

# Academy of Geriatric Physical Therapy

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



# Essential Competencies in the Care of Older Adults

Concerned with the increasing numbers of older adults and questioning the ability of the current healthcare workforce to meet the needs of this growing population, the Institute of Medicine (IOM) charged its Committee on the Future Health Care Workforce for Older Americans to determine the health care needs of older Americans and to analyze the ability of the health care workforce to provide adequate care for this growing population. The 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, identified a shortfall in the quality and organization of the healthcare workforce to care for tomorrow's older adult. The report identified a three pronged approach to address this problem; enhance geriatric competence of the entire healthcare workforce; increase recruitment and retention of geriatric specialists and caregivers; improve the way care is delivered.

In response to the IOM report the American Geriatrics Society convened a multidisciplinary group of 10 health care professions. This coalition, known as the Partnership for Health in Aging (PHA) developed a set of core competencies that would be applicable to all disciplines in the coalition. The intent was to develop competencies that would be evident in all healthcare workers at the time of entry in to their profession. The Academy of Geriatric Physical Therapy of the American Physical Therapy Association was involved with the development of these PHA overarching multidisciplinary competencies. The PHA ultimately identified 23 competencies across 6 domains that provide a baseline for geriatrics and gerontology training in any healthcare discipline involved in the care of older adults.<sup>2</sup> The competencies have been endorsed by 28 national organizations, including the APTA (in May of 2010).

The PHA expects each profession to add individualized subcompetency statements to the overarching competencies to identify specific skills representing competence in their field. A Taskforce of the Academy of Geriatric Physical Therapy, using the PHA document as a framework, identified specific subcompetency statements 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. This document was published by the Academy in 2011. Work on a set of subcompetencies for the PTA started in Spring 2012.

Academy of Geriatric Physical Therapy taskforce members, all experienced PTA educators with expertise in geriatric physical therapy, developed an initial list of subcompetencies; first, working in pairs and then as a committee of the whole. The taskforce was required to stay true to the language of the PHA document and this

led to much discussion to ensure that we also stayed true to the scope of practice of the PTA and maintained the relationship between the PTA and the PT. Review and revisions continued until all taskforce members agreed on all subcompetency statements. A fourth draft of the document was brought to the 2013 Education Leadership Conference where a group of PTA academic and clinical educators reviewed the document providing feedback on the content and suggestions for further development. To gain additional insight the draft document was also posted for comment on the PTA educator's list serve. Feedback from both sources was incorporated into a fifth and final version of the document. This final version was approved by the Board of Directors of the Academy of Geriatric Physical Therapy in February 2014. It is hoped that the document, *Essential Competencies in the Care of Older Adults at the Completion of the Entry-level Physical Therapist Assistant Program of Study*, will be used by PTA academic and clinical educators to guide curriculum development and form as a basis for student assessment in geriatric competencies in the clinic and classroom.

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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. *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](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. As directed by the supervising physical therapist locate and recommend evidence-based resources to older adults and their caregivers, which support interventions and behaviors that promote physical and mental health, nutrition, optimum function, safety, social interactions, independence and quality of life for the older adult.
  2. Describe the importance of the advocacy role of the PT/PTA team 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. Discuss with the supervising physical therapist opportunities for the education of older adults and their caregivers on topics of health promotion, wellness and disease prevention.
  2. As directed by the supervising physical therapist, provide education regarding disease prevention, health promotion, fitness and /or wellness that incorporates current best evidence specific to older adults and their caregivers.
  3. Modify educational materials and instructional methods to best accommodate learning styles and barriers to learning in 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. Identify older adults who are at risk for falls, elder mistreatment, or placed at risk by the environment and communicate this information to the supervising physical therapist.
  2. Assist the supervising physical therapist in data collection when screening older adults for safety, including screens of fall risk, environmental risks and barriers and elder mistreatment.
- D. Recognize the principles and practices of safe, appropriate, and effective medication use in older adults.**
1. Identify and discuss how age and pharmacologic agents can impact the ability of an older adult to participate fully in physical therapy.
  2. Recognize adverse effects to medications in the older adult and communicate concerns effectively to the appropriate members of the healthcare team.
  3. Discuss behaviors which indicate unsafe or inappropriate use of medication in the older adult and inform the supervising physical therapist.
- 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 therapy practice.
  2. Discuss instances when the use of restraints is permissible and identify consequences and adverse effects of restraint use.
  3. Identify safe alternatives to the use of physical and chemical restraints and work with the supervising physical therapist to educate caregivers on the least restrictive management of the older adult.

## 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. Explain the benefits of an interdisciplinary approach to geriatric assessment over single discipline assessment for 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 therapist, speech therapist).
  3. Identify when changes in patient status warrant referral to other disciplines for assessment.
  4. Explain the role of the physical therapist and physical therapist assistant as the movement specialists 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, the effects of common diseases, and the effects of inactivity when reviewing the physical therapist's examination findings and delivering interventions to older adults.
  2. Describe how the physical therapist assistant may adjust or modify physical therapy interventions, within the plan of care, based on the normal changes that occur with aging or as a result of diseases common in older adults.
  3. Appropriately respond to a patient's/client's behavior within the context of various psychological and social theories of aging and select appropriate action including consultation with the supervising physical therapist.
  4. Recognize the differences between typical, atypical, and optimal aging with regards to all body systems.
- 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. Assist with data collection that allows the supervising physical therapist to develop appropriate recommendations to reflect the person's goals, needs, and environment.
  2. As directed by the supervising physical therapist, administer valid and reliable tests for cognition and depression (e.g., MMSE, Geriatric Depression Scale, Clock Drawing Test) and communicate the findings to the supervising physical therapist.
  3. Administer valid and reliable 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) and communicate the results to the supervising physical therapist.
  4. Using appropriate data collection tools, assess pain in any older adult regardless of cognitive or communication abilities.
  5. Collect basic nutritional information, including key questions regarding protein, calcium, Vitamin D, and fluid intake and report the results to the supervising physical therapist.

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## 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. Recognize signs and symptoms of delirium, depression and dementia in the older adult and accurately communicate specific findings to the supervising physical therapist and if appropriate to other healthcare personnel.

### 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). Report results to the supervising physical therapist.
2. Demonstrate awareness of societal and cultural sensitivities and apply communication strategies that acknowledge the varied perspectives.
3. Employ communication strategies that facilitate effective delivery of patient care for older adults with sensory, language and cognitive impairments.
4. Recognize when a patient may benefit from consultation with other disciplines to overcome sensory, language and cognitive limitations and communicate findings to the supervising physical therapist.

## 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. Under the direction and supervision of the physical therapist implement 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. Under the direction of the supervising physical therapist, implement 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, and postural deficits).

3. Under the direction of the supervising physical therapist, implement the 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. Appropriately adapt interventions within a 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 information about patient status and recommend intervention modifications to the supervising physical therapist 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 supervising physical therapist that better meet the needs of the 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 intervention.
2. Under the direction of the supervising physical therapist, implement a physical therapy plan of care for older adults receiving end-of-life care.

### 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 older adults (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. Discuss the value of continuity of treatment across services and during transitions between care settings.

## 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. Identify and discuss the roles and responsibilities of the healthcare professionals and providers who work with older adults.

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2. Discuss with the supervising physical therapist any findings that would indicate a need for referral to other healthcare professionals.
3. Under the direction of the supervising physical therapist, communicate effectively with appropriate healthcare professionals and providers to achieve positive outcomes for the older adult.

## **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. Communicate effectively, appropriately and in a timely manner with the older adult, their caregiver, healthcare professional or provider.
2. Communicate relevant and appropriate information about the status of the older client receiving physical therapy to the health care team to facilitate overall team care planning.

## **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 and communicate findings to the supervising physical therapist.
2. Determine caregiver expectations, responsibilities and abilities regarding the health needs of the patient while supporting holistic health and emotional well-being in patient and caregiver.
3. Identify the caregiver's ability to recognize and manage the patient/ client's common health conditions and communicate findings to the supervising physical therapist.
4. 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/client goals for the care-giving relationship, identify potential areas for conflict and inform the physical therapist. Discuss referral to other providers with the supervising physical therapist as appropriate.
2. Identify potential needs and resource constraints of the patient and caregiver and make recommendations for products, services, and support systems to provide ADL and IADL assistance to the supervising physical therapist.
3. Advocate for caregiver access to appropriate community resources, 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. In consultation with the supervising physical therapist, identify options for the least restrictive environment that maximizes functional ability and independence.
2. As delegated by the supervising physical therapist, educate the caregiver in accessing and using resources for optimal safety

and functioning in the 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 patient responses to the plan of care, and recommend modifications to the plan of care to the supervising physical therapist.
2. Respond appropriately to changes in the patient's/client's status, the caregiver's capacity, or the care-giving environment and report to the supervising physical therapist.
3. Educate caregivers in palliative measures and end-of-life concerns as directed by the supervising physical therapist.

## **DOMAIN 6: Healthcare Systems and Benefits**

### **A. Serve as an advocate for older adults and caregivers within various healthcare systems and settings.**

1. Describe the role of the PT/PTA team as advocates for older adults within various health care systems and settings.
2. Recognize and utilize resources that will aid the physical therapist assistant in the role of an advocate for older adults within the PT/PTA team.
3. As delegated by the supervising physical therapist, assist in identifying needs of the older adult and their caregiver and in obtaining needed services (through referral or consultation) to facilitate optimal functional ability and independence.

### **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. Utilize appropriate information technology to obtain resources for older adults and their caregivers regarding healthcare benefits, including eligibility and any limitations in coverage for physical therapy services. As delegated by the supervising physical therapist, effectively communicate these resources with the older adult and their caregiver.
2. Describe the various public programs for healthcare available to older adults and the physical therapy services available within each (e.g., Medicare, Medicaid, Veteran's Services, and Social Security).

### **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. Identify the resources available to older adults and their caregivers to extend physical rehabilitation services within their community (e.g., sub-acute rehabilitation, home health, skilled nursing facilities, assisted living, senior centers and hospice).
2. Identify resources and community support systems available to aid older adults in maintaining a lifestyle of maximum independence within their community (e.g., meal delivery, electronic alert systems, transportation services, home modifications, and adaptive equipment).
3. As delegated by the supervising physical therapist, provide information regarding the services and support available to older adults and their caregivers to facilitate the older adult's maximum functional independence within the community (utilizing referrals and consultations as appropriate).