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SCOPE OF PRACTICE FOR PHYSIOTHERAPIST

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Health Regulation Sector (2023)

INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated DHA Law No. (14) of the year (2021) amending some clauses of law No. (6) of 2018 pertaining to the DHA, to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector;
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice;
- Managing patient complaints and assuring patient and physician rights are upheld;
- Governing the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Scope of Practice and Competencies for Physiotherapists aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Ensure a conducive environment to attract and develop the best health talents while enhancing the Emiratization in the healthcare sector.

Physiotherapist aim to safely and effectively implement physiotherapy interventions includes but not limited to, making appropriate use of technologies to restore integrity of body systems essential to movement; to maximise function and recuperation; to minimise incapacity; and to enhance quality of life, physical and mental health, wellbeing, independent living and workability in individuals and groups with altered movement behaviours resulting from impairments, activity limitations, participatory restrictions or disabilities through:

- Therapeutic exercise.
- Functional training in self-care and home management.
- Functional training work, community, and leisure.
- Manual and Electro therapy techniques.
- Application, and as appropriate, fabrication of devices and equipment.
- Integumentary repair and protection techniques.
- Patient-related instruction.

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Health Regulation Sector

Dubai Health Authority

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EXECUTIVE SUMMARY

Dubai Health Authority (DHA) is responsible for regulating physiotherapist practices in the Emirate of Dubai. The Scope of Practice (SOP) of Physiotherapy mainly refers to the specific activities and interventions that physiotherapists are trained and authorised to perform within their professional capacity. This includes assessment, treatment planning, interventions, functional limitations and participation restrictions, rehabilitation, as well as patient education, ethical and legal awareness and continuous learning.

This document should be read in conjunction with the DHA Code of Ethics and Professional Conduct. The SOP for Physiotherapist is neither comprehensive nor exhaustive but rather provides guidelines for practice.

DEFINITIONS/ABBREVIATIONS

Continuing Professional Development (CPD): Hands-on activities aimed to improve, maintain, and broaden the professional's specialty knowledge necessary for the execution of professional and technical duties. These may be done by partaking in lectures, courses, and seminars.

Competence: General, overall capacity; holistic; rests on consensus view of what forms good practice.

Competency: Specific ability that makes up competence.

Competencies: Abilities to undertake specific tasks that relate to specific ability.

Manual Therapy: is a specialised area of physiotherapy / physical therapy for the management of neuro-musculoskeletal conditions, based on clinical reasoning, using highly specific treatment approaches including manual techniques and therapeutic exercises. Manual Therapy also encompasses, and is driven by, the available scientific and clinical evidence and the biopsychosocial framework of each individual patient.

Physiotherapy (Physical Therapy): Is a healthcare profession concerned with human function and movement and maximising physical potential. It is concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention and rehabilitation. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, considering variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.

Physiotherapist (Physical Therapist): Is an Allied Health Professional who is qualified and competent to practice physiotherapy and can work independently without direct supervision.

Physiotherapy Service: Is a facility service where patients are assessed by physiotherapist/physical therapist to develop a treatment program that addresses functional limitations and impairments to maximize functional ability.

People of Determination: Under the UAE National Policy for Empowering People with Special Needs, or disabilities will be referred to as ‘People Of Determination’ to recognize their achievements in different fields.

Scope of practice: Is a set of professional competencies, legislation, regulations, and workplace safeguards which form the foundations of a health professional’s scope of practice. These give professionals the tools to know what is expected of them and identifies the boundaries of their care.

CPD : Continuing Professional Development

DHA : Dubai Health Authority

HRS : Health Regulation Sector

HPSD : Health Policy and Standards Department

PQR : Professionals Qualification Requirements

SOP : Scope of Practice

1. BACKGROUND

Health Regulation Sector (HRS) is responsible for regulating physiotherapy practice in the Emirate of Dubai, United Arab Emirates. SOP refers to the roles, functions, responsibilities, and activities that physiotherapy personnel are educated, authorised and competent to perform, based on clinical reasoning and decision-making capacity. Such activities are established through the legislated definition of licensed physiotherapy practice,

complemented by standards, competency assessments, limits, conditions, and education, and influenced by task, setting, environment, complexity and health needs of the population, and the evolving situation in health care practice.

Physiotherapists use physical approaches to promote, maintain and restore physical, psychological, and social well-being, considering variations in health status. The profession is science-based, committed to extending, applying, evaluating, and reviewing the evidence that underpins and informs its practice and delivery. Physiotherapists are autonomous practitioners, and the exercise of clinical judgement and informed interpretation is at the core of the profession. The standards of proficiency for physiotherapists are constantly evolving in response to new research and technologies, and physiotherapists must participate in ongoing professional development to provide high-quality care to their patients. Additionally, they must adhere to ethical standards and guidelines set forth by their professional organisations and regulatory bodies to ensure that patients receive safe and effective treatment.

2. SCOPE

2.1. Governing the practice of physiotherapy as an autonomous profession, and the relevant statutory, ethical and professional codes and privileges issued by DHA.

3. PURPOSE

- 3.1. To assure provision of the highest levels of safety and quality of physiotherapy services in DHA licensed health facilities.
- 3.2. To ensure physiotherapy practice is complying with local and federal laws and legislations, relevant guidelines, health care initiatives, and the Emirates Physiotherapy Society standards of practice.

4. APPLICABILITY

- 4.1. DHA licensed physiotherapists and health facilities providing physiotherapy services.

5. PRACTICE SETTING

- 5.1. Physiotherapist licensed by DHA can practice in the following settings:
 - 5.1.1. Hospitals;
 - 5.1.2. Outpatient care facilities including polyclinics or specialty clinics;
 - 5.1.3. Rehabilitation centres;
 - 5.1.4. Home Healthcare facilities;
 - 5.1.5. Child development centres;
 - 5.1.6. Occupational Health centres;
 - 5.1.7. Senior citizen centres;
 - 5.1.8. Fitness centres;
 - 5.1.9. Sports clubs;
 - 5.1.10. Schools/universities;

6. HEALTHCARE PROFESSIONALS REQUIREMENTS

- 6.1. As per Professionals Qualification Requirements (PQR), physiotherapists need to fulfil the requirements of PQR to be granted DHA Physiotherapist License.
- 6.2. For further information please refer to the PQR on the following [linked here](#).

7. PHYSIOTHERAPIST GENERAL SCOPE

7.1. Assessment and Evaluation

- 7.1.1. The physiotherapist demonstrates the ability to undertake a thorough and accurate assessment of the patient's impairments, activity limitations, participation restrictions, personal factors, and the environment in consultation with the patient's self-declared goals.
- 7.1.2. A systematic, safe, efficient and goal oriented physical examination appropriate to physiotherapy should be conducted.
- 7.1.3. Understanding of the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder, and dysfunction encompassing cardiorespiratory, musculoskeletal, neurological, and other body systems, within the context of physiotherapy and the patient's needs.
- 7.1.4. Assessment should be done using the appropriate tools; examination may include, but is not limited to: strength and range of motion testing and assessment of

balance, coordination, posture, muscle performance, respiration, neurology, mobility, special tests, developmental assessment, and motor function.

7.1.5. Appropriate modifications are applied to address risks for the patient or the physiotherapist applying the assessment.

7.1.6. The assessment process is modified according to factors such as the patient's age, occupation, pain, comorbidities, people of determination, cultural background, ability to communicate, level of understanding and assessment of the environment.

7.1.7. Potential problems and contraindication to assessment should be identified.

7.1.8. Formulating a diagnosis, prognosis and treatment plan based on a comprehensive assessment.

7.2. Treatment Planning

7.2.1. Physiotherapist should be skilled in creating patient centred treatment plans that aim at helping patients recover from injuries, manage chronic conditions, and improve their overall quality of life. It should be flexible and adaptable to accommodate the patients' needs and progress.

7.2.2. Evaluate the findings from the examination and assess patients' physical conditions, functional abilities, and pain levels to develop appropriate treatment plans.

7.2.3. Physiotherapist should select the appropriate intervention.

- a. Options for physiotherapy intervention are identified and justified based on patient needs and on principles of evidence-based practice.

7.2.4. Promoting overall health and wellness through physical activity and lifestyle changes.

7.2.5. Discuss the potential impact of lifestyle, culture and values, attitudes, and the environment on a plan of intervention should be identified.

7.2.6. Take the appropriate action to manage their own health factors that may affect the capacity to operate safely and effectively.

7.2.7. Review and monitor the ongoing effectiveness of those plans, and modifying them accordingly.

7.3. Interventions

7.3.1. Treatment/interventions may include, but are not limited to; therapeutic exercise; strength and conditioning training; joint mobilization; manipulation; soft tissue mobilization; debridement and wound care; gait analysis and training; mobility assessment and training; environmental assessment; therapeutic dry needling; fabrication of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment; airway clearance techniques, cardiorespiratory physiotherapy management and rehabilitation; lymphedema management; application of physical agents or modalities, including mechanical and electrotherapeutic modalities; casting; early intervention in pediatrics; neonatal

services, continence management and any other practices that are informed by evidence and linked to existing or emerging practice models.

- 7.3.2. Understanding pain mechanisms and employing techniques to alleviate pain.
- 7.3.3. Proficiency of manual therapy; in hands-on techniques like joint mobilization, soft tissue mobilization, and manipulation.
- 7.3.4. Exercise prescription designing and prescribing therapeutic exercises to improve strength, flexibility, and mobility.
- 7.3.5. Introducing electrotherapy and modalities through familiarity with electrotherapy and various modalities.
- 7.3.6. To extend the treatment options that can be made available to their patients.
- 7.3.7. Equipment is selected appropriate to the physiotherapy intervention and checked to ensure readiness for safe operation and use.
- 7.3.8. Physiotherapist will prepare equipment and treatment area appropriate to the intervention.

7.4. Rehabilitation

- 7.4.1. Physiotherapist plays a significant role in the rehabilitation process by addressing a wide range of conditions and facilitating recovery. Through pain management, mobility restoration, prevention of further injuries, and support for mental well-being, physiotherapy offers comprehensive care to individuals seeking to regain their physical function and improve their quality of life.

- 7.4.2. Guiding patients through post-injury or post-surgery rehabilitation to restore function.
- 7.4.3. Helping patients regain functional abilities for daily activities and work-related tasks.
- 7.4.4. Assists in the rehabilitation planning by identifying the nature, extent, and distribution of the existent abnormal muscular activity.
- 7.4.5. Restore mobility and functional abilities by employing a variety of techniques like stretching, strengthening exercises, and balance training to enhance physical function (eg.: post-acute illness or injury).
- 7.4.6. Preventing further injuries.
- By identifying biomechanical imbalances, postural issues, and movement dysfunctions, physiotherapists develop exercise programs and provide education to reduce the risk of recurring injuries.
 - Through targeted interventions aimed to improve their movement patterns and adopt strategies to minimize the likelihood of future setbacks.
- 7.4.7. Facilitate rehabilitation in individuals to optimise functional achievement in the areas of neurological, cardiorespiratory and musculoskeletal presentations among other conditions that would require rehabilitation.
- Utilizing specialized techniques and exercises to improve motor control, balance, and coordination.

b. Incorporating neuroplasticity principles, aiming to maximize functional recovery and enhance the quality of life for individuals with neurological impairments.

7.4.8. Providing emotional support for mental well-being through empathetic communication and motivational techniques, helping individuals navigate through their rehabilitation process, promoting mental well-being and fostering a positive mindset.

7.5. Monitoring and Evaluation

7.5.1. Evaluating and monitoring the patients' condition and progress, reassess and alter treatment programs if required, developing reflective practice.

7.5.2. Evaluating the effectiveness and efficiency of the physiotherapy intervention at various stages and adjusts treatments to achieve maximum benefit.

7.5.3. The efficiency of the intervention and of further interventions is determined in consultation with the patient in consideration of outcomes from the intervention, and by making comparison with what is considered best practice.

7.5.4. Specific and relevant measures of evaluation are used to assess intervention outcomes.

7.5.5. Recording qualitative and quantitative changes must be measured safely and accurately.

7.5.6. Evaluation of changes in function, health status, care arrangements and quality of life.

7.5.7. Identifying factors that may support or limit successful outcomes, or confound evaluation.

7.5.8. The effectiveness of the intervention is determined by relating patient outcomes to intervention.

7.6. Patient Communication and Education

7.6.1. Physiotherapist should demonstrate understanding of the following aspects of behavioural science, psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions; how psychology, sociology and cultural diversity inform an understanding of health, illness and healthcare in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice.

7.6.2. Verbal and non-verbal communication must be tailored to the needs and profile of the patient, using appropriate techniques to communicate effectively about health promotion issues relevant to the area of physiotherapy practice.

7.6.3. The communication with the patient is conducted in a manner and environment that ensures confidentiality, privacy, and sensitivity.

7.6.4. The physiotherapist educates, motivates, and empowers the patient and relevant others to take control of their health and well-being and implement effective self-management strategies.

- 7.6.5. Appropriate education is provided to the patient regarding the nature of the patient's presenting symptoms and needs.
- 7.6.6. The patient's expectations of physiotherapy intervention are determined through consultation.
- 7.6.7. The goals, nature and expected outcomes of the physiotherapy intervention should be discussed and agreed with patient/guardian and other healthcare providers involved in their care.
- 7.6.8. Communicating effectively with patients to educate them on their condition, treatment options, and self-management strategies.
- 7.6.9. Provide technical support and therapeutic programs to "People of Determination" patients based on comprehensive evaluation and assessment outcomes.
- 7.6.10. Providing family and caregiver training such as; support on how to deal with people of determination at home, school or other environments.
- 7.7. Documentation
- 7.7.1. Recording and maintaining accurate records of patient assessments, treatment plans, and progress.
- 7.7.2. Maintaining written and verbal communication with healthcare professionals and other service providers and follows accepted protocols and procedures to ensure information is conveyed clearly and accurately in a secure manner.
- 7.7.3. Physiotherapist should collect and record patient information;

- a. Informed consent is obtained as appropriate for assessment.
- b. Patient information and history are obtained.
- c. Presenting signs and symptoms are explored.
- d. Relevant measurable data are obtained and accessed where possible.

7.8. Interdisciplinary Collaboration

7.8.1. Collaborating with healthcare professionals and other key stakeholders to deliver safe and high-quality services and comprehensive patient care to their patients.

7.8.2. Refer the patient to relevant professionals, including other physiotherapists when limitations of skill or job role prevent the patient's needs being adequately addressed.

7.8.3. If the diagnosis reveals findings that are not within the scope of the physiotherapist's knowledge, experience or expertise, the physiotherapist will refer the patient to another appropriate physician.

7.8.4. Referrals are made to other service providers where clinical presentation is not consistent with the diagnosis, where the patient is not progressing as expected or is unexpectedly or significantly deteriorating.

7.9. Ethical and Legal Awareness

7.9.1. The physiotherapist demonstrates behaviour appropriate to the profession and community expectations.

- 7.9.2. Demonstrate of practice that is ethical and in accordance with relevant legal and regulatory requirements.
- 7.9.3. Ensure that their practice is in adherence with internationally and nationally recognized guidelines.
- 7.9.4. Compliance with legal requirements relating to informed consent and confidentiality of patient information.
- 7.9.5. Compliance to granted privileges, personal and professional competencies and strengths are supported by international benchmarks and best practices.
- 7.9.6. Recognize their own practice limitations and seek consultation with other healthcare professionals when necessary to provide optimal patient care.
- 7.9.7. Ensure patient management requirements are within individual and professional strengths and limitations and SOP.
- a. Refer to **(Appendix 1)**; a self-assessment is made about the capacity to intervene safely and effectively based on one's own knowledge, impairments, activity limitations, participation restrictions, skill levels, the environment and the individual client needs and self-declared goals.
- 7.10. Continuous Learning
- 7.10.1. Physiotherapist should recognise the educational value of learning experiences relevant to the physiotherapy setting.

- 7.10.2. Demonstrate a working knowledge and understanding of theoretical concepts, common clinical presentations, pathological changes, interventions and management approaches are applied to physiotherapy practice.
- 7.10.3. Demonstration of strategies to maintain and extend professional competence.
- 7.10.4. Staying updated with the latest research and developments in physiotherapy.
- 7.10.5. Apply learning principles to facilitate safe and effective learning and assumption of responsibility by other professionals, students, clients, relevant others, and communities, considering the level of knowledge, health literacy and role of the person they are educating.
- 7.10.6. Demonstrates an understanding of the need for commitment to continuing professional development (CPD).
- 7.10.7. Obtain training and experience related to physiotherapy rehabilitation interventions.
- 7.10.8. Identify areas in which there is a development need in order to maintain competence.
- 7.10.9. Actively participate in physiotherapy facility internal training programs to promote personal development.
- 7.10.10. Acquire and apply an evidenced based approach to continuously improve own practice.

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9. APPENDICIES

9.1. APPENDIX 1 - SCOPE OF PRACTICE SELF-ASSESSMENT QUESTIONS

SCOPE OF PRACTICE SELF-ASSESSMENT QUESTIONS

1. Are you competent to undertake the task(s) involved?

If you answer “Yes” - This may be within your scope of practice.

Reflect on whether you have undertaken the task recently and whether you have kept abreast of the best available evidence.

Ask yourself whether you have the necessary skills and knowledge in communication, collaboration, leadership, management, and advocacy to complement your clinical competence. Physiotherapy services occur in different environments, and you need to be able to negotiate the environment safely. Consider your plan for continuous learning, the teaching of others and contributing to the profession from your learnings. Consider your ability to evaluate evidence and other resources. Remind yourself of the way that you will demonstrate ethical practice, high personal standards of behavior and a commitment to the profession.

If you answered “no” or “not sure”, this task is out of scope.

2. Would your professional peers agree that you are competent to undertake the task?

If you answer “Yes” - This may be within your scope of practice.

Find some trusted peers and build in time through work to review the quality and outcomes of your practice; or do so with your manager.

If you answered “no” or “not sure”, this task is out of scope.

3. Are there appropriate safeguards in place to prevent, or respond to, an adverse event or other lapse in quality?

If you answer “Yes” - This may be within your scope of practice.

Ask about the frequency and severity of adverse events related to this aspect of your practice. Think about ways you can design your practice to prevent these harms. Many organisations have a model of formal peer review which is targeted at areas where the data suggests quality and safety may vary.

If your practice is not person-directed, ask about common lapses in quality and ways your peers prevent them.

If you answered “no” or “not sure”, this task is out of scope.

4. Can you test the safeguards in your setting and confirm that they are operating at the point of undertaking the task?

If you answer “Yes” - This may be within your scope of practice.

Consider planning a way to remind yourself of the safeguards as you begin your work. You might choose a mnemonic.

5. Are you happy to work within safeguards?

If you answer “Yes” - This may be within your scope of practice.

Take time to consciously check that the safeguards are in place as you begin this aspect of your practice. If you consciously consider them at the start, this checking that they are present and will operate if things go awry will become second nature.

If you answered “no” or “not sure”, this task is out of scope.

6. Is the activity spinal manipulation?

If you answer “Yes” - This may be within your scope of practice.

Manipulation of the cervical spine means moving the joints of the cervical spine beyond a person’s usual physiological range of motion using a high velocity, low amplitude thrust. You must have recent practice and supervised training to perform this activity safely.

It will be useful to ask yourself whether you have practised the specific skills sufficiently recently and can outline the risks of vertebral artery dissection. Like many aspects of physiotherapy, this is ‘use it or lose it’; and it is worth asking yourself if you have ‘used it’ sufficiently recently and sufficiently often.

If you answered “no” or “not sure”, this task is out of scope.

7. Is the activity within the law?

If you answer “Yes” - This may be within your scope of practice.

Consider your competence. Consider the safeguards that need to be operating in your setting.

If you answered “no” or “not sure”, this task is out of scope.