

# Advanced Scope of Practice in Women's Health PT

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# Objectives

- History of Women's Health in United States
- Path to Specialization
- Challenges, responsibilities
- International Physical Therapists in Women's Health
  - IOPTWH

# Background on Women's Health Specialty Practice in USA

- Section on Women's Health SOWH founded in 1977
  - Elizabeth Noble
- Residency
- Work toward clinical specialization
  
- 2000-2009

# Milestones to Certification

- 2000 Advanced practice analysis Delphi Technique
- 30 member panel of experts
- 286 Educational Objectives in 19 practice areas of practice expectation as described in the Normative Model –APTA
- The 19 practice expectations divided into 3 groups
  - professional practice expectations
  - patient and client management expectations
  - practice management expectations

# Milestones to Certification

- 2002 Task Force on Residency education – Advanced Practice Analysis of Women’s Health PT
- 2003 Petition to ABPTS  
(American Board of Physical Therapy Specialists)
- 2004 ABPTS requests a revision to the survey
  - Focus group, revised Practice Analysis Survey
- 2005 Revised Practice Analysis formatted
  - Members participate in on-line survey
  - ABPTS granted preliminary approval for SOWH petition

# Milestones

- 2006- ABPTS held a public comment forum at CSM
  - APTA House of Delegates approved SOWH Specialist Certification Proposal- Specialty Council chosen
- 2006-2008 Development of Exam
- 2009- First exam given- 61 passed

**2010 CSM-First Women's Health Certified Specialists  
will receive their certification in front of their  
colleagues, teachers and mentors**



# Challenges- Core Values

- Doctor of Physical Therapy
- Evidenced-based practice
- Autonomous Practice
- Direct Access
- Practitioner of Choice
- Professionalism

# Challenges

- WE must be willing to be held accountable and support activities that foster the privilege of advanced practice
- CAN our process for advanced certification meet this need just through didactic testing?
- WILL residencies and fellowships be the completion of our advanced practice and specialization?

# Physician Model

- Intern
- Resident
- Chief Resident
- Fellowship Training

# Physical Therapy Development

- The entry level professional can not be all things to all conditions
- Do we need to evolve to a tiered level of privileges
  - ABPTS tests our didactic knowledge
  - Clinical Fellowships/residency in addition

# Physician Oversight

- Constraint of physicians that feel they need to supervise
  - Financial Gain
  - Critical of us and our independent practice

We need to be judged internally and externally to give veracity to our profession



# Tenets of Our Profession

- Education
- Research
- Practice

# Consequences

- Professional Role
  - Understand that thinking that all therapists could do all areas of advanced practice undermines our credibility
  - Clear definition between entry level and advanced skill
  - Clearly delineate what a minimally competent therapist can do
  - Define what advanced skill is required
  - Commit to accept responsibilities in areas that are beyond skill level
  - Held responsible for our unique competencies and skill
  - Supporting the concept of specialization and achievement of advanced knowledge and skill for best tx and to protect the public
  - Support the need for advanced credentialing

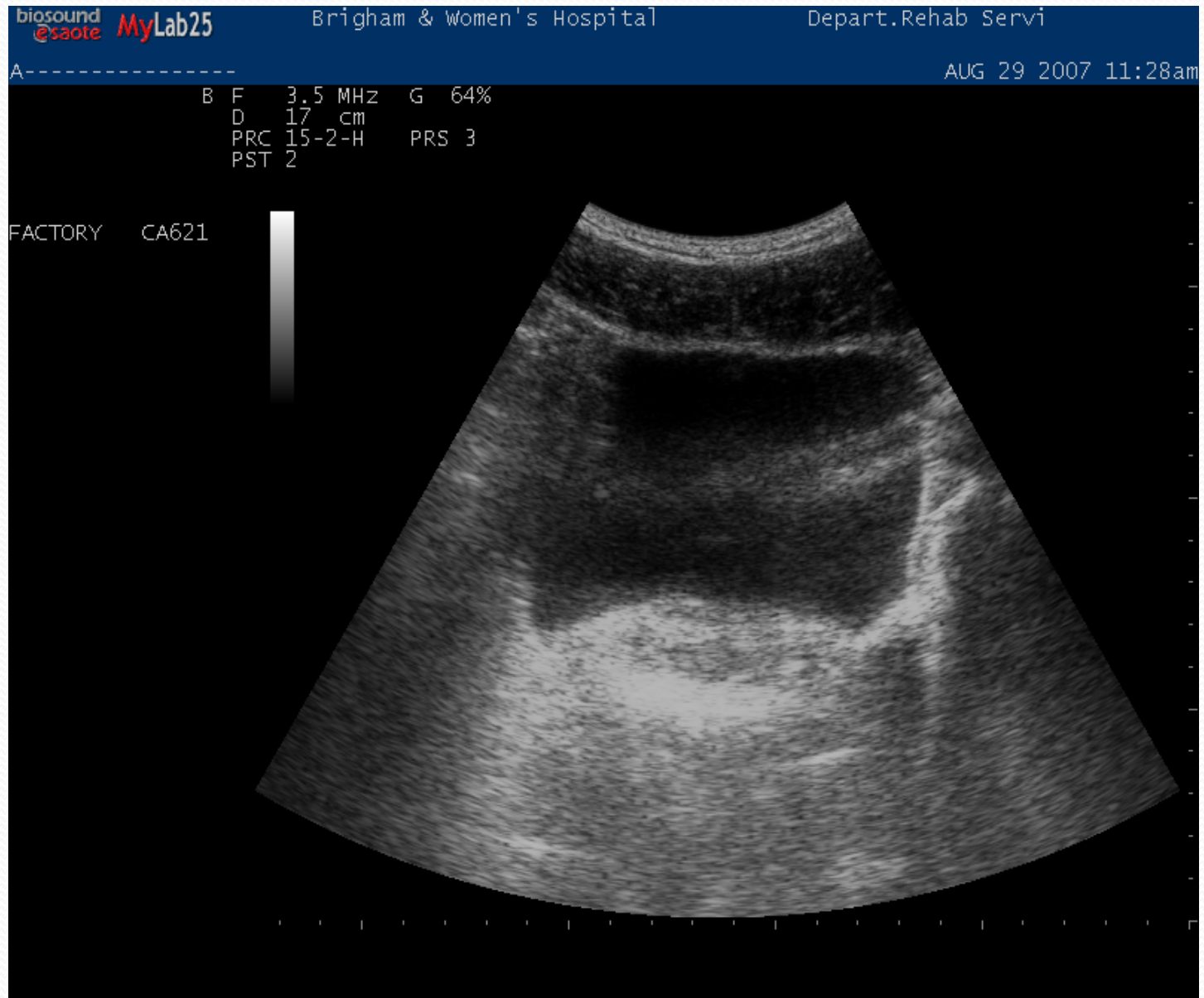
# Consequences

- May need to refer to other PT's for additional problems
  - Shoulder and pelvic floor dysfunction
  - Insurance issue does not recognize or pay for two PT tx in the same day even if treating different problems
  - Scheduling needs to be creative or see PT's in different settings but same day

# Internal Struggles

- Resistant to change
- Anxiety about autonomous practice
- Doing the outcomes
- Doing the research

# Roles and Responsibilities



# Responsibilities

- Work with regulatory agencies
- Practice
  - Excellent Documentation that objectifies what we do with clinical findings
  - Demonstrate the medical necessity of physical therapy
  - Bill so that ICD and CPT codes are support correctly

# Internationally- What is Women's Health

- World Health Organization 1997 (WHO)
- Women's health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
- A disease must be unique, more prevalent, more serious, have different risk factors, or require interventions that are different for women or a subgroup of women-1985 United States Department of Health and Human Services (DHHS)

# Brigham and Women's Hospital Boston, Ma



# Women's Health Internationally

## IOPTWH

- 17 Member countries,
- 2 Application- voted on in Amsterdam June 20—23 2011
- 16 Friends



# Member Countries IOPTWH



<http://www.ioptwh.org/graphics/flags-maps/map/woutline.gif>

# IOPTWH

- IOPTWH Mission
- **The mission of the International Organization of Physical Therapists in Women's Health is to improve health care for women internationally through facilitation and promotion of best-practice women's health physical therapy**
- Scope of Practice
- Position Paper on Female Genital Mutilation that has been presented to WHO and endorsed by the WCPT

# Advanced Practice- International

- **IOPTWH Objectives:**

- **To foster cooperation between physical therapists practicing in women's health throughout the world.**
- **To encourage improved standards and consistency of practice in women's health care by physical therapists.**
- **To advance practice by communication and exchange of information.**
- **To encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field of women's health.**
- **To assist WCPT member countries in the development of recognized Sub-sections in women's health.**

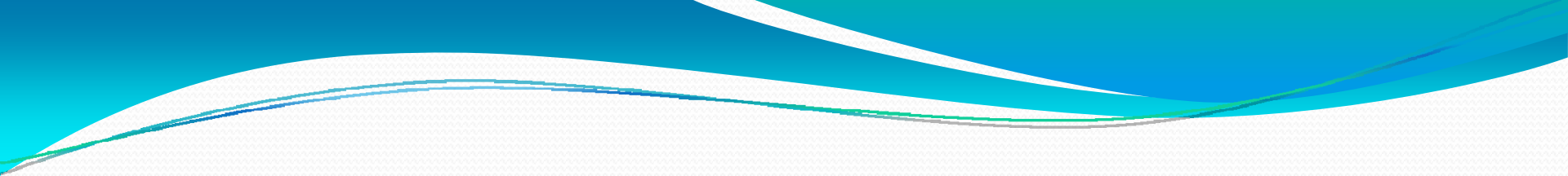


# Thank You

- Jill Boissonnault
- Leigh DeChaves
- Linda Arslanian
- Pat Wolfe

# References

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Discover your own discontent, and be grateful, for without divine discontent there would be no creative force.

Chopra