

**NATIONAL STANDARDS FOR
PHYSIOTHERAPY SERVICES**



**QUALITY ASSURANCE AND STANDARDIZATION DIVISION
MINISTRY OF HEALTH
ROYAL GOVERNMENT OF BHUTAN**

National Physiotherapy Service Standards
Quality Assurance and Standardization Division
Ministry of Health
Kawang Jangsa
Thimphu 11001

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Edited and compiled by:

Karma Phuentsho, Physiotherapist, JDWNRH

Dechen Choiphel, Offt'ng Program Director, QASD

Kinley Wangchuck, APO, QASD

Thinley Namgay K, APO, QASD

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This publication contains the collective view of stakeholders from different clinical background.

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FOREWORD

Today many developing countries lack standards due to resource constraint, failure to understand the concept of quality and vastness of the subject resulting in poor planning of human resource, infrastructure/facility, equipment and service. The dreaded consequences are disease transmissions, disability, loss of lives and economic burden to the nation.

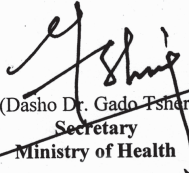
Ministry of Health over a period of time has focused on consolidation of health care services by improving quality, enhancing sustainability, improving accessibility and strengthening human resource development and deployment.

Based on the principle of delivering quality in physiotherapy services, QASD has endeavored to draw up standards for services, equipments, infrastructures/facilities and human resources. The efforts of the division are commended and appreciated at this point of time as it has come at a critical juncture where our efforts are geared towards providing quality health care services.

These standards drawn up for physiotherapy services are not yet completed but will allow health service providers to imbibe the concept of quality and make them aware of the services offered at different levels of health facilities. All health care providers are therefore urged to adhere to the standards drawn. As time changes and medical science expands, there is always room to amend and improve the quality of services provided in future.

Besides adhering to physiotherapy standards, I would urge all health providers and friends to make use of other standards, guidelines, operating procedures, handbook etc while delivering services to the clients. Your efforts will definitely bring in quality in health care facilities. Our quest is to improve quality of services to the general public.

I wish all health family members good luck in this endeavor.



(Dasho Dr. Gado Tshering)
Secretary
Ministry of Health

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Chhimi Rinzin, HRO, HRD

Sanga Dorji, PT, Rehab Specialist, JDW/NRH

Karma Phuentsho, PT, JDW/NRH

Tshering Norbu, PT, JDW/NRH

Mary Pritchard, PT, PCS, HVO, JDW/NRH

Norbu, PTT, JDW/NRH

Dorji Dema, PTT, JDW/NRH

Jigme Chojay, PTT, P&OT, Gidakom hospital

Prabha Katel, Bio-Medical Engineer, BES

Kezang Jigme, PO, DVED

Dechen Choiphel, Program Director, QASD

Tashi Dendup, APO, QASD

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Acronyms

APO	Assistant Program Officer
BPT	Bachelor of Physiotherapy
BHU	Basic Health Unit
BMHC	Bhutan Medical and Health Council
CBR	Community based rehabilitation
CCS	Cardiovascular and Pulmonary Certified Specialist
CME	Continuing Medical Education
CPD	Continuing Professional Development
DVED	Drug Vaccine and Equipment Division
DOP	Doctor of physiotherapy
ECS	Electrophysiologic Certified Specialist
GCS	Geriatric Certified Specialist
HRD	Human Resource Division
IFT	Inter Ferential Therapy
JDW/NRH	Jigme Dorji Wangchuk National Referral Hospital
MD	Microwave Diathermy
MS	Master of Science
MPT	Master of Physiotherapy
NCS	Neurologic Certified Specialist
OCS	Orthopaedic Certified Specialist
PCS	Paediatric Certified Specialist
PT	Physiotherapy/Physiotherapist
PTT	Physiotherapy Technician
QASD	Quality Assurance and Standardization Division
SCS	Sports Certified Specialist
SWD	Short Wave Diathermy
TENS	Transcutaneous Electric Nerve Stimulation
WCS	Women's Health Certified Specialist

NATIONAL STANDARDS FOR PHYSIOTHERAPY SERVICES

1. INTRODUCTION

The service standards describe components of the physiotherapy service for which the organization is responsible, in order to maintain the safety and quality of service to patients, and provide an environment conducive to the safety of staff. The standards provide a benchmark against which the service can be measured, and a framework for an organization to review and improve its service provision.

The service standards are intended to apply to all physiotherapy services, including those in medical and public health services, independent and voluntary sectors, both large and small, and in all settings.

The service standards are not minimum, nor standards of excellence, but they are considered to be achievable. It is acknowledged that not all services will be able to meet all of the standards, but they are judged to be measures that all services should aspire to as part of their professional responsibility to both patients and staff.

The physiotherapy professional's commitment to society is to promote optimal health and function in individuals by pursuing excellence in practice. These standards apply to all physiotherapists, whether newly qualified or highly specialized, in direct or indirect contact with patients, care givers, and other professional colleagues. Physiotherapy practice is more than direct patient contact; it includes how services are structured, managed and delivered.

Physiotherapy is a health profession that assesses and provides treatment to individuals to develop, maintain and restore maximum movement and function throughout lifespan. This includes providing treatment in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Functional movement is central to what it means to be healthy.

Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being. Physiotherapy involves the interaction between physiotherapists, patients/clients, other health professionals, families, care givers, and

communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physiotherapists.

2. PURPOSE OF THE DOCUMENT

Includes but not limited to establishing standards of practice and delivery of physiotherapy services for The Kingdom of Bhutan.

3. PHYSIOTHERAPY STANDARDS OF PRACTICE

3.1. Organization and practice management

The Physiotherapy Services shall be organized and administered to provide services to patients requiring physiotherapy intervention and medical rehabilitation and other related services in accordance with accepted standards of practices.

3.2. Mission, Purposes and Goals

3.2.1. There are documented purposes which may be termed Vision and Mission Statements, Goals and Objectives that suit the physiotherapy services.

3.2.2. The statement of mission, purposes, and goals:

3.2.2.1 are what the services want to achieve

3.2.2.2 support the statement of purpose of the services

3.2.2.3 support and contribute to the goals of the facility

3.2.2.4 are written and consistent with professional standards and/or guidelines

3.2.2.5 are developed with input from patients, community, medical staff, all levels of service staff, and in consultation with other relevant services

3.2.2.6 are monitored to determine if they are realistic and measurable

3.2.2.7 are reviewed and revised as necessary and dated accordingly

3.3 Administration

3.3.1 A physiotherapist is responsible for the direction of the physiotherapy service

3.3.2 The physiotherapist who is responsible for the direction of the physiotherapy shall:

3.3.2.1 ensure compliance with statutory requirements

- 3.3.2.2 ensure compliance with current professional documents, including Standards of Practice of Physiotherapy and Code of Ethics, Bhutan Medical and Health Council Regulations
- 3.3.2.3 ensure that services are consistent with the mission, purposes and goals of the physiotherapy service
- 3.3.2.4 review and update policies and procedures and ensures that services are provided in accordance with them
- 3.3.2.5 provide for training of physiotherapy support personnel that ensures continued competence for their job description
- 3.3.2.6 provide for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals
- 3.3.3 Undertake an evaluation of clinical practice, ensuring that:
 - 3.3.3.1 confidentiality is maintained throughout evaluation and audit activities
 - 3.3.3.2 clinical documentation is audited regularly
 - 3.3.3.3 clinical audit tools are used to evaluate clinical practice
 - 3.3.3.4 physiotherapist participate in multi-professional audit
 - 3.3.3.5 recommendations following audit are documented
- 3.3.4 There are written and dated job descriptions for all categories of staff that include:
 - 3.3.4.1 qualifications and experience required for the position
 - 3.3.4.2 lines of authority
 - 3.3.4.3 accountability, functions and responsibilities
- 3.3.5 A review when necessary or when there is a major change in:
 - 3.3.5.1 nature and scope of work
 - 3.3.5.2 duties and responsibilities
 - 3.3.5.3 general and specific accountabilities
 - 3.3.5.4 qualifications training, experience and certification
 - 3.3.5.5 staffing pattern
 - 3.3.5.6 statutory regulations

3.3.6 Regular staff meetings are held to discuss issues or matters pertaining to the operations of the service. Minutes are kept and are accessible to all staff.

3.3.7 Personnel records on training, leave are maintained for every staff.

3.4 Organization Chart

3.4.1 There is organization chart that provides a clear representation of the structure and reporting relationship of the services.

3.4.2 Is accessible to all staff

3.4.3 Is revised when there is a major change in:

3.4.3.1 Organization

3.4.3.2 reporting relationship

3.4.3.3 goals and objectives

3.4.3.4 staffing patterns

3.4.4 The physiotherapy service has written organizational plan that:

3.4.4.1 describes relationships among components within the physiotherapy service and where the service is part of a larger organization, between the service and the other components of that organization

3.4.4.2 ensures that service is directed by a physiotherapist

3.4.4.3 defines supervisory structures within the service

3.4.4.4 reflects current personnel functions

3.5 Collaboration

3.5.1 The physiotherapy service collaborates with all professionals as appropriate.

3.5.2 The physiotherapist shall be aware of the qualifications and roles of other professionals involved in comprehensive patient care/management and practices in collaboration with them to provide quality patient services.

3.5.3 Collaboration when appropriate:

3.5.3.1 uses a team approach to the care of patients

3.5.3.2 provides instruction to patients and families

3.5.3.3 ensures professional development and continuing education

3.5.4 When physiotherapists are members of a multi-professional team providing services for the patients, they will ensure that:

- 3.5.4.1 relevant information is sought and communicated promptly and clearly within the team
- 3.5.4.2 a system is in place for written communication with other members of the team
- 3.5.4.3 operational policies exist for cross referral to other professionals in the team, discharge and transfer of patients
- 3.5.4.4 participate in case conferences, rounds, individual patient program meetings, discharge planning and collaborative patient records
- 3.5.4.5 the physiotherapy goals comply with the team goals

3.6 Communication

- 3.6.1 Communication links exist between staff, the HoD/In-Charge of the service, and the organization to optimize the quality of patient services provided.
- 3.6.2 The physiotherapist in charge ensures the appropriate communication and availability of service-specific and organizational policies, procedures and documents including:
 - 3.6.2.1 a job/position description for each staff member and a formal appraisal system
 - 3.6.2.2 annual report
 - 3.6.2.3 objectives of the organization and an organization chart
- 3.6.3 The physiotherapist in charge of the service shall ensure that the staff of the physiotherapy service complete and forward incident and accident reports to the supervisor or designate.

3.7 Fiscal management

- 3.7.1 The physiotherapist in charge of the physiotherapy service is involved in the planning, allocation, management, budgeting, and resource utilizations.
- 3.7.2 The fiscal management plan:
 - 3.7.2.1 includes a budget that provides for optimal use of resources
 - 3.7.2.2 ensures accurate recording and reporting of the financial information
 - 3.7.2.3 ensure compliance with legal requirements
 - 3.7.2.4 allows for cost-effective utilization of resources

3.8 Physical setting

- 3.8.1** The physical setting is designed to provide a safe and accessible environment that facilitates fulfilment of the mission, purposes and goals of the physiotherapy service. The equipment is safe and sufficient to achieve the purposes and goals of physiotherapy.
- 3.8.2** The physical setting is planned, constructed and equipped to provide adequate space and the proper environment to meet the professional, educational and administrative needs of the service with safety and efficiency.
- 3.8.3** The physical setting shall:
- 3.8.3.1** meet all applicable legal requirements for health and safety
 - 3.8.3.2** have fire exits that are clearly marked and kept free of obstruction
 - 3.8.3.3** meet space needs appropriate for the number and type of patients served
 - 3.8.3.4** provide reception and waiting facilities with consideration to people with disabilities
 - 3.8.3.5** provide treatment areas that offer privacy, security and comfort

3.9 Equipment

- 3.9.1** The equipment meets all applicable legal requirements for health and safety and accessibility
- 3.9.2** The equipment is inspected, maintained and calibrated routinely
- 3.9.3** Where specialized equipment is used, there is documentation that only appropriately qualified staff, approved by the facility, operates such equipment.
- 3.9.4** There should be provision for the emergency resuscitation in the event of any life threatening situations.
- 3.9.5** Appropriate personnel from biomedical engineering service should be called for installation of sophisticated equipment and whenever there is a breakdown.
- 3.9.6** Equipment must be handled with care by physiotherapy service providers.
- 3.9.7** Quality inspection of the equipment must be performed by qualified professional at the medical supply depot before distribution.

3.10 Policies and Procedures

3.10.1 The physiotherapy service has written policies and procedures that reflect the mission, purposes, and goals of the service, and are consistent with the overall policies of the facility and regulatory requirements, policies, positions, guidelines, and Code of Ethics.

3.10.2 Written policies and procedures shall reflect current professional knowledge and standards of practice and they serve as standard operating procedures for the physiotherapy services.

3.10.3 The written policies and procedures:

3.10.3.1 are reviewed regularly and revised as necessary

3.10.3.2 meet the legal requirement

3.10.3.3 apply to, but not limited to:

- ✓ Care of patients
- ✓ Clinical education
- ✓ Clinical research
- ✓ Collaboration
- ✓ Competency assessment
- ✓ Continuing education
- ✓ Criteria for access to care
- ✓ Criteria for initiation and continuation of care
- ✓ Criteria for referral to other appropriate health care providers
- ✓ Criteria for termination of care
- ✓ Disaster plan
- ✓ Documentation
- ✓ Emergency plans
- ✓ Equipment maintenance, including urgent repair and replacement
- ✓ Fiscal management
- ✓ Improvement of quality of care and performance of services
- ✓ Infection control
- ✓ Job/position descriptions
- ✓ Patient and environmental safety and health issues
- ✓ Personnel
- ✓ Rights of patients
- ✓ Staff orientation
- ✓ Transfer of patients

3.11 Access of Physiotherapy Services

3.11.4 Patients can access a physiotherapy service provider either by direct access or from an appropriate referral source wherein a referral system is in place.

3.12 Staff

3.12.1 The physiotherapy personnel affiliated with physiotherapy service have demonstrated competence and are sufficient in number to achieve the mission, purposes and goals of the service.

3.12.2 The physiotherapy services have staff that:

3.12.2.1 meet all legal requirements regarding licensure, registration and certification of appropriate personnel

3.12.2.2 ensure that the level of expertise within the service is appropriate to the needs of the patients served

3.12.3 Staff members are aware of their responsibilities as employees under any appropriate Health and Safety Acts and attend training sessions as necessary.

3.12.4 Staff participates in the quality assurance program, and information from quality assurance activities is accessible to all staff.

3.12.5 A structured orientation program introduces new staff to their services and relevant aspects of the facility, organization or institute and aims to prepare them for their roles and responsibilities.

3.13 Staff Development

3.13.1 The physiotherapy service has a written plan that provides for appropriate and ongoing staff development.

3.13.2 The staff development plan:

3.13.2.1 includes self-assessment, individual goal setting, and organizational needs in directing continuing medical education and learning activities

3.13.2.2 includes strategies for lifelong learning and professional and career development

3.13.2.3 includes mechanisms to foster mentorship activities

3.13.2.4 includes a written evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the facility

4 COMMUNICATION

- 4.1** The physiotherapist knows that communication is an integral element of every patient and professional encounter and facilitates the provision of effective and appropriate physiotherapy services.
- 4.2** The physiotherapist communicates and coordinates all aspects of patient management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis, plan of care/intervention/treatment, response to interventions/treatments, changes in patient status relative to the interventions/treatments, re-examination, and discharge/discontinuation of intervention/treatment and other patient management activities.
- 4.3** The physiotherapist provides the patient or parents, guardians, or others designed to act on behalf of the patient who may not understand, with relevant clear, concise written and verbal information ensuring that:
 - 4.3.1** The role of physiotherapist is explained during the initial contact.
 - 4.3.2** The discretion of physiotherapist is used in the discussion of the diagnosis with the patient.
 - 4.3.3** Treatment plans, goals, and predicted outcomes are agreed upon between the patient and the physiotherapist and any changes in previous agreed intervention/treatment plans are discussed and agreed upon with the patient.
- 4.4** The physiotherapist, when communicating with appropriate family members, respects the wishes of both the patient and family members.
- 4.5** The physiotherapist communicates with other physiotherapists to ensure continuity of effective patient services and facilitates the use of available clinical expertise.
- 4.6** The physiotherapist, when communicating with members of a multi-professional team providing services for the patient, ensures that information is both sought and communicated promptly and clearly within the team, and a system exists for written communication with other members of the team.

5 COMMUNITY RESPONSIBILITY

- 5.1 The physiotherapist takes an active part and demonstrates community responsibility by, for example, participating in community and community agency activities, educating public, formulating public policy including community accessibility to people with disabilities, providing consultative services for the public health infrastructure, or providing voluntary community services especially during natural disasters and public health emergencies.
- 5.2 Physiotherapist takes an active part in community based rehabilitation

6 CULTURAL COMPETENCE

- 6.1 The physiotherapist acquires skills to better understand people from differing cultures in order to achieve the best possible health outcomes.
- 6.2 The physiotherapist show respect and sensitivity to people and communities, taking into account their spiritual, emotional, socioeconomic and physical needs.
- 6.3 The physiotherapist plans and delivers in a way that respects cultural values, requirements and variations.
- 6.4 The physiotherapist should identify their own cultural realities, knowledge and limitations.
- 6.5 The cultural values of the physiotherapist are acknowledged and respected.

7 DOCUMENTATION

- 7.1 The physiotherapist clearly documents all aspects of patient care/management including the results of the initial examination/assessment and evaluation, diagnosis, prognosis, plan or care/intervention/treatment, response to intervention/treatment, changes in patient status relative to the interventions/treatment, re-examination, and discharge/discontinuation of intervention and other patient management activities.
- 7.2 Physiotherapists ensure that the content of documentation:
 - 7.2.1 is accurate, complete, legible and finalized in a timely manner
 - 7.2.2 is dated and appropriately authenticated by the physiotherapist

- 7.2.3 records equipment loaned and/or issued to the patient
- 7.2.4 includes, when a patient is discharged prior to achievement of goals and outcomes, the status of the patient and the rationale for discontinuation
- 7.2.5 includes reference to appropriate outcome measures, where possible
- 7.3 Physiotherapists make sure that documentation is used properly by ensuring it is:
 - 7.3.1 stored securely at all times in accordance with legal requirements for privacy and confidentiality of personal health information
 - 7.3.2 only released, when appropriate, with patient's permission
 - 7.3.3 consistent with reporting requirements of HMIS (health management and information system)

8 EDUCATION

- 8.1 The physiotherapist contributes to the education of health professionals.
- 8.2 The physiotherapist participates in the education of students by supervision
- 8.3 The physiotherapist educates and provides consultation to other health professionals regarding the purposes and benefits of physiotherapy.
- 8.4 The physiotherapist contributes to the education of the public.
- 8.5 The physiotherapist educates and provides consultation to consumers, the general public, community organizations, clubs, and associations regarding the purposes and benefits of physiotherapy, and the roles of the physiotherapist and other support personnel

9 ETHICAL BEHAVIOUR

- 9.1 The physiotherapist practice according to a Code of Ethics that is consistent with BMHC regulations

10 INFORMED CONSENT

- 10.1 The physiotherapist shall inform the patient verbally and where required in writing, of the nature, expected duration, prior to the performance of such activities
- 10.2 Patients, wherever possible, are given information as to the physiotherapy interventions/treatments proposed, so that the patient is:

- 10.2.1 aware of the findings of the examination/assessment
 - 10.2.2 given an opportunity to ask questions and discuss the preferred interventions/treatments, including any significant side effects with the physiotherapist
 - 10.2.3 given the opportunity to decline particular modalities in the plan of intervention/treatment
 - 10.2.4 given the opportunity to discontinue intervention/treatment
 - 10.2.5 encouraged to be involved in the examination/assessment process and to volunteer information that may have a bearing on the physiotherapy program
- 10.3 For patients who are unable to give informed consent, consent is obtained wherever possible from parents, guardians, or others designated to act on their behalf. In each case, the physiotherapist shall:
- 10.3.1 ascertain which agency or person is acting on the patient's behalf
 - 10.3.2 provide the patient's agent with all relevant information, and give the agent the opportunity to decline the physiotherapy intervention
 - 10.3.3 provide information to patients in such a way as to allow for non-verbal responses
- 10.4 The physiotherapist obtains the consent of the patient prior to touching the patient in any part of the patient management process
- 10.5 The physiotherapist obtains written consent of the patient for participation in teaching or physiotherapy and physiotherapy research
- 10.6 The procedure for informed consent must comply with BMHC regulations

11 LEGAL

- 11.1 The physiotherapist complies with all the laws and legal requirements of the Kingdom of Bhutan and the BMHC Regulations.
- 11.2 The physiotherapist should possess a license to practice in the Kingdom of Bhutan.
- 11.3 The physiotherapist shall not release patient information to a third party without consent of the patient or legal authorization.

- 11.4** The physiotherapist with first-hand knowledge shall report violations by physiotherapy and other health personnel of laws and legal requirements of the jurisdiction to the supervisor.

12 PATIENT MANAGEMENT

12.1 Initial Examination/Assessment, Evaluation, Diagnosis, and Prognosis

- 12.1.1** The physiotherapist performs an initial examination/assessment and evaluation to establish a diagnosis and prognosis prior to intervention/treatment.
- 12.1.2** The physiotherapist examination:
- 12.1.2.1** is documented, dated, and appropriately authenticated by the physiotherapist who performed it
 - 12.1.2.2** identifies the physiotherapy needs of the patient
 - 12.1.2.3** incorporates appropriate tests and measures to facilitate outcome measurement
 - 12.1.2.4** produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care/interventions/treatment
 - 12.1.2.5** may result in recommendations for additional services to meet the needs of the patient
 - 12.1.2.6** provides written evidence of the reasons why no further management has been given to the patient and, when appropriate, to the family members

12.2 Plan of Care/Interventions/Treatments

- 12.2.1** The physiotherapist establishes a plan of care/interventions/treatments and manages the needs of the patient based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions/treatments for identified disabilities (impairments, activity limitations and participation restrictions) and/or for prevention, health promotion, fitness, and wellness.

- 12.2.2** The physiotherapist collaboratively involves the patient and others as appropriate in the planning, implementation, and assessment of the plan of care/intervention/treatment.
- 12.2.3** The physiotherapist, in consultation with appropriate disciplines, plans for discharge of the patient taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.
- 12.2.4** The plan of care/intervention/treatment:
- 12.2.4.1** is based on the examination, evaluation, diagnosis, and prognosis and informed by current evidence
 - 12.2.4.2** identifies goals and outcomes
 - 12.2.4.3** describes the proposed intervention/treatment, including frequency and duration
 - 12.2.4.4** includes documentation that is dated and appropriately authenticated by the physiotherapist who established the plan

12.3 Interventions/Treatment

- 12.3.2** The intervention/treatment:
- 12.3.2.1** is based on the examination, evaluation, diagnosis, prognosis, plan of care/intervention/treatment and informed by current evidence
 - 12.3.2.2** is provided by or under the ongoing direction and supervision of the physiotherapist
 - 12.3.2.3** is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of support personnel
 - 12.3.2.4** is altered in accordance with changes in response or status
 - 12.3.2.5** is provided at a level that is consistent with current physiotherapy practice
 - 12.3.2.6** is multidisciplinary when necessary to meet the needs of the patient
 - 12.3.2.7** documentation of the intervention is consistent with established guidelines
 - 12.3.2.8** is dated and appropriately authenticated by the physiotherapist

12.4 Re-examination

12.4.1 The physiotherapist re-examines the patient as necessary during a treatment session to evaluate progress or change in patient status and modifies the plan accordingly or discontinues physiotherapy services.

12.4.2 The physiotherapist re-examination:

12.4.2.1 is documented, dated, and appropriately authenticated by the physiotherapist who performs it

12.4.2.2 includes modifications to the plan of care/intervention/treatment

12.5 Discharge/Discontinuation of Intervention/Treatment

12.5.1 The physiotherapist discharges the patient from physiotherapy services when the anticipated goals or expected outcomes for the patient have been achieved.

12.5.2 The physiotherapist discontinues intervention/treatment when the patient is unable to continue to progress toward goals or when the physiotherapist determines that the patient will no longer benefit from physiotherapy.

12.5.3 The physiotherapist recognizes that the patient has a right to discontinue treatment/intervention at any time.

12.6 Patient Collaboration

12.6.1 Within the patient management process, the physiotherapist and the patient or family members establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services.

12.7 Referral

12.7.1 Where the examination, diagnostic process, or any change in status reveals findings outside the scope of knowledge, experience, and/or expertise of the physiotherapist, the patient shall so be informed and referred to the appropriate practitioner/professional.

12.7.2 A referral system should be in place to other clinical specialists.

12.7.3 A procedure should be in place for the transfer of patients.

13 PERSONAL/PROFESSIONAL DEVELOPMENT

- 13.1 The physiotherapist is responsible for individual professional development and must maintain a high level of professional competence by continued participation in varied learning experiences.
- 13.2 The physiotherapist identifies their learning needs with support from appropriate peers/managers taking account of: development needs related to the enhancement of the individual's scope of practice, feedback from performance data, mandatory requirements, new innovations in practice, the needs of their organization and career aspirations.
- 13.3 The physiotherapist continues to update and extend their knowledge and skills through a variety of learning opportunities and keeps up to date with developments in research and evidence based practice.
- 13.4 The physiotherapist is an active participant of an appropriate peer review appraisal system in their workplace.
- 13.5 The physiotherapist complies with regulatory requirements of Bhutan Medical and Health Council and other relevant agencies.

14 QUALITY ASSURANCE

- 14.1 There are safety and quality improvement activities to improve the clinical practice of Physiotherapy Services through tracking current performance indicators.
- 14.2 There is evidence that the statistical data collected are analyzed and utilized for the on-going improvement of the services.
- 14.3 Appropriate documentation of safety and quality improvement activities is kept and confidentiality of staff and patients.
- 14.4 The physiotherapy service has a written plan for continuous improvement of quality of care and performance of services.
- 14.5 The physiotherapist shall demonstrate commitment to quality assurance by peer review and self-assessment.
- 14.6 The improvement plan:

- 14.6.1** provides evidence of ongoing review and evaluation of the physiotherapy service
- 14.6.2** provides a mechanism for documenting improvement in quality of care/ services and performance
- 14.6.3** quality assurance activities focus on patients' satisfaction by ensuring that:
 - 14.6.3.1** a system is in place for monitoring patient satisfaction
 - 14.6.3.2** patients are invited to make suggestions about services provided
 - 14.6.3.3** a complaints procedure exists including a system for response

15 RESEARCH

- 15.1** The physiotherapist applies research findings to practice and encourages, participates in and promotes activities that establish the outcomes of patient management provided by the physiotherapist.
- 15.2** The physiotherapist shall advance the science of physiotherapy by conducting and/or supporting research activities or by assisting those engaged in research.
- 15.3** The physiotherapist:
 - 15.3.1** ensures that their knowledge of research literature related to practice is current
 - 15.3.2** ensures that the rights of research subjects are protected, and the integrity of research is maintained
 - 15.3.3** participates in the research process as appropriate to individual education, experience, and expertise.
 - 15.3.4** educates physiotherapists, students, other health professionals, and the general public about the outcomes of physiotherapy research.
- 15.4** The physiotherapist recognizes research as an integral part in the continuing growth and development of the profession.
- 15.5** The physiotherapist conducting a research project has sufficient knowledge of research principles and methodology and adheres to research ethics committee for performing research on human subjects.

16 SUPPORT PERSONNEL

- 16.1 Support personnel must be clearly identified as ‘support personnel’ so that the patient shall not doubt that the employee is a physiotherapist.
- 16.2 Support personnel must at all times be under the direction and supervision of the physiotherapist.
- 16.3 The physiotherapist should not delegate any activity that requires the unique skill, knowledge, and judgment of the physiotherapist.

17 PHYSIOTHERAPY STANDARD OF SERVICES

17.1 SERVICE STANDARDS

17.1.1 Physiotherapy Services at Different Levels of Health Facilities

17.1.1.1 Physiotherapy services in the BHU

The following physiotherapy services may be accessible in BHU:

- i. Promotion of community based rehabilitation services
- ii. Health education on prevention of occupational injuries and impairments
- iii. Provision of mobility devices and orthoses to the patients as per the *guidelines*
- iv. Education and support to the community regarding inclusive practices in schools and institutions
- v. Identification of people with disabilities and referral for physiotherapy and specialist services

17.1.1.2 Physiotherapy services in the BHU grade I

In addition to the services available in BHU, the following physiotherapy services may be accessible in BHU I:

- i. Basic physiotherapy services (annexure I)
- ii. Basic physical rehabilitation of people with disabilities (annexure I)
- iii. Minor repair of mobility devices and orthoses
- iv. Community physiotherapy services including home visits, schools, institutions, and out-reach facilities
- v. Provision and promotion of community based rehabilitation services (CBR)

- vi. Assessment of architectural and environmental barriers and technical guidance for modifications
- vii. Emergency physiotherapy services / acute care for musculoskeletal injuries (PRICE)

17.1.1.3 Physiotherapy services in the Hospitals

All but not limited to the following physiotherapy services are accessible in the district hospitals:

- i. Basic Orthopaedic Physiotherapy services – treat patients with simple musculoskeletal problems
- ii. Basic Paediatric physiotherapy services – treat children with range of disabilities
- iii. Basic Women’s Health physiotherapy services - pre and post natal exercises
- iv. Basic Cardiopulmonary physiotherapy services – breathing, positioning and percussion
- v. Basic Neurologic physiotherapy services – treat patients with neurological deficits
- vi. Basic Assistive devices, splinting, and orthotic services – fabricate simple orthotic devices

17.1.1.4 Physiotherapy services in the Regional Referral Hospitals

All but not limited to the following physiotherapy services are accessible in the regional referral hospitals:

- i. Orthopaedic Physiotherapy services
- ii. Paediatric physiotherapy services
- iii. Women’s Health physiotherapy services
- iv. Sports medicine and physiotherapy services
- v. Cardiopulmonary physiotherapy services
- vi. Geriatric physiotherapy services
- vii. Neurologic physiotherapy services
- viii. Assistive devices and orthotic services

- ix. Integumentary: Wounds, burns and plastic physiotherapy services
- x. Hydrotherapy services
- xi. Electrodiagnostic and electrotherapeutic services
- xii. Prosthetics and orthotics services
- xiii. Workplace physiotherapy services: ergonomics and body mechanics assessment, safety measures and injury prevention

17.1.1.5 Physiotherapy services in the National Referral Hospital

All but not limited to the following physiotherapy services are accessible in the national referral hospital:

- i. Orthopaedic Physiotherapy and orthopaedic subspecialty services
- ii. Paediatric physiotherapy and paediatric subspecialty services
- iii. Women's Health physiotherapy services
- iv. Sports medicine and physiotherapy services
- v. Cardiopulmonary physiotherapy and cardiac rehabilitation services
- vi. Geriatric physiotherapy services
- vii. Neurologic physiotherapy and neuro-subspecialty services
- viii. Assistive devices and orthotic services
- ix. Integumentary: Wounds, burns and plastic physiotherapy services
- x. Hydrotherapy and aquatic therapy services
- xi. Electrodiagnostic and electrotherapeutic services
- xii. Electromyogram (EMG) biofeedback and therapy services
- xiii. Acupuncture, Acupressure and pain management clinics
- xiv. Workplace physiotherapy services: ergonomics and body mechanics assessment, safety measures and injury prevention
- xv. Triage services (disaster, orthopaedic, burns, spinal triage, etc.)
- xvi. Prosthetics and orthotics services
- xvii. Out-reach physiotherapy services
- xviii. Educational services for professional development

Note: Sub-specialty clinical services; e.g. hand therapy, spinal manipulation, orthopaedic medicine, stroke rehabilitation, spinal cord injury rehabilitation, traumatic brain injury rehabilitation, acupuncture, neurodevelopmental therapy, etc.

Physiotherapy services, its requirement and specialization will also be determined by the availability of medical specialty, super-specialty or subspecialty in a particular health facility.

17.2 EQUIPMENT STANDARDS

17.2.1 Equipment for Physiotherapy

Equipment for physiotherapy is broadly divided as follow and the list of equipments at different levels of health facility is provided in Annexure II. However the equipment standard should be guided by Section 4.1.8 of the Practice Standard.

- 17.2.1.1** Electrotherapeutic Modalities
- 17.2.1.2** Iontophoresis System
- 17.2.1.3** Diathermy
- 17.2.1.4** Cold Therapy
- 17.2.1.5** Thermotherapy
- 17.2.1.6** Ultrasound
- 17.2.1.7** Hydrotherapy
- 17.2.1.8** Ultraviolet system
- 17.2.1.9** Biofeedback
- 17.2.1.10** Therapeutic LASER
- 17.2.1.11** Magnetic therapy system
- 17.2.1.12** Traction
- 17.2.1.13** Respiratory Therapy Equipment
- 17.2.1.14** Weights and Resistance
- 17.2.1.15** Exercise therapy equipment
- 17.2.1.16** Postural support system
- 17.2.1.17** Mobility and gait training system
- 17.2.1.18** Splint equipment and materials
- 17.2.1.19** Braces and supports
- 17.2.1.20** Instruments
- 17.2.1.21** General

17.2.2. Prosthetic and Orthotic Equipment

Sl. No.	Equipment	Non-Consumable	Consumable	Remarks
1	Socket Router	√		For tooling wood and plastic
2	Grinding and Milling Machine with accessories	√		-do-
3	Disposable dust bag		√	-do-
4	Sanding Sleeve		√	-do-
5	Vacuum Machine with accessories	√		Vacuum and compressed air
6	Stationary Air Compressor with accessories	√		-do-
7	Hot-air Gun	√		Hand power tools
8	Cast Cutter	√		
9	Circular Saw Blade	√		
10	Segment Saw Blade	√		
11	Electric Jig Saw Blade	√		
12	Stainless Scale	√		
13	Lamination and coating equipment with accessories	√		
14	Plastic Forming and Deep Drawing Equipment with accessories	√		
15	Plaster casting and modification equipment	√		
16	Floor Model Drill Press	√		
17	Electric Universal Cutting Machine	√		
18	Machines for Tooling Metal	√		
19	Sewing Machine	√		
20	Tools and other equipment	√		
21	Protective Equipment and gears	√		
22	General consumable materials for prosthetics and orthotics		√	
23	Prosthetic Components		√	
24	Orthotic Components		√	

17.3 PHYSICAL SETTING (infrastructures) STANDARDS

The physical setting for physiotherapy service shall be guided by the section 4.1.7 of the Practice standard. Following are the basic space requirements.

17.3.1 Physical Setting for Physiotherapy

Sl. No	ROOMS	NRH	RRH	DH/H	BHU-I	BHU
1	HoD/ in-charge office with toilet	√	√			
2	Work station / documentation	√	√	√	√	
3	Store	√	√	√		
4	Class	√	√			
5	Consultation	√	√			
6	Examination	√	√	√		
7	Therapeutic Gymnasium	√	√	√	√	
8	Electrotherapy	√	√	√	√	
9	Splinting and cast	√	√	√		
10	Staff toilet with shower	√	√	√	√	
11	Patient toilet	√	√	√	√	
12	Changing room with lockers	√	√			
12	Hydrotherapy	√	√			
14	SWD	√				
15	Pantry	√	√			
16	Gait Laboratory	√				
17	Patient waiting area	√	√			
18	Paediatric therapy room	√	√			
19	Paediatric bath room with changing room	√	√			
20	Paediatric Physiotherapy consultation and examination room	√	√			

17.3.2 Physical Setting for Prosthetics and Orthotics

- i. Office/ Documentation Room
- ii. Store
- iii. Workshop
 - ✓ Equipment and machinery room which is sound proof and exhaust fan
 - ✓ Lamination room with adequate ventilation

- ✓ Modification room
- ✓ Casting and measurement room

iv. Standard furniture

17.4 HUMAN RESOURCE STANDARDS

17.4.1 Human resource standards for physiotherapy shall be guided by section 4.1.11 of the Practice Standard.

S 1 . No	Categories	Hospitals with different bed strength					BHU-I	BHU
		350	150	60	40	20		
1	Orthopaedic Physiotherapist	1						
2	Neuro Physiotherapist	1						
3	Paediatric Physiotherapist	1						
4	Women's Health Physiotherapist	1						
5	Cardio-pulmonary Physiotherapist	1						
6	General Physiotherapist	7	2	1	1			
7	Physiotherapy Technician with Diploma in subspecialty	6	3					
8	Physiotherapy Technician	30	10	4	3	2	1	
9	Community based rehab workers (certificate)						2	

18 EDUCATION

Education for entry-level physiotherapists should be based on university or university-level studies of a minimum of four to six years, independently validated and accredited as being at a standard that affords graduates full statutory and professional recognition. It is expected that any program, irrespective of its length and mode of delivery, should deliver a curriculum that will enable physiotherapists to attain the knowledge, skills and attributes to practice as an independent health professional.

An integral component of the curriculum for the first professional qualification is direct

clinical experience under the supervision of appropriately qualified physiotherapists or other relevant health professionals. As skills and experience increase, this clinical education will involve access to gradually increasing levels of responsibility.

The curriculum should equip physiotherapists to practice in a variety of health care settings including, but not limited to, institutional, industrial, occupational and primary health care that encompass urban and rural communities.

Life-long learning and professional development is the hallmark of a competent physiotherapist. It should be recognized that learning and development may take place in a variety of ways and is not limited to attendance at formal courses.

Physiotherapists should be encouraged to undertake post-graduate education in physiotherapy or related fields which will advance their professional development.

The current Physiotherapy technician education is a two year certificate program offered by Royal Institute of Health Sciences (RIHS). The faculty members are from RIHS, physiotherapists and other relevant medical professionals at Jigme Dorji Wangchuk National Referral Hospital (JDW/NRH). Physiotherapy technician as an important member of physiotherapy service provider should be given opportunities to continuously develop and upgrade their skills.

19 JOB DESCRIPTIONS

The job descriptions and responsibilities of physiotherapy service providers shall be guided by section 4 of the Practice Standard.

19.1 Generic Job Description for Entry Level Physiotherapist

19.1.1 Qualification

Bachelor of Physiotherapy (BPT) or Doctor of Physiotherapy (DPT) leading to a general physiotherapy practitioner.

19.1.2 Job Purpose

Provide routine physiotherapy services; prevention and intervention of disease, impairment and disability; promotion of health, wellness and fitness; rehabilitation of

patients and people with disability in the community.

Provide a high standard physiotherapy service as an autonomous practitioner with the support of Senior Physiotherapy Staff

Participate in the staff rotational scheme which involves working in a range of wards, departments and units, emergency, outpatient, community settings, and of hour evening and holiday shifts.

19.1.3 Job Summary

Perform assessment of patients, using clinical reasoning skills to provide a diagnosis and to develop and deliver an individual treatment program.

Must be responsible for own caseload.

Collaborate and supervise work of physiotherapy technicians/assistants, interns and students

19.1.4 Primary Duties and Areas of Responsibility

Duties and responsibilities of a physiotherapist at entry level includes, but not limited to the following:

19.1.4.1 Clinical Duties

Undertake comprehensive assessment of patients using clinical reasoning skills to provide effective diagnosis, prognosis, and intervention and discharge planning.

Request (for) diagnostic investigations such as X-rays, blood reports, NCV, EMG, etc to provide an accurate diagnosis in consultation with specialist wherever necessary.

Gain valid informed consent and work within a legal framework with patients who lack the capacity to consent to treatment.

Reassess and alter treatment programs as when necessary.

Be professionally and legally accountable for all aspects of work.

Provide appropriate advice to patients and families based on the patient's medical, social and cultural circumstances.

Take delegated responsibility from senior specialist clinicians for managing particular patients within each rotation.

Represent the physiotherapy service and/or individual patients at multi-disciplinary

team meetings to ensure the delivery of a multidisciplinary service and to integrate physiotherapy treatment into the overall treatment program.

Be responsible for maintaining accurate, comprehensive patient records in line with standards of practice and local policy.

Participate and attend emergency calls, evening and holiday shifts, and disaster management activities.

Participate in community health services: educate people on prevention of communicable and non-communicable diseases; safety measures and prevention of occupational injuries, impairments and disabilities. Visit communities for such activities and advocate community based rehabilitation.

Liaise with outside agencies e.g. social services, voluntary services to communicate patient needs.

19.1.5 Leadership/Management

Assist in the supervision, training and development of support staff.

Assist in formulating departmental annual work plan, budget, equipment inventory and annual indent, implementation of planned activities and performance review.

Be responsible for the supervision and guidance of students and PTTs on a daily basis.

Be responsible for the safe and competent use and maintenance of all equipment in the physiotherapy department.

Facilitate participation in continuing medical education and continuing professional development activities.

Conduct peer and performance review on annual basis.

Be responsible for submitting incident reports involving staff, patients or families.

Make visits to district hospitals and primary health care centres where there are no physiotherapists to monitor physiotherapy services.

19.1.6 Educational

Be responsible for maintaining professional standards to practice through continuing education and maintain a portfolio (CME credit book).

Teach and mentor physiotherapy students and PTTs. Present clinical cases and case studies to staff and students.

Maintain and develop current knowledge of evidence based practice in the areas of each rotation, developing specialized knowledge of particular conditions and patient types.

19.1.7 Research

Participate, assist and undertake research activities to develop and consolidate evidence based practice.

Use research findings to inform practice through the use of evidence based practice presentations to physiotherapy staff and other health care professionals.

19.1.8 Communication and Working Relationships

Demonstrate compassionate and effective communication skills with patients and colleagues.

Participate in multi disciplinary team work.

19.2 Clinical Specialist

Specialization is the process by which a physiotherapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physiotherapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physiotherapist at entry to the profession and unique to the specialized area of practice.

19.2.1 Qualification

Master of Physiotherapy (MPT), Master of Science (MS) or Residency leading to Clinical Specialization in a specific discipline.

19.2.2 Job Purpose

Provide clinical care in a specialized field of physiotherapy; encompassing physiotherapy assessment and treatment. Work as a highly specialized, autonomous clinician, maintaining a high standard of clinical practice.

Be responsible and accountable for the day-to-day management of staff and students.

19.2.3 Job Summary

Be responsible for maintaining a high quality of care in the specialty area.

19.2.4 Primary Duties and Areas of Responsibility

19.2.4.1 Clinical Duties

Be an autonomous and highly skilled clinician, to manage own clinical caseload of patients in the specialty.

Act independently to assess, analyze and provide a clinical diagnosis for individual patients to determine their need for physiotherapy intervention within specialist area. Request investigations such as but not limited to radio-imaging including X-ray, CT and MRI scan, blood, EMG, NCV, etc.

Act as highly specialized clinical resource for the physiotherapy service.

Work closely with the multidisciplinary team and provide expertise in the specialty area.

Develop, implement and maintain appropriate clinical guidelines and standard operating procedures for the specialty.

Work independently to provide physiotherapy on-call care in the area of specialty.

19.2.5 Leadership / Management

Ensure that a high quality of service is provided, founded in evidence-based practice, in co-ordination with the other senior Clinical Specialists, Superintendents and Head of Physiotherapy Services.

Organize appropriate use of staff in the specialty area. Problem-solve staff coverage, service and operational issues that occur on a day to day basis in the specialty.

Ensure timely and appropriate evaluation and treatment of patients in specialty area.

Assist in development of, and implement, managerial policies to promote a fair, consistent and safe working environment.

Liaise with a range of individuals, internal and external to the organization, to ensure effective service delivery.

Provide a good example of leadership, through effective team working, flexibility, enthusiasm and commitment to the specialty

Mentor and supervise the development of physiotherapy staff and physiotherapy undergraduates in the area of specialty.

Represent the hospitals, health (locally, regionally, nationally and internationally), regarding physiotherapy services in specialty and other related disciplines.

19.2.6 Educational

Develop and update clinical knowledge and skills in a specialized field to ensure delivery of evidence-based care.

Be responsible for the development of physiotherapy staff and students in the specialty, through identifying training needs, planning and implementing regular in-service-training programs, mentoring, supervision, appraisal etc.

Educate multidisciplinary team members, educational staff and others to promote knowledge of physiotherapy management to enhance patient care.

Supervise the clinical training of undergraduate and postgraduate physiotherapy students.

Organize and undertake clinical audit, patient surveys or research in order to analyze effectiveness of service; identify patient need and plan for improving and developing specialized services.

Collect information for national and local statistics, e.g. using Bhutan Health Information and Management System, Annual Health Bulletin, National Statistical Bureau, etc.

19.2.7 Research

Identify, initiate and participate in research projects relating to physiotherapy.

Keep abreast of relevant clinical research issues pertinent to the job.

Supervise evidence based projects for rotational staff, and the professional presentation of the project to the physiotherapy department

Ensure good working knowledge of national and local standards and monitor quality as appropriate.

19.2.8 Communication/Relationships

Communicate effectively with staff, patients, and families to co-ordinate care and to

ensure effective and appropriate planning and delivery of treatment.

Collect, analyze and deliver a range of information to staff groups, agencies, lay people etc for educational purposes.

Maintain good working relationships with all staff involved in patient care.

19.2.9 Assignment and Review of Work

Clinical caseload may be generated by the specific service needs of each clinical area. Physiotherapy in-charge and Superintendents may, also, delegate other non-clinical tasks.

Work independently on a day-to-day basis. Meet regularly with Physiotherapy Services In-charge, Head of the Department, and Superintendent.

The Superintendents and/or Physiotherapy Services in-charge will provide induction on an annual basis and undertake performance reviews.

19.2.10 Most Challenging/Difficult parts of the Job

Adapt to the variable and unpredictable demands of both, clinical and managerial workload.

Work independently without direct support of professional colleagues.

Maintain and continually develop clinical knowledge in the appropriate specialty.

Undertake a mentally and physically demanding job, whilst at the same time taking care to safeguard own health and safety as well as colleagues and patients.

Whilst on-call, work independently with acutely ill patients.

Physiotherapy jobs or positions entail physical, mental, emotional and environmental demands on the daily basis.

19.3 Cardiopulmonary Physiotherapist/Cardiac Rehabilitation Specialist (CCS, MS/MPT in Cardiopulmonary Physiotherapy)

19.3.1 Job Purpose

Provide specialized cardiopulmonary physiotherapy service

19.3.2 Job Summary

Provide specialized Cardio-respiratory physiotherapy assessment, diagnosis,

prognosis, treatment, monitoring, and management of patients with cardiopulmonary conditions.

Develop multidisciplinary cardiac and respiratory services.

As a senior physiotherapist, collaborates with the Acute Care Unit (Intensive care units).

Cardiovascular and pulmonary rehabilitation physiotherapists treat a wide variety of individuals with cardiopulmonary disorders or those who have had cardiac or pulmonary surgery. Primary goals of this specialty include increasing endurance and functional independence. Manual therapy is used in this field to assist in clearing lung secretions experienced with different pulmonary and cardiac disorders including heart attacks, post coronary bypass surgery, chronic obstructive pulmonary disease, pulmonary fibrosis, etc.

19.4 Paediatric Physiotherapist (PCS, MS/ MPT in Paediatric Physiotherapy)

19.4.1 Job Purpose

Provide specialized paediatric physiotherapy services.

19.4.2 Job Summary

Provide specialized paediatric physiotherapy assessment, diagnosis, prognosis, treatment, monitoring and management for children and families.

Develop multidisciplinary paediatric physiotherapy services.

Provide consultations to schools, institutes, and organizations to promote inclusive practices.

Paediatric physiotherapy assists in early detection of health problems and uses a wide variety of modalities to treat disorders in the paediatric population. These therapists are specialized in the diagnosis, treatment, and management of infants, children, and adolescents with a variety of congenital, developmental, neuromuscular, skeletal, or acquired disorders/diseases. Treatments focus on improving gross and fine motor skills, balance and coordination, strength and endurance as well as cognitive and sensory processing/integration.

19.5 Neurological Physiotherapist (NCS, MS/MPT in Neurological Physiotherapy)

19.5.1 Job Purpose

Provide specialized Neurologic Physiotherapy Services.

19.5.2 Job Summary

Provide specialized neurologic physiotherapy assessment, diagnosis, prognosis, treatment, monitoring and management to patients and families.

Develop multidisciplinary neurologic physiotherapy services and sub-clinics such as stroke clinic, spasticity clinic, etc.

Neurological physiotherapy is a field focused on working with individuals who have a neurological disorder or disease.

19.6 Obstetrics and Gynaecology Physiotherapist (WCS, MS/MPT in Women's Health)

19.6.1 Job Purpose

Provide specialized physiotherapy in Women's Health Services.

19.6.2 Job Summary

Provide specialized physiotherapy assessment, diagnosis, prognosis, treatment, monitoring and management to patients and families in women's health.

Develop multidisciplinary women's health physiotherapy services such as prenatal and postnatal physiotherapy.

Women's Health physiotherapy addresses women's issues related to child birth, antenatal, and post partum disorders including lymphedema, osteoporosis, pelvic pain, labor pain, urinary incontinence, etc.

19.7 Orthopaedic Physiotherapist (OCS, MS/MPT Orthopaedic Physiotherapy, Orthopaedic Medicine, Musculoskeletal Physiotherapy)

19.7.1 Job Purpose

Provide specialized orthopaedic physiotherapy services.

19.7.2 Job Summary

Provide specialized orthopaedic physiotherapy assessment, diagnosis, prognosis, treatment, and management to patients and families.

Develop multidisciplinary orthopaedic physiotherapy services and participate in orthopaedic triage clinics such as spine clinic, ankle clinic, hand clinic, etc.

Orthopaedic physiotherapists diagnose, manage, and treat disorders and injuries of the musculoskeletal system including rehabilitation after orthopaedic surgery. This specialty of physiotherapy is most often found in the out-patient clinical setting. Orthopaedic therapists are trained in the treatment of post-operative orthopaedic procedures, fractures, acute sports injuries, arthritis, sprains, strains, back and neck pain, spinal conditions, amputations, and wide variety of musculoskeletal disorders.

19.8 Other

A physiotherapist may also pursue advanced studies in biomedical health sciences such as but not limited to:

- ✓ Public Health
- ✓ Anatomy
- ✓ Physiology
- ✓ Biomechanics
- ✓ Kinesiology
- ✓ Exercise physiology

19.9 Physiotherapy Technician/Assistant

19.9.1 Qualification

Certificate or Diploma in physiotherapy leading to physiotherapy technician or physiotherapy assistant

19.9.2 Job Purpose

The purpose of this position is to provide physiotherapy treatment to patients with a wide variety of orthopaedic, neurologic, cardiopulmonary, paediatric, integumentary, impairments, functional limitations, and disabilities. The physiotherapy technician is an extender of the physiotherapist and provides patient care under the supervision and guidance of the physiotherapist. The technician is responsible to document patient status and progress, attend meetings as required, complete mandatory continuing medical education credits, and communicate effectively with other staff, patients and families. In addition, responsibilities may include equipment maintenance and inventory, providing in-service/briefings to staff, participating in community services such as injury prevention and community based rehabilitation.

19.9.3 Job Summary

Assist the physiotherapist in the provision of physiotherapy and provide intervention under the supervision of a physiotherapist. The physiotherapy technician may modify an intervention in accordance with changes in patient status and within the scope of the plan of care that has been established by the physiotherapist.

19.9.4 Duties and Responsibilities

19.9.4.1 Clinical

Demonstrate and articulate sound clinical reasoning in treatment planning, implementation and monitoring of patient progress. Recognize when standard patient protocols or treatment plans need modification to meet individual patient needs and report to physiotherapist.

Understand the role of therapy in the context of the patient's age, total needs perspective and environment. Perform appropriate treatment with respect to individual patient's age and problem.

Work cooperatively with team members to contribute to the overall productivity of the team. Utilize support personnel and aides when available.

Ensure that patient/family understands when and how to receive further treatment.

Ensure patient care documentation is timely, legible and efficient. Notes are concise, pertinent and meet standards operating procedures. Oral reporting is clear, concise, relevant, and timely.

Work independently, especially in the peripheral health care setting under the established consulting, reporting and appraisal system.

Visit communities and institutions to provide community based, institution based and school based physiotherapy services.

19.9.4.2 Leadership/Management

Actively support and participate in cross coverage efforts in the organization.

Perform all required data collection when requested for the department, accurately and within expected time frame.

Ensure peer review standards are consistently met.

Maintain equipment and provide inventory. Maintain safe and clean working environment for self, patients/families and staff.

Supervise and guide the junior physiotherapy technicians/assistants and PTT students in the day to day activities.

Participate in multidisciplinary meetings and any other multitasks that the organization undertakes e.g. disaster management, disability prevention and rehabilitation, etc.

19.9.4.3 Educational

Attend continuing medical education and professional development meetings, conferences, seminars, workshops and symposia.

19.9.4.4 Environmental and Personal Factors

Able and willing to sustain moderate physical effort throughout the day.

Be prepared for exposure to unpleasant working conditions such as bodily fluids and unpleasant odours.

Ability and willingness to travel around the community as required.

There may be occasional exposure to distressing or emotional circumstances.
May require working with patients/children whose behaviour is unpredictable.

19.9.4.5 Physiotherapy Assistant Competencies may include

Provides safe and effective patient care:

- ✓ Treats individuals with respect
- ✓ Ensures that patient safety, privacy and comfort are maintained at all times
- ✓ Contributes to the achievement of patient focused goals
- ✓ Demonstrates safe manual handling skills
- ✓ Demonstrates competence in delegated tasks
- ✓ Demonstrates an understanding of wellness
- ✓ Demonstrates safe use of therapy equipment
- ✓ Able to identify deterioration in the patient
- ✓ Able to initiate an appropriate alert in an emergency
- ✓ Communicates effectively:
- ✓ Contributes to a safe working environment:
- ✓ Keeps her/himself safe, using correct body mechanics
- ✓ Identifies and responds appropriately to faulty equipment
- ✓ Complies with infection control standards
- ✓ Identifies and reports health and safety risks

Demonstrates individual responsibility and accountability

- ✓ Able to plan efficient use of time
- ✓ Follows appropriate procedures for managing planned and unplanned leave
- ✓ Knows role boundaries
- ✓ Identifies own learning needs and plans to achieve these
- ✓ Contributes to the effectiveness of the team.

19.10 PTT/PTA with Diploma in Specialty or Sub-specialty

19.10.1 Qualification

Training or attachment in the specific area or subspecialty leading to Practice Certificate or Diploma in the specific discipline

19.10.2 Job Purpose/Summary

Assist the Specialized Physiotherapy Team in providing a physiotherapy service in the organization and in the community. This will entail working independently without direct supervision at times, but in regular collaboration with designated physiotherapist who will assess all patients and delegate to the PTT.

The PTT will also be required to undertake clerical duties as requested, using the Email and Internet systems as appropriate, assist, run clinics and deliver and collect records and equipment.

19.10.3 Principal Duties

Carry out specific treatment programs and related tasks as agreed with the specialist physiotherapist.

Communicate effectively with patients and families, when there may be barriers to communication, using a range of communication skills.

Alert the specialist physiotherapist of any changes in a patient's situation/general condition and seek guidance when required.

Participate in regular, documented team meetings with the physiotherapists to review the patients under the PTT's care and agree on an action plan.

Plan, organize and implement own workload within agreed timetable.

Advise patients and families on routine use of wheelchairs, mobility aids and positioning equipment and to make adjustments as appropriate, seeking advice from the physiotherapist as required.

Carry out joint visits in the community with other members of the multidisciplinary team.

Organize and maintain equipment. Support the administration in various capacities as delegated.

Participate in staff meetings, in-service training programs and team appraisals.

Through the appraisal system, work with senior staff to identify own learning needs.

Collect and collate data as required by the physiotherapy specialist.

Complete accurate written records of patient's care, maintaining service standards.

19.11 Prosthetic and Orthotic Technician

19.11.1 Qualification

Physiotherapy technician or assistant with attachment or training in prosthetics and orthotics leading to Practice Certificate or Diploma in prosthetics and orthotics

19.11.2 Job Purpose/Summary

Provide basic prosthetic and orthotic services to the patients. Design and fabricate simple adaptive devices for persons with disability. Physiotherapy technicians may pursue in-service studies in prosthetics and orthotics.

19.11.3 Principal Duties and Responsibilities

Assess patients referred for prosthetic and orthotic services.

Evaluate, design and fabricate orthoses and prostheses.

Ensure that the device functions and fits properly and patient adjusts to its presence.

Design and fabricate various adaptive devices and functional supports to increase the independence of the person with disability.

Repair and modify orthotic, prosthetic and augmented devices.

Collaborate with physiotherapists and surgeons regards to patients needing prosthetic and orthotic services. Participate in Multidisciplinary patient care.

Teach and train health workers on simple repair and modification of prosthesis and orthosis. Teach custom making of simple supportive devices from the locally available resources.

Participate in continuing professional development and update knowledge and skills

Document patient and device evaluation activities clearly and legibly

Maintain record of devices fabricated and issued to the patients. Collect data and submit report as and when necessary

Maintain inventory of equipment and materials for prosthetic and orthotic unit.

Participate in annual indent of prosthetic and orthotic materials and equipment

19.12 Physiotherapy Aide

19.12.1 Qualification

High school education plus on the job training

19.12.2 Job Purpose/Summary

Therapy aides may perform the following tasks:

- ✓ Assist Physiotherapists with set-up and removal of equipment
- ✓ Assist with maintaining the efficiency of the clinic by washing and folding towels, and helping to prepare patient's beds
- ✓ provide general care and comfort to patients and ongoing therapy as directed
- ✓ guides and assists patients in the performance of craft, recreational and leisure activities
- ✓ assists in the training of persons with disabilities in self-care and daily living activities
- ✓ assists patients in the performance of routine physiotherapy exercises on an individual or group basis

A physiotherapy aide assists patients with exercise or rehabilitation programs

- ✓ delivers self-care and assistive devices to the patient
- ✓ adjusts assistive devices to suit the patient's needs
- ✓ demonstrates the use of assistive devices
- ✓ lifts, transfers and generally assists in moving patients

Personal Requirements:

- ✓ Maturity
- ✓ Able to relate well to frail, sick or people with disabilities of all ages
- ✓ Caring, understanding, patient and calm
- ✓ Sense of humour

ANNEXES

Annexure I

1. Basic Physiotherapy and Rehabilitation Services may include but not limited to the following:

- i. Range of motion, positioning and stretching exercises
- ii. Skin care and prevention of pressure sores
- iii. Soft tissue therapeutic massage
- iv. Modalities:
 - ✓ Hydro-collator packs
 - ✓ Ice packs
 - ✓ Ultrasound
 - ✓ TENS
- v. Fitting assistive devices
- vi. Family education through 1-3 and develop home exercise programs
- vii. Assess architectural barriers and facilitate simple modifications
- viii. Gait training
- ix. Simple speech and language training if appropriate
- x. Training in activities of daily living
- xi. Referral for vocational training
- xii. Referral to special education; facilitate inclusive practice in schools and institutes.

2. Specialized Physiotherapy Services

Provides the following services for patients with increasing complexities collaborate and consult with attending physicians and surgeons in respective specialties.

- i. Orthopaedic Physiotherapy services
- ii. Paediatric physiotherapy services
- iii. Women's Health physiotherapy services
- iv. Sports medicine and physiotherapy services
- v. Cardiopulmonary physiotherapy services

- vi. Neurologic physiotherapy services
- vii. Assistive devices and orthotic services

3. In addition the following services are provided

- i. Geriatric physiotherapy services
- ii. Sports physiotherapy service
- iii. Integumentary: Wounds, burns and plastic physiotherapy services
- iv. Hydrotherapy services
- v. Electrodiagnostic and electrotherapeutic services
- vi. Prosthetics and orthotics services
- vii. Workplace physiotherapy services: ergonomics and body mechanics assessment, safety measures and injury prevention

Annexure II

List of Physiotherapy Equipm

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
I	ELECTROTHERAPEUTIC MODALITIES					
1	Interferential therapy machine	√	√	√		
2	Electric muscle stimulator	√	√	√		
3	Neuromuscular stimulator	√	√			
4	Galvanic stimulators	√	√	√		
5	TENS unit (Transcutaneous electric nerve stimulator)	√	√	√		
6	Electrotherapy equipment and modalities	√				
	Consumables and accessories					
7	Electrodes	√	√	√		
8	Gels and spray	√	√	√		

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
II	IONTOPHORESIS SYSTEM					
9	Iontophoresis equipment	√	√			
	Consumables and accessories					
10	Electrodes and pads	√	√			
11	Gels and solutions	√	√			
III	DIATHERMY					
12	Microwave diathermy (MWD)	√	√			
13	Shortwave diathermy (SWD)	√	√	√		
IV	CRYOTHERAPY					
14	Cryotherapy (Cold pack machine)	√	√	√		
	Consumable and accessories					
15	Ice packs – disposable	√	√	√		
16	Ice packs – re-useable	√	√	√		
17	Sprays and vapocoolants	√	√	√		
18	Ice box	√	√	√		
19	Miscellaneous cold therapy	√				
V	THERMOTHERAPY					
20	Hot pack machine (hydrocollator pack)	√	√	√		
21	Paraffin baths	√	√			
22	Fluidotherapy	√	√			
23	Infrared radiation	√	√			
24	Consumable and accessories					
25	Heat pads	√	√	√		
26	Hot packs	√	√	√		
27	Moist heat pads (silica gel pads)	√	√	√		

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
28	Hot pack cover	√	√	√		
29	Miscellaneous heat therapy	√				
VI	ULTRASOUND					
30	Ultrasound (1 – 3 MHz) equipment	√	√	√		
31	Ultrasonic shockwave therapy	√	√			
32	Consumable and accessories					
33	Acquasonic gel	√	√	√		
34	Transducers	√	√	√		
35	Medicine gels, ointments, solutions for phonophoresis	√	√			
VII	HYDROTHERAPY					
36	Hydrotherapy equipment and tank	√				
37	Bathtubs	√	√			
38	Footbaths	√	√			
39	Therapeutic pools	√				
	Consumable and accessories					
40	Water sanitizing system	√	√			
41	Whirlpool additives	√	√			
42	Whirlpools	√	√			
	Aquatic equipment (gloves, dumbbells, weights, boots, noodles)					
43	Miscellaneous hydrotherapy	√				
VIII	ULTRAVIOLET SYSTEM					
44	Ultraviolet equipment	√				
IX	ELECTROMYOGRAPHY SYSTEM					
45	EMG biofeedback equipment	√	√			

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
	Consumable and accessories					
46	Electrodes / adhesive pads	√	√			
47	EMG Needles	√	√			
X	LASER THERAPY					
48	Therapeutic LASER	√	√			
XI	MAGNETIC THERAPY SYSTEM					
49	Magnetic therapy equipment	√	√			
XII	TRACTION SYSTEM					
50	Ankle traction	√	√			
51	Leg traction	√	√			
52	Pelvic traction	√	√	√		
53	Lumbar traction	√	√	√		
54	Cervical traction	√	√	√		
55	Miscellaneous traction equipment	√				
XIII	RESPIRATORY THERAPY EQUIPMENT					
56	Incentive spirometer	√	√	√		
57	Flutter device	√	√			
58	Steam inhaler	√	√	√		
59	Postural drainage bed	√	√			
60	Oxygen apparatus	√	√	√		
61	Venturi mask	√	√			
62	Miscellaneous chest physiotherapy equipment	√				
XIV	WEIGHTS AND RESISTANCE					
63	Incremental hand weights	√	√	√		
64	Incremental dumbbell weights	√	√	√		
65	Incremental weight cuffs	√	√	√		

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
66	Incremental resistance putty	√	√	√		
67	Pulley circuit and weight system	√	√			
68	Incremental elastic (rubber) band (theraband)	√	√	√		
69	Incremental elastic (rubber) tubes or cables	√	√	√		
70	Incremental elastic spring system	√	√			
71	Miscellaneous weight system	√				
XV	EXERCISE THERAPY EQUIPMENT					
72	Biofeedback mirror	√	√	√		
73	Postural mirror	√	√	√		
74	Re-education board	√	√	√		
75	Wall bars	√	√	√		
76	Exercise balls (Swiss ball/stability ball)	√	√	√		
77	Weighted medicine balls	√	√	√		
78	Small therapy balls	√	√			
79	Therapeutic/ developmental toys – peg board, shape sorters, small mirrors, rattles, manipulatives, building blocks, etc	√	√			
80	Fine motor manipulatives	√	√			
81	Floor mats	√	√	√		
82	Static bicycle ergometer/recumbent bicycle	√	√	√		
83	Elastic resistance apparatus for lower limb assessment and recovery (Lower limb exercise equipment)	√				
84	Elastic resistance for shoulder force assessment and recovery (Upper limb exercise equipment)	√				
85	Multijoint isokinetic system	√				

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
86	Balance system/trainers (board)	√	√	√		
87	Shoulder wheel	√	√	√		
88	Universal suspension frame	√	√	√		
89	Vestibular dome	√				
90	Multi exercise table	√	√			
91	Trampoline	√	√			
92	Continuous passive motion equipment (for knee, shoulder, elbow, etc)	√				
93	Treatment plinth	√	√	√		
94	High-low mat table	√	√			
95	Elliptical machines (cross trainer)	√				
96	Rolling stool	√	√	√		
	Upper extremity ergometers	√	√			
	Rowers	√	√			
97	Miscellaneous exercise therapy equipment	√	√	√		
98	Multigymnasium (fitness club)	√				
XVI	POSTURAL SUPPORT SYSTEM					
99	Mechanical hoist	√	√			
100	Spine board	√	√	√		
101	Wedges	√	√	√		
102	Ergonomic chair	√	√	√		
103	Sand bags	√	√	√		
104	Tilt table	√	√			
105	Bolsters	√	√	√		
106	Standing frame	√	√			
107	Prone stander (paediatric)	√	√			
108	High density foam	√	√	√		
109	Pneumatic compression device	√	√			
110	Miscellaneous postural support system	√				
XVII	MOBILITY AND GAIT TRAINING SYSTEM					
111	Slide board	√	√	√		

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
112	Gait belt	√	√	√		
113	Parallel bar	√	√	√		
114	Portable/mobile stairs (stepper and climber)	√	√			
115	Portable/mobile ramps	√	√			
116	Treadmill	√	√	√		
117	Axillary Crutch (Adult and paediatric)	√	√	√		
118	Elbow Crutch (Adult and Paediatric)	√	√	√		
119	Platform crutch	√	√	√		
120	Rubber ferrules (Crutch Tips)	√	√	√		
121	Canes and walking sticks	√	√	√		
122	Walker Rubber Tips	√	√	√		
123	Walker (Adult and paediatric)	√	√	√		
124	Posterior Walker (Paediatric)	√	√	√		
125	Wheelchair (Adult and Paediatric)	√	√	√		
126	Miscellaneous mobility and gait training system	√				
XVIII	SPLINT EQUIPMENT AND MATERIALS					
127	Hydrocollator trophic heater / hot water bath	√	√			
128	Heat gun	√	√			
129	Sewing machine	√	√			
130	Saws	√	√	√		
131	Scissors	√	√	√		
132	Measuring Scale	√	√	√		
133	Hole punch	√	√			
134	Wire cutter	√	√			
135	Tongs and forceps	√	√	√		
136	Heat resistant gloves	√	√	√		
137	Heat moldable splint material (thermoplastics) (ortho I, ortho II, acquaplast)	√	√			

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
138	Adhesive backed pads	√	√			
139	Sticky velcro loop	√	√	√		
140	Sticky velcro hook	√	√	√		
141	Finger Hooks (bra hooks)	√	√	√		
142	Neoprene fabric	√	√			
143	Leather	√	√			
144	Wire	√	√			
145	Plaster of paris/cast materials	√	√	√		
146	Stockinet	√	√	√		
147	Miscellaneous splint materials	√				
XIX	BRACES AND SUPPORTS					
148	Isokinetic tape / athlete tape	√				
149	Cervical collar soft	√	√	√		
150	Cervical collar hard	√	√	√		
151	Lumbosacral belt	√	√	√		
152	Sacral belt	√				
153	Ace wrap / crepe bandage	√	√	√		
154	Ankle brace	√	√	√		
155	Arm/ shoulder sling	√	√	√		
156	Clavicular brace	√	√	√		
157	Elastic knee brace	√	√	√		
158	Knee immobilizer	√	√	√		
159	Heel pad/ shoe insert	√				
160	Tennis elbow brace	√				
161	Varicose vein stocking	√	√			
162	Wrist brace	√	√			
163	Isotoner gloves	√	√			
164	Self adherent wrap (coban)	√				
165	Unna's boot (medipaste, gelo cast, etc)	√				
166	Isotoner face mask	√	√			
167	Silicone pads (scar care)	√	√			
168	Miscellaneous braces and supports	√				
XX	INSTRUMENTS					

Sl. No	Particular Specification	NRH	RRH	DH/H	BHU-I	BHU
169	Blood pressure instrument (sphygmomanometer)	√	√	√		
170	Pulse oximeter	√	√			
171	Measuring tape	√	√	√		
172	Reflex hammer	√	√	√		
173	Goniometer	√	√	√		
174	Flash/ torch light	√	√	√		
175	Weight and height scale	√	√	√		
176	Tuning fork	√	√			
177	Sensory testing devices and kits	√	√			
178	Grip strength assessment device	√	√			
179	Pinch strength assessment device	√	√			
180	Stethoscope	√	√	√		
181	Scissors	√	√	√		
182	Measuring scale	√	√	√		
183	Miscellaneous instruments	√				
XXI	GENERAL					
184	Treatment tray	√	√	√		
185	Treatment trolley	√	√	√		
186	Bucket	√	√	√		
187	Bowl	√	√	√		
188	Gloves	√	√	√		
189	Face mask	√	√	√		
190	Protective gown	√	√	√		
191	Miscellaneous items	√				

Annexure III

1. Community Based Rehabilitation

Community based rehabilitation (CBR) has been defined as “a strategy within general community development for rehabilitation, poverty reduction, equalization of opportunities

and social inclusion of all people with disabilities.” (Joint Position Paper from ILO, UNESCO, and WHO, 2004).

CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational, and social services.

The World Confederation for Physiotherapy (WCPT) supports the development of CBR as a means of empowering people with disabilities to maximize their physical, mental and social abilities. It recognizes that community change is often necessary to promote and fulfil the human rights of people with disabilities to become active participating members of their communities. The WCPT recognizes that CBR extends beyond health and encompasses domains such as educational, social, vocational and economic rehabilitation. Inter-agency, cross-sectoral and multi-professional collaboration at all levels is vital in supporting this comprehensive approach to rehabilitation. Health professionals work with local communities and individuals as partners involved in service planning, operation and monitoring.

Physiotherapists are equipped to work in both urban and rural settings and have an important contribution to make in CBR:

- By providing interventions aimed at health promotion, disease prevention, treatment and rehabilitation
- By educating and transferring skills to other staff, care givers and the community to achieve the fulfilment of physiotherapy and patient goals
- Through consultancy, advice, support and supervision to other health, education and social care/service personnel
- As initiators and managers of programs
- As policy advisers to Governments, Non-Governmental Organizations (NGOs) and Disabled People’s Organizations (DPOs)

Physiotherapists are prepared to fulfil these roles through education and continuing professional development opportunities.

The WCPT calls on national governments and non-governmental organizations to ensure integration in policy development to support CBR. It further calls for equal status to be conferred on those who work in rural communities with those based in urban institutions.

In Bhutan, physiotherapists and physiotherapy technicians are actively involved in CBR programs and activities; often they are the initiators and advocates of such programs in the communities for the benefit of PWDs and their families.

Annexure IV

1. Disaster Management

The World Confederation for Physiotherapy recognizes that natural, technological and pandemic disasters have a major and long lasting impact on people and the countries in which they live. Physiotherapists, as experts in physical rehabilitation, should be involved in disaster preparedness policy and planning, in preventive education, and in active rehabilitation of victims of disasters to ensure that populations affected have access to rehabilitation services to achieve the highest attainable level of health.

Annexure V

1. Specialization

1. Physiotherapy specialization is the application of advanced clinical competence by a physiotherapist qualified in a defined area within the scope of practice recognized as physiotherapy.
2. The qualification of a physiotherapist specialist will include a formal process for testing and acknowledging the appropriate advanced clinical knowledge and skills of the specialty. It is expected that the formal process will be fully documented.
3. Advanced clinical competence is the demonstration of knowledge and skills beyond those required for entry to basic professional practice.
4. A physiotherapist specialist can demonstrate advanced clinical competence in a physiotherapy specialty by satisfying the requirements for the formal recognition of his/her knowledge and skills by the BMHC or other accreditation agencies.
5. A physiotherapy specialty is a prescribed area of physiotherapy practice formally recognized by BMHC or other relevant agencies within which it is possible for a physiotherapist to develop and demonstrate higher levels of knowledge and skills. Specialization is not to be considered or implied to mean a limitation or restriction of practice. The field of activity recognized as physiotherapy will remain open to all appropriately qualified physiotherapists both specialist and non-specialist practicing within their respective levels of competence.

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