INTERNATIONAL ASSOCIATION
OF PHYSIOTHERAPISTS
WORKING WITH OLDER PEOPLE

IPTOP

STANDARDS OF CLINICAL PRACTICE

Revised edition

International Association of Physiotherapists working with Older People

World Physiotherapy
SUBGROUP

Contents

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Background

The International Association for Physiotherapists working with Older People (IPTOP) is a recognised subgroup of World Physiotherapy (WP). WP exists to move physiotherapy forward so the profession is recognised globally for its significant role in improving health and well-being. The prime purpose of physiotherapists who practise with or specialise in the management of the older adults is to enable that person to live well and actively. In order to manage impairments, activity limitations, and participation restrictions physiotherapists should work in collaboration with the older person to help them best manage their condition. This can be working physically, psychologically, and socially. A person-centred, collaborative, inter- professional approach is required to manage a wide range of conditions affecting this population, ensuring that dignity and respect are maintained when practicing with any population or individual.

IPTOP's Mission Statement states that physiotherapists should work with older people through research, evidence-based practice, clinical specialisation and collaborative practice with other disciplines and carers. To that end, the aim of this document is to help members achieve the IPTOP mission of:

'... encouraging high standards of physiotherapy practice with older people'.

To whom do these Standards apply?

These Standards of Clinical Practice are for use by physiotherapists engaged in practice with older people. They are a supplement to, and do not replace, current standards published by the physiotherapy professional body in the practitioner's country and to the World Physiotherapy Standards of physiotherapy practice guideline from 2011[1].

They are intended to guide physiotherapists practising with older people in countries where specialist clinical networks in this field are developing or do not yet exist.

Use of these Standards:

These Standards may be used in the following ways:

- As a guide for the physiotherapist during their period of clinical intervention or treatment with an older person [this aspect relates to the physiotherapist's professional behaviour and demonstration of assessment, intervention, treatment and education skills]
- As an educational tool for more senior staff when teaching more junior staff and students about the management of the older person [this aspect involves the knowledge exhibited by the physiotherapist]
- As a guide for physiotherapists when promoting the needs and interests of older people in broader contexts [this relates to knowledge for advocacy and behaviour in promoting the needs of older adults]

The document also directs physiotherapists to sources of information produced by WP for further guidance.

Inappropriate use of these Standards

These Standards are **not** intended for use in the following ways:

- To recommend service standards (which clarify expectations of staff performance or competency in providing an effective service) or education standards for the physiotherapist. That is the responsibility of the organisation in which the physiotherapist practises and is dependent on the health and education systems of their country of practice
- As a guide for the physiotherapist towards acceptable behaviour and knowledge when practising with older people. These IPTOP Standards of Clinical Practice are different to regulatory Codes of Conduct that govern the practice of the physiotherapist in the country in which they practice.

IPTOP's values and core roles are based on principles observed by World Physiotherapy and by its Member Organisations:

As the international voice of physiotherapy World Physiotherapy's mission is to:

- Unite the profession internationally
- Represent physiotherapy and physiotherapists internationally
- Promote high standards of physiotherapy practice, education and research

- Facilitate communication and information exchange among member organisations, regions, subgroups and their members
- Collaborate with national and international organisations
- Contribute to the improvement of global health.

As the WP subgroup representing physiotherapists practising with older adults, IPTOP views ageing as a positive event, therefore:

- Age must not present a barrier to effective, evidenced-based physiotherapy management
- Advancing age must not negate the older person's rights[2] to make their own decisions about their physiotherapy management and future plans.

Definition of older people

For the purposes of this document the WHO definition of older people is used[3]. This is consistent with the definition used by WP[4]. In high-resourced countries older age is generally defined in relation to retirement from paid employment and receipt of a pension, at 60 or 65 years. With increasing longevity some countries define a separate group of oldest people, those over 85 years. In low-resourced countries, where shorter life spans are recorded, older people may be defined as those over 50 years. The age of 50 years was accepted as the definition of older people for the purpose of the WHO Older Adult Health and Ageing in Africa project[5]. Additionally, The World Economic Forum has defined old age through a new measure called "prospective age" which looks at the average number of years people have left to live. This definition states that being old in a specific country starts when people have an average of 15 more years left to live[6].

Older people are defined according to a range of characteristics including chronological, biological and psychological age, changes in social role and productivity, and changes in functional abilities and performances.

For the purpose of consistency with the reference to 'older people' within its title, IPTOP will use the term *older adult, person, or people* in this document. Given the above definition however, and in recognition of its international membership, IPTOP acknowledges that different words and terms will be used by different organisations to describe older people. For example the term 'ageing adults' could be used if encompassing those in transition from the age of 50 upwards whilst 'older adults' or 'older people' intimates the person has already entered old age.

The need for action

The World Health Organisation stated that in 2020, the global population aged 60 years and over was just over 1 billion people, representing 13.5% of the world's population of 7.8 billion. That number is 2.5 times greater than in 1980 (382 million), and is projected to reach nearly 2.1 billion by 2050[7]. The scale of the ageing population prompted the World Health Organisation to declare a decade of healthy ageing from 2021, with four key actions:

1. Change how we think, feel and act towards age and ageing
2. Ensure that communities foster the abilities of older people
3. Deliver person-centred integrated care and primary health services that are responsive to older people
4. Provide access to long-term care for older people who need it

These actions should underpin the work of physiotherapists working with older people whether working with individuals or at a local, national or international population level of input.

The social determinants of health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. An adverse experience of SDOH-related factors increases the risk of experiencing poor health, and increased morbidity and mortality across the lifespan. For older adults SDOH factors not only can significantly impact their health but also the manner in which they experience ageing, especially their ability to live independently and age in place. Some people living in deprived areas can have multiple health problems 10–15 years earlier than

people in affluent areas[8]. Additionally those experiencing issues with SDOH factors have an increased prevalence of long term (or chronic) conditions and multi-morbidity[7]. The presence of multi-morbidity is also linked with ageing, pre-frailty, frailty and mortality[9]. There are specific populations who experience a greater impact from SDOH. These include many Indigenous Peoples who may have a higher mortality rate, lower life expectancy and higher rates of disability than others within their country[10].

People with learning disabilities can age at different rates depending on their individual disability and circumstances, with their chronological age being unrepresentative of their physiological age or a reliabile indicator or age related needs[11]. Additionally people living with Down's Syndrome are more likely to develop dementia, with over 60% of people with Down's Syndrome developing Alzheimer's disease before the age of 60[12].

Physiotherapists have a unique contribution in enhancing the quality of life of older adults. Therefore, physiotherapists practicing with older adults should:

- Be skilled in health promotion and activities that enable older adults to live with the effects of physiological ageing on function and those that promote a healthy vision of older age
- Optimise functional ability and encourage engagement in preventive interventions in older age for as long as possible to promote quality of life for the individuals
- Have a good understanding of the ageing process and age-related changes in the different body systems
- Have a key role in the remediation of symptoms that develop with pathological conditions commonly seen in ageing
- Optimise function and the quality of life in long-term care settings
- Acknowledge and work with the cultural diversity and beliefs of the older adult population with whom they practise, even if these are in contradiction to the beliefs and values of the physiotherapist
- Promote and strive for high standards of physiotherapy clinical practice as supported by research, education, and ethical considerations

- Be ambassadors for positive ageing; promoting a positive ageing experience, refuting negative stereotypes of ageing and adopting non-ageist communication in a physiotherapy setting.

Physiotherapists will work within a person-centred care framework, putting the older person at the centre of their practice. They will respect each person's unique identity including their goals and ambitions for the future.

Therefore, physiotherapists will:

- Put the older persons and their needs at the centre of their practice and decision making
- Respect the contributions of all involved parties, including but not limited to the older person, their family and carers, the wider community and other health professionals involved in the episode of care.
- Communicate with physiotherapists and other professional colleagues and with people involved in the management of older adults in order to understand and provide the highest quality services for the individuals
- Play a key role in designing services for older adults to ensure equitable access to all forms of health and social services using the best evidence-based interventions
- Take into account the ageing process on the speed of recovery or goal achievement of the individual, plus remain aware that older people may need more time for assessment or treatments due to existing underlying pathologies
- Take an active role for advocacy and policies of older people and work for promoting older people services with the national or local government
- Play a key role in raising awareness of active and healthy ageing and for prevention of the long term conditions.
- Consider the needs of older adults as they reach the end of life or are in a palliative stage of care.

The term ***individual*** is used in this document as a generic term to refer to the older person or groups of older adults who may benefit from physiotherapy services, unless using a direct quote that utilises other terminology. In this document, the term 'individual' includes those who may be referred to as ***patients, clients,*** or ***service users*****.**

The skill of the physiotherapist practising with older people includes managing complexity and multimorbidity. The physiotherapist must manage the multiple changes in the ageing body and the components of the biopsychosocial facets of health. This results in an overall level of complexity and requires recognition as managing the older person is often not about one isolated problem even though there may be only one problem indicated in a referral.

In this document, ***implementation*** following examination or assessment refers to the communication and education techniques and choice of therapeutic or rehabilitative strategy.

Evaluation (leading to the diagnosis) refers to the culmination of the assessment, which must factor in co-morbidities and the unique bio-psycho-social factors related to ageing.

Both the implementation and evaluation will take into account influencing environmental factors, for example a person's location as this may impact substantially on what, how, and why implementation is offered.

The IPTOP Standards of Clinical Practice framework concentrates on the three inter-related core roles of a physiotherapist practising with older adults (Figure 1):

1. **Clinical practice** – includes screening, assessment, evaluation, diagnosis, prognosis, intervention, prevention and professional collaboration (definitions are provided both in the summary of definitions section and in full with descriptions and standards by which to measure practice)
2. **Professional development** – includes innovation, research participation to further education, and promotion of the profession (definitions only)
3. **Professional leadership and mentoring -** includes education, leading projects (innovative or technology concepts), and entrepreneurial and service development work (definitions only).

Core roles 2 and 3 are administered differently according to the regulations and systems available to the physiotherapist in the country in which they practise, hence the provision of

a definition only. The older adult remains central to the framework, and communication is a key element throughout all practice areas, enabling physiotherapists to demonstrate their knowledge, skills and ethical behaviours.

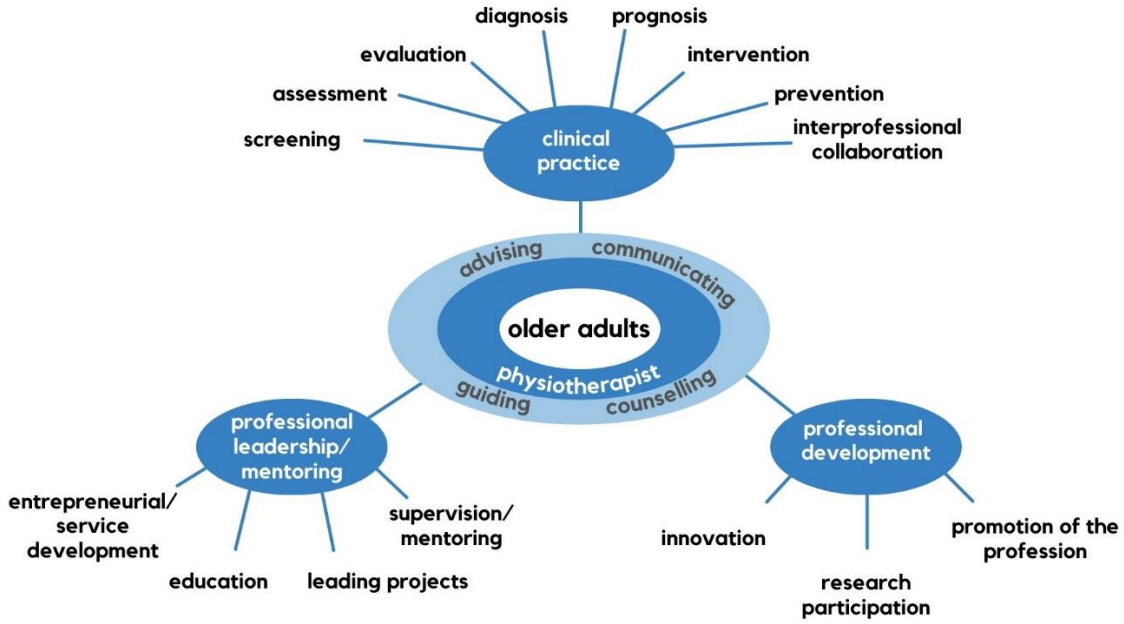

Figure 1: IPTOP Standards of Clinical Practice model

A summary of definitions

1: Clinical practice
Screening Screening is the consented short process by which the physiotherapist systematically evaluates whether the individual would benefit from examination or assessment and intervention or treatment from a physiotherapist **See page 15 for details.**
Examination or assessment Is a comprehensive and specific testing process performed by the physiotherapist that leads to a physiotherapy diagnosis and / or an understanding of the holistic needs of the older person. This may result in a referral to another practitioner. The assessment has three

components: The individual's history, the systems reviews, and the tests and outcome measures.

In this document we will use the term assessment throughout

See page 16 for details.

Evaluation

Is a dynamic process in which the physiotherapist makes clinical judgments based on data gathered during the assessment. It is a process that necessitates re- examination over time for the purpose of evaluating outcomes to identify progression to goal achievement or need for modification and change of the management plan.

See page 23 for details.

Diagnosis

Is a process that arises from the assessment and represents the outcome of the process of clinical reasoning. It may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities, disabilities, or syndromes.

See page 24 for details.

Prognosis (including Management Plan)

Prognosis is the determination by the physiotherapist of the predicted optimal level of function that can be achieved and the amount of time needed to reach that level.

Plan includes statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions required to reach the goals and outcomes. The overall management plan also includes the anticipated discharge plan.

See page 25 for details.

Intervention or treatment

Is the purposeful interaction of the physiotherapist with the individual, and when appropriate, with others involved in management of the individual, using various physiotherapy procedures and techniques. To produce changes in the condition, these might include therapeutic exercises and physical activities; functional training in self-care and home management; functional training in work, community, and leisure integration or reintegration; manual therapy techniques; prescription, application, and, as appropriate, fabrication of devices and equipment; airway clearance techniques; integumentary repair

and protection techniques; electrotherapeutic modalities; physical agents and mechanical modalities and, also technology and telerehabilitation[13, 14, 15, 16] for prevention, assessment, intervention, support, advice and education. It is the sum of all interventions provided by the Physiotherapist to a patient/client during an episode of service delivery.

In this document we will use the term intervention throughout

See page 26 for details.

Prevention

Is activity directed toward: (1) achieving and restoring optimal functional capacity; (2) minimising impairments, functional limitations, and disabilities; (3) maintaining health (thereby preventing deterioration or future illness); (4) creating appropriate environmental adaptations to enhance independent function and (5) promotion of appropriate public health messages for healthy ageing.

S**ee page 29 for details.**

Interprofessional collaboration

Is coordination of management, information sharing, dissemination, and advice between other service providers to ensure continuity in the interventions aimed at maintaining or improving the quality of the ageing individual's condition.

See page 31 for details.

2: Professional development

Innovation

The process by which the physiotherapist contributes to the development and improvement of the physiotherapy field, but more specifically to the practice of physiotherapy with older people to ensure that improvements of quality, effectiveness and efficiency through best practice are introduced /implemented. This can also include, if available, innovation in technology and rehabilitation systems (such as wearable technologies, telerehabilitation, virtual systems and robotics, etc.)[11, 12, 13, 14]

Research participation

The process by which the physiotherapist participates in the preparation or implementation of research in the field of older people and active ageing. This should be accessible and utilised within clinical practice and health promotion.

Promotion of the profession

The process by which the physiotherapist promotes the profession to others to outline the benefits of physiotherapy with older people.

Continuing professional development (CPD)

The process by which physiotherapists maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

3: Professional leadership and mentoring

Supervision and mentoring

The use of knowledge and skills of a physiotherapist specialised in practising with older people to monitor, guide, counsel and advise others for example junior staff, students, thus assisting them to develop professionally in the management of older people, and personally as a physiotherapist. Supervision also helps 'bridge the gap in professional experience, ensuring that patient care is not negatively affected by a therapist's inexperience'[17].

Education

The delivery, assessment and evaluation of learning experiences in clinical settings and education sites such as institutional, industrial, occupational, acute settings, primary health care, and community settings. Education informs all aspects of the older adult's management consisting of assessment, evaluation, diagnosis, prognosis/plan of care, and interventions including prevention, health promotion, and wellness programmes. Where a physiotherapist shares their knowledge and experience to contribute to the decision- making and professional development of colleagues and other health professionals to better understand physiotherapy in the context of management of older people. Education will also include taking a key role to make society aware of the normal aging process, active and healthy aging, prevention of chronic diseases, and an intergenerational perspective in promoting older persons' well- being.

Leading projects

The expertise of the physiotherapist to manage innovative and technological systems [11, 12, 13, 14] and projects that promote the profession and physiotherapy for older people. The process involves the stages of project planning, implementation, evaluation, alterations (if suggested by the evaluation), and dissemination.

Entrepreneurial /service development

The identification and utilisation of developments and opportunities relating to 'marketable' services for older people, especially the innovative technologies can be included. As the purpose of such development is to make services more sustainable and cost effective, physiotherapists will promote all developments in a business-like ethical manner and with integrity.

Definition, description and standards

IPTOP recommends the use of the model from the World Health Organization's International Classification of Functioning, Disability and Health (ICF)[18] as a framework for practice with older people. The bio-psycho-social approach enables health professionals to consider the functioning of the individual irrespective of the number and type of health conditions and to guide screening, assessment, goal setting and treatment planning (Figure 2). The ICF framework considers functioning in the context of environmental and personal factors. Examples of environmental factors, acting either as barriers or facilitators to the level of functioning, include the attitudes of family and carers, availability of personal support, medications and the physical environment. Personal factors such as levels of education, motivation or confidence are recognised in the ICF model, but not classified[19].

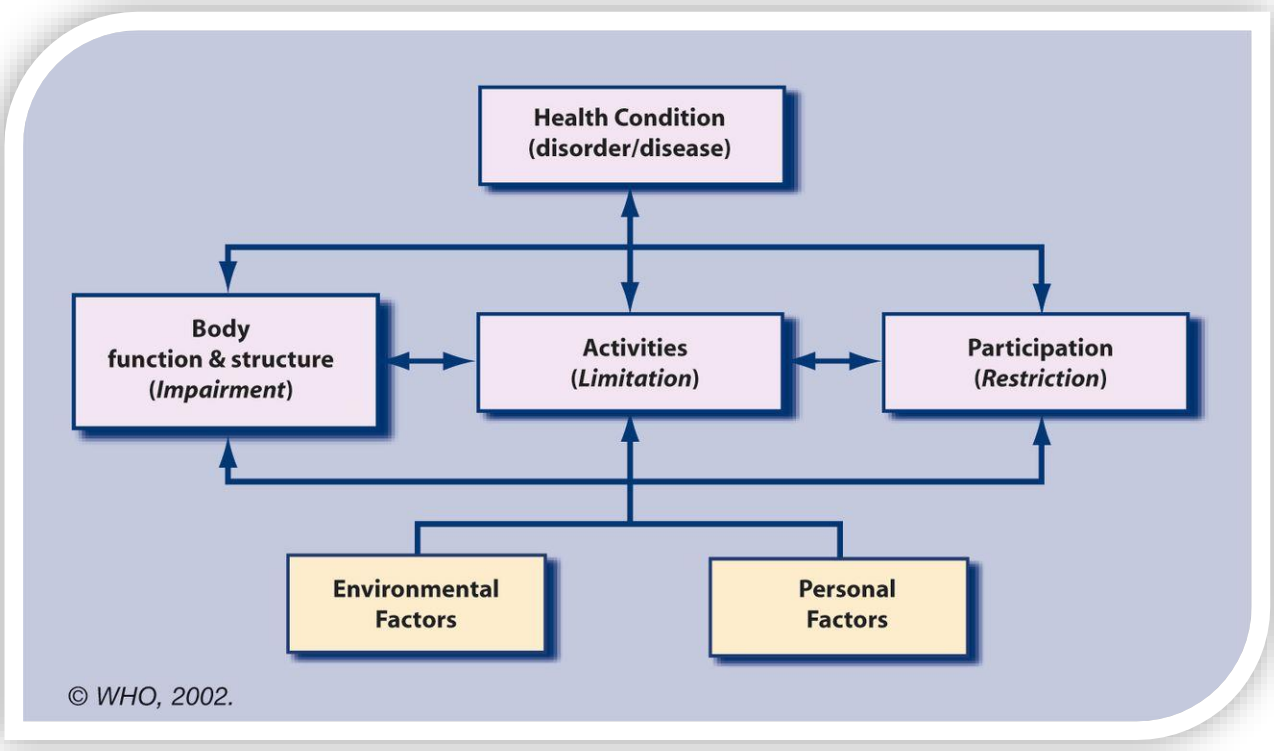

Figure 2: Interactions between the components of the ICF framework.

Screening	
Definition: Screening is the consented short process by which the physiotherapist systematically evaluates whether the individual would benefit from examination/assessment and intervention/treatment from a physiotherapist. **Note:** Screening is not a service provided by physiotherapists in all countries, and may be considered part of a triage role or a process by which a physiotherapist determines the priority of patients' treatments based on the severity of their condition. The individual may have self-referred for physiotherapy services or may have been referred by another professional.	Screening
Description: Includes the following: • The physiotherapist conducts a short appraisal using information available from different sources. For example, they may question the individual (either face-to-face or by electronic means), including a discussion about their illness belief and health promotion interventions • They may choose to use a specific screening checklist if one is provided or recommended in research literature and appropriate to the service • They may complete an interdisciplinary screening process to determine referral to other health professions • They may screen to consider the appropriate model of care, such as the requirement for long-term care[20,21] • Discussion of the findings of the physiotherapy screening with the individual if they are available, and, if the request was through a referral process, will discuss findings with the referring professional or other appropriate individuals, in accordance with regulatory Codes of Conduct that govern the practice of the physiotherapist in the country in which they practice	
Standards: The physiotherapist screening the older person: • Gains consent to conduct the screening and to share information gathered with relevant others	

- Collects appropriate information with regard to the individual's presenting problems, functional limitations and associated environmental factors for example support needed
- May choose to use a screening checklist, possibly supplemented with another functional screening tool, ideally validated for use with older persons and physical examination
- Organises the information into symptoms and signs in order to identify patterns of presentation and to recognise any abnormalities
- Poses relevant questions to detect 'red flags' and if identified, responds appropriately for example onward referral for further investigation
- Arrives at a conclusion with respect to a need for further physiotherapy input
- Informs the individual of the conclusions of the screening, advising them on possible next steps explaining the benefits, potential disadvantages, and expected time of intervention
- Informs and asks for timely advice from other professionals if required
- Supports the screening process with best evidence regarding older people
- Ensures that documentation is dated and appropriately authenticated by the Physiotherapist that carried out the screening in line with professional and service policy guidelines.

Assessment	
Definition: Is a comprehensive and specific testing process performed by the physiotherapist that leads to a diagnostic classification or, as appropriate, to a referral to another practitioner. The assessment has three components: The individual's history; the systems review; the tests and measures.	**Assessment**
Description: Includes the following: • Assessment of the individual with their consent[22] by obtaining a history from them and from other relevant sources	

- Assessment of the individual by performing the systems reviews that may include screens of the cardiovascular, pulmonary, musculoskeletal, neuromuscular, and integumentary system, and examination of communication, emotional state, cognition, language and learning style
- Assessment of the individual by selecting and administering culturally and age-appropriate tests and measures
- Assessment of parameters for biopsychosocial model (such as QOL, depression, social status, social isolation and loneliness)
- Use hypothetico-deductive strategies such as evidence–informed decision making, to determine the specific tests and measures to be used that are valid, reliable and appropiate for the older person.
- Formulate a short list of potential diagnoses or actions from the earliest findings (history and systems review) about the individual
- Identify the presence of geriatric syndromes and frailty and, to perform specific assessment of these clinical features
- Perform specific tests and measures that reduce the selected number of tests and measures, especially where the person is frail
- Tests and measures may include, but are not limited to those that assess:
    - Aerobic capacity/endurance
    - Anthropometric characteristics
    - Arousal, attention, and cognition
    - Assistive technology and adaptive devices
    - Circulation (arterial, venous, lymphatic)
    - Cranial and peripheral nerve integrity
    - Environmental, home, and work (job/school/play) access and barriers
    - Ergonomics and body mechanics
    - Falls and falls risk (Identifying intrinsic and extrinsic factors)
    - Gait, locomotion, and balance
    - Integumentary integrity
    - Joint integrity, flexibility and range of motion
    - Motor control and motor learning

- Muscle performance
- Orthotic, protective, and assistive technologies, including Activities to Daily Living (ADL)
- Pain
- Physical activity levels including assessment of sedentary behaviours
- Posture
- Prosthetic requirements
- Reflex integrity
- Sarcopenia
- Self-care and home management
- Sensory and proprioceptive integrity
- Sleep quality
- Ventilation and respiration/gas exchange
- Vestibular function
- Work (job/school/play), community, and leisure integration or reintegration

Standards

The physiotherapist:

With consent to proceed, starts the assessment by taking a history, performing the systems review, and administering selected tests and measures, ensuring the older person and an individual is central to all decisions

Takes the older individual's history, that may include obtaining the following data:

- General demographics (age, sex, race/ethnicity, primary language, education)
- Social history (cultural beliefs and behaviours, family and caregiver resources, social interactions/activities/support systems)
- Employment - Work/Job (current and prior work, community, and leisure actions or activities)
- Living environment (home, community characteristics, devices and equipment, projected discharge destination)
- General health status – self-report, family report, caregiver report (general health perception, physical function, psychological function, role function, social function)

- Social/health practice (behavioural and health risks, level of physical fitness)
- Family history (familial health risks)
- Medical/surgical history (cardiovascular, cognitive, endocrine/metabolic, gastrointestinal, gynaecological, integumentary, musculoskeletal, neuromuscular, obstetrical, psychological, pulmonary, prior hospitalizations, prior surgeries, pre-existing medical and other health related conditions)
- Current conditions/chief complaints (concerns leading to seek physiotherapist services, current therapeutic interventions, mechanisms of injury or disease, onset and pattern of symptoms, expectations and goals for the therapeutic interventions, emotional response to current clinical situation, previous occurrence of chief complaints, prior therapeutic interventions)
- Functional status and activity level (current and prior functional status in self-care and home management including activities of daily living and physical activity levels)
- Medications (medications for the current condition, medications previously taken for current condition, medications for other conditions). Gauge concordance and difficulties taking medications.
- Other clinical tests (laboratory and diagnostic tests, review available records, review other clinical findings)

The physiotherapist may need to liaise, with consent, with family members or other caregivers in order to corroborate information and provide additional information.

Performs a quick systems review that may include brief assessment of the following systems:

- Cardiovascular/pulmonary systems (blood pressure, heart rate, respiratory rate, and assessing for oedema)
- Musculoskeletal system (gross range of motion, gross strength, gross symmetry, height, weight)
- Neuromuscular system (gross coordinated movements, for example balance, locomotion, transfers, and safe transitions between movements from one place to another)
- Integumentary system (the presence of any scar formation, the skin colour, and the skin integrity)

Includes in the systems review an assessment of cognitive function, communication, behavioural/emotional state, cognition, language, and learning style.	
Selects and administers appropriate tests and measures that may include: ▪ Aerobic capacity/endurance assessment of aerobic capacity during functional activities and during standardised tests; cardiovascular signs and symptoms during exercise or activity; pulmonary signs and symptoms of distress during exercise or activity ▪ Anthropometric characteristics may include assessment of body composition; body dimensions; and oedema ▪ Arousal, attention, and cognition may include assessment of arousal; attention; cognition; perception communication; consciousness; orientation; and recall ▪ Assistive technologies and adaptive devices may include assessment of devices and equipment; components; remediation of impairments, functional limitations, disabilities, activity limitations, and participation restrictions; and safety ▪ Circulation (arterial, venous, lymphatic) may include assessment of signs, symptoms and physiological responses to positions ▪ Cranial and peripheral nerve integrity may include assessment of motor and sensory distribution of nerves; response to neural provocation; response to stimuli; and electrophysiological testing ▪ Environmental, home, and work (job/play/study) barriers may include assessment of: Current and potential barriers; and physical space and environment ▪ Ergonomics and body mechanics may include assessment of dexterity and coordination during work; functional capacity during work; safety during work; specifics of work conditions; work tools, devices, equipment; and body mechanics during self-care, home management, work, community, and leisure (with and without assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment) ▪ Gait, locomotion, and balance may include assessment of static and dynamic balance; balance during functional activities; gait and locomotion during functional	

activities with and with devices or equipment; and safety during gait, locomotion, and balance including the contribution to falls or falls risk

- Integumentary integrity may include assessment of activities, position, postures, devices, and equipment that produce or relieve trauma to skin; burn; signs of infection; and wound and scar characteristics
- Joint integrity and mobility
- Motor function (motor control and motor learning) may include assessment of: dexterity, coordination, and agility; hand function; control of movement patterns; and voluntary postures
- Muscle performance may include assessment of muscle strength, mass, power, and endurance; and muscle tension. This may include screening for sarcopenia[2324].
- Orthotic, protective, and supportive devices may include assessment of components, alignment, and fit; use during functional activities and sport-specific activities; remediation of impairments, functional limitations, disabilities, activity limitations, and participation restrictions; and safety during use
- Pain may include assessment of type, location, and severity (irritability, intermittent/constant, quality, pattern, duration, time, cause); chronicity; soreness; and nociception
- Physical activity level may include self assessment of physical activity and levels of fatigue. There may be use of wearable technology to monitor and quantify physical activity.
- Posture may include assessment of static and dynamic postural alignment and position
- Prosthetic requirements may include assessment of components, alignment, fit, and ability to care for prosthesis; use during functional activities and sport-specific activities; remediation of impairments, functional limitations, disabilities, activity limitations, and participation restrictions; residual limb or adjacent segment; and safety during use
- Range of movement may include assessment of functional range of movement; joint active and passive movements; muscle length; and soft tissue extensibility and flexibility

▪ Reflex integrity may include assessment of deep and superficial reflexes; postural reflexes and reactions; primitive reflexes and reactions; and resistance to passive stretch ▪ Self-care and home management may include assessment of activities of daily living [ADL] and instrumental activities of daily living [IADL] for self-care and home management; ability to gain access to home environment; and safety during self-care and home management ▪ Sensory integrity may include assessment of combined/cortical sensations; deep sensations and proprioception ▪ Ventilation and respiration/gas exchange may include assessment of pulmonary signs of respiration/gas exchange; pulmonary signs of ventilatory function; and pulmonary symptoms ▪ Work (job), community, and leisure integration or reintegration may include assessment of ability to assume or resume work, community and leisure activities; ability to gain access to work; community and leisure environments; and safety in work, community and leisure activities and environments	
Additionally the physiotherapist: ● Adjusts the duration and intensity of the assessment (history, systems review, and tests and measures) according to the condition of the older individual, understanding that it may take several sessions to complete a full assessment ● Gathers information about previous intervention or care from others for any similar issues. ● Ascertains whether physiotherapy intervention is appropriate and safe ● Determines whether the older individual's problem(s) are amenable to interventions by a physiotherapist practicing with older adults ● Discusses the results of the assessment with the older individual and other appropriate advocates ● Records the assessment process according to the criteria set by the Codes of Practice of the physiotherapists country of practice[25]	

- Ensures that documentation is dated and appropriately authenticated by the physiotherapist that carried out the assessment in line with professional and service policy guidelines provided
- Uses age-inclusive communication throughout the physiotherapy process

Evaluation	
Definition: Is a dynamic process in which the physiotherapist makes clinical judgments based on data gathered during the assessment. It is the process that necessitates re-examination for the purpose of evaluating outcomes to identify progression to goal achievement or need for modification and change of plan.	**Evaluation**
Standards: The physiotherapist**:** Might proceed, following the assessment, in any of five ways: 1. give advice to the older individual and/or referrer on how to continue; 2. proceed to develop the diagnosis, prognosis and plan; 3. recommend a consultation with another professional; 4. determine that treatment would be ineffective; 5. recommend/ help to choose a more appropriate care model within the health system Underpins the analysis and interpretation with the highest available evidence regarding older people Interprets the data in a theoretically sound manner to form a diagnosis	

Diagnosis	
Definition: Is a process that arises from the assessment and evaluation and represents the outcome of the process of clinical reasoning. It may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/disabilities, or syndromes. Diagnosis is both a process and a label. The diagnostic process performed by the physiotherapist includes integrating and evaluating data obtained during the assessment to describe the individual's condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physiotherapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person[17].	Diagnosis
Description: Includes the following: • Formulation of a diagnosis utilising a process of clinical reasoning that results in the identification of existing or potential impairments, activity limitations, participation restrictions and environmental factors • Incorporation of additional information from other professionals, as needed, in the diagnostic process • Knowing that the diagnosis may be expressed in terms of movement dysfunction or may encompass categories of impairments, activity limitations, participation restrictions and environmental factors • If the diagnostic process reveals findings that are not within the scope of the Physiotherapist's knowledge, experience or expertise, referring the individual to another appropriate practitioner	
Standards. The physiotherapist: Focuses on providing a diagnosis following evaluation of the older individual's movement, both qualitatively and quantitatively through appropriate tests and measurements. May follow accepted practice of sharing their knowledge and experience of the diagnosis with colleagues within and outside of physiotherapy with the permission of the older	

individual to demonstrate expertise in dealing with an older people with complex presentation.	

Prognosis (Including Plan)	
Definition: Prognosis is the determination by the physiotherapist of the predicted and optimal level of function that can be potentially achieved and the amount of time needed to reach that level. Sometimes, if the individual has a progressive condition, the physiotherapist may not anticipate an improvement, but expect the individual's condition to remain static, or expect to manage their deterioration. Plan includes statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan includes the anticipated discharge plans.	**Prognosis (Including plan)**
Description: Includes the following: Prognosis includes determining the individual's prognoses and identifying the most appropriate intervention strategies for Physiotherapist management	
Plan includes ▪ Delivering and managing a plan that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment. This may include consent to plan and intervention. ▪ Collaborating with the individual, family members, caregivers, payers (e.g., social system, insurance companies, self-payment by the individual), other professionals and appropriate involved persons to determine a plan ▪ Determining specific interventions with measurable outcome goals associated with the plan ▪ Establishing a physiotherapy plan, exercise program or physical activity plan that is safe, effective, and person-centred ▪ Determining individual's goals and outcomes within available resources and specifying expected length of time to achieve the goals and outcomes	

- Monitoring and adjusting the plan in response to the status of the individual
- Referring to another agency/health practitioner/ care model cases which are inappropriate for physiotherapy

Standards:

The Physiotherapist:

- Creates a treatment plan with SMART (specific, measurable, achievable, relevant, timely) objectives
- Formulates short-, mid- and long-term plans in collaboration with the older individual, family members and inter-professional team as appropriate
- Records the agreed expected outcomes according to the criteria set by the Codes of Practice of the physiotherapists country of practice
- Bases the treatment plan and goals on the highest available evidence regarding working with older people
- Supports individuals to attain recommended levels of physical activity and to identify and overcome relevant barriers and identify and maximise facilitators

Intervention

Definition:

Is the purposeful interaction of the physiotherapist with the individual, and when appropriate, with others involved in their management, including family members and caregivers, using various physiotherapy procedures and techniques. This might include therapeutic exercises and physical activities; functional training in self-care and home management; functional training in work, community, and leisure integration or reintegration; manual therapy techniques; prescription, application, and, as appropriate, fabrication of devices and equipment; airway clearance techniques; integumentary repair and protection techniques; electrotherapeutic modalities; physical agents and mechanical modalities also technology and telerehabilitation for prevention, intervention or assessment and support to produce changes in the condition.

Is the sum of all interventions provided by the physiotherapist to the individual during an episode of service delivery[1].

Description:

Intervention

Includes the following:

Providing whenever possible, evidence-based physiotherapy interventions or treatments to achieve the individual's goals and outcomes. Interventions or treatments may include:

- Coordination, communication and documentation
- Person-related instruction
- Therapeutic exercise and physical activities
- Strength training
- Cognitive approaches and exercises[26]
- Functional training in self-care and home management
- Functional training in work (job/play), community, and leisure integration or reintegration
- Manual therapy techniques
- Mobility, balance and gait training
- Prescription, application, and as appropriate, fabrication of devices and equipment
- Airway clearance and breathing techniques; pulmonary rehabilitation
- Integumentary repair and protection techniques
- Electrotherapeutic modalities
- Physical agents and mechanical modalities
- Innovative technology and telerehabilitation (technology, wearable technologies, telerehabilitation, virtual systems and robotics, etc.) [11,12, 13, 14].

Providing physiotherapy interventions aimed at prevention of impairments, activity limitations, participation restrictions, and injury including the promotion and maintenance of health, quality of life, and fitness in older persons

Determining those components of interventions that may be directed to support personnel

Responding effectively to the individuals and environmental emergencies in the practice setting

Standards:

The physiotherapist:

- Determines a timetable and strategies for the interventions, discusses and plans it with the individual, and achieves mutual agreement for all

- Selects interventions including appropriate exercises for the person's age and physical condition, and uses interventions considered most effective to bring about change
- Provides or recommends a practice environment, possibly in the older individual's own environment, in which the desired activity can take place or be facilitated
- Informs, advises, and/or assists the older individual in implementing the interventions, physical activities or activity limitations into their lifestyle and home activities, including any assistive products and innovative technology so that they can function as independently and safely as possible
- Liaises with family or carers when appropriate to facilitate the intervention
- Tailors the interventions with any other professional(s) involved with the older individual
- Evaluates the results of the interventions regularly with the older individual and applies treatments on that basis
- Ensures continuity by making a relevant transfer to another service or care model by instructing the older individual about further self-management
- Ensures that documentation is dated and appropriately authenticated by the physiotherapist providing the intervention
- Bases interventions where possible and when available on evidence that is informed by existing research, protocols, or guidelines related to older people, mixing the information with the experience and expertise of the physiotherapist and the circumstances of the individual
- Focuses interventions when there is a complexity of issues arising from the bio-psycho- social domains influencing the individuals life on education of the older person about their condition and teaches them how to best manage by finding an optimal form of participation in society
- Motivates the older individual to make changes in their behaviour in adapting to their unique situation where full recovery may not be an option
- Advises and assists the older individual in obtaining tools that foster self-reliance
- Undertakes preventive interventions in all instances

- Acts as an advocate for the older individual and for the older adult population to optimise their choices towards active and healthy behaviour and lifestyles
- Advises the individual on medications management, and in countries where drug prescription is an allowable part of physiotherapy intervention or treatment, manages and prescribes medications according to legislation

Prevention	
Definition: Is activity directed toward: 1. achieving and restoring optimal functional capacity; 2. minimising impairments, functional limitations, and disabilities; 3. maintaining health, thereby preventing further disabilities, deterioration or future illness 4. creating appropriate environmental adaptations to enhance independent function.	**Prevention**
Primary prevention is the prevention of disease in a susceptible or potentially susceptible population through such specific measures as general public health promotion. Secondary prevention includes efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. Tertiary prevention includes efforts to limit the degree of disability and promote rehabilitation and restoration of function in people with chronic and irreversible diseases.	
Description: Includes the following: • Providing physiotherapy services for prevention, health promotion, fitness, and wellness to groups, communities and at population level • Promoting health, quality of life, independent living, and workability by providing information on health promotion, fitness, wellness, disease, impairment, activity limitations, participation restrictions, and health risks related to age, gender, culture, and lifestyle, all of which are delivered within the scope of physiotherapy practice • Highlighting to society the normal ageing process, active and healthy ageing and prevention of chronic diseases	

Standards:

The physiotherapist

- Bases prevention strategies on the best available evidence regarding older people and on the evidence-based primary prevention programmes suggested by reliable health organisations
- Identifies the need for time allocated to deliver preventive advice
- Develops primary prevention programmes in order to preserve optimal ability (intrinsic capacity) of the older individual
- Provides person-oriented preventive advice, adapted to the ability of the older individual in terms of content and delivery method
- Focuses on primary and secondary prevention interventions, and where possible, on preventing further damage to someone who already has impairment and disability (tertiary prevention), which may require monitoring from a discipline other than physiotherapy
- Screens individuals to determine which prevention approaches will be best for the older person (e.g., individual or group based or face to face or online based)
- Develops approaches to the target audience's requirements, so that older individuals continue to participate and adhere to the prevention program
- Uses appropriate behaviour change techniques to maximise adherence to any primary prevention programmes
- Uses knowledge, experience, and expertise to match the capabilities and future needs of the target group
- Evaluates the effectiveness of the preventive advice given and makes alterations when necessary to gain maximal effectiveness
- Encourages integration of health promotion during everyday life tasks
- Develops or uses specific educational materials to supplement their input and advice
- Provides advice to caregivers in the implementation of primary prevention programmes and provides supplementary advice and materials as necessary
- Engages in public health messaging or health promotion advice focussed on the needs of older people

- Advocates for educational or promotional activities to include an intergenerational approach to foster a society wide appreciation of the needs of older people
- Ensures that documentation is dated and appropriately authenticated by the physiotherapist that recorded a plan for preventative interventions

Interprofessional collaboration

Definition:

Is coordination of management, information sharing, dissemination, and advice between physiotherapists or other service providers to ensure continuity in the interventions aimed at maintaining or improving the quality of the ageing individual's condition.

Description:

Includes the following:

The older individual often presents with multiple conditions and problems that rely on the assistance of several professionals simultaneously. In these cases, the physiotherapist using specific skills and knowledge in a manner that adds quality to the life of the older person works closely, either concurrently or consecutively with other disciplines.

The physiotherapist may take on the role of a case coordinator and may be a decision maker of the selection of the appropriate care model. The physiotherapist may determine the need for long term or palliative care as required.

In some cases, the physiotherapist may foster relations with other sectors, institutions and organizations. For example, a physiotherapist practising in an acute setting who oversees the transfer of older adults between services or institutions specifically for older people.

Standards:

The physiotherapist, with the consent of the individual to share information:

- Consults with other disciplines and colleagues in a timely manner to contribute to the intervention for the older individual
- Discusses the interventions and goals with other disciplines and applies the information to the consultation process
- Evaluates input with other disciplines and colleagues, to monitor the effect of the interdisciplinary or multidisciplinary approach
- Provides instructions to other disciplines and colleagues where appropriate

Professional and Policy Collaboration

- Provide care transitions and coordination between primary health care and hospitals
- If coordinating with other professionals, requests and provides feedback through a collaborative process
- Ensures that any documentation related to the collaboration is dated and appropriately authenticated by the Physiotherapist that recorded the communication
- Shares the baseline health information about the older person with the other services or institutions to which the older person is transferred.

While IPTOP considers the **professional development** and **professional leadership or mentoring** areas of practice to be an essential part of the development of professional practice and the implementation of high standards of clinical practice, the standards would not differ from those of a therapist practicing within another field of physiotherapy. For this reason, only definitions of the terms and expectations are provided in the document and therapists are requested to utilise the information provided by their professional body in their practitioners country and to the policy documents provided by the WP.

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The revision of the standards of practice document has been reviewed and agreed by all of the 2021 IPTOP member countries before publication.

2013 edition

Roles and affiliations were correct for individuals in 2013.

The Project Group members were:

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