respect and dignity.

8.3   An RKT shall work as a member of the health care team by participation in performance improvement programs.

8.4   An RKT shall inform appropriate individuals or agencies of any improprieties in the delivery of health care to the client.

8.5   An RKT shall participate in continuing education as required to ensure quality client care.

Standard 9: An RKT shall follow established guidelines to assure the quality and appropriateness of treatment provided.

9.1   A written plan shall exist that describes treatment objectives, organization, and scope.

9.2   There will be a planned, systematic, and ongoing process for monitoring and evaluating client care. Solutions will be developed when problems are identified.

9.3   Records are maintained to document all client responses to treatment.

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