

Position Statement on Educating the Physical Therapy Assistant in Mechanical Diagnosis and Therapy®

Within a health care environment where the control of costs is important to both providers and payers, there is an important incentive to use the personnel who can provide care at the lowest cost. Within rehabilitation, this has led to increased utilization of the Physical Therapy Assistant (PTA).

The Board of Directors of The McKenzie Institute® USA offers the following position statement to clarify the recommended practice of Mechanical Diagnosis and Therapy (MDT) by PTAs working closely with and under direct supervision of a Physical Therapist (PT) trained and certified in the McKenzie Method® of MDT. These guidelines were developed following evaluation of state practice acts for PTA's, educational curricula for PTA's, and the APTA and AAOMPT guidelines for the use of PTA's. In addition, input was sought previously from McKenzie MDT Diplomate and Credentialed PTs within the USA.

The Role of the PTA

The American Physical Therapy Association Guide to Physical Therapist Practice maintains that examination, evaluation, diagnosis, and prognosis of the patient are to be performed exclusively by the physical therapist. Furthermore, interventions that require immediate and continuous examination and evaluation throughout the intervention are performed exclusively by the PT, which would include spinal and peripheral joint mobilization/manipulation.

The MIUSA position is also consistent with the position statement adopted by the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) which states the following: *In the interest of public safety, physical therapists, and physical therapist assistants should not conduct clinical continuing education courses that teach elements of physical therapist patient/client management to individuals who are not licensed or otherwise regulated, except as they are involved in a specific plan of care, and in accordance with Association policies, positions, guidelines, standards, and the Code of Ethics.*

Thus, the role of the PTA in assisting a McKenzie certified MDT PT is primarily seen in the management of patients whose condition has stabilized and further improvements in functional or pain levels are expected to be slow. Of particular importance is the treatment and oversight of patients with dysfunction syndromes and in the later stages of the management of the derangement syndromes once the McKenzie certified MDT PT decides that the patient can progress on to recovery of function. Patients with entrapments, stenosis, mechanically unresponsive radiculopathy, chronic pain, and other conditions that do not portend rapid improvement, but which could benefit from the care of a McKenzie certified MDT PT, are candidates for treatment by a supervised PTA.

Monitoring the patient's progress, informing the PT of any change in the patient's status, and continuing the care plan developed by the PT falls within the PTAs scope of practice. During this last stage of care, the patient is progressed back to maximum function and is instructed in and encouraged to assume greater levels of activity and positive lifestyles to prevent future occurrences.

Training of the PTA in MDT

To support the knowledge and skills of the PTA in the management of patients with spine and extremity pain within Mechanical Diagnosis and Therapy, PTA's are welcome to attend Parts A and B courses. To best assist the McKenzie certified MDT PT, the PTA will need to understand the terminology and principles of MDT, instruct patients, and apply treatment techniques such as therapeutic/directional preference exercise and osteokinematic-directed techniques such as passive range of motion/clinician overpressure. In addition, it is expected that the PTA will recognize appropriate and inappropriate patient responses, make adjustments in specific exercise procedures when appropriate, and report the patient's status to the supervising certified MDT PT. PTAs who attend Parts A and B courses will be required to refrain from and only observe the manual procedures lab component of the course.

Board Approved 2000; rev. 2009; 2011; 2015; 2018