

## **GUIDING PRINCIPLES FOR BEST PRACTICES IN GERIATRIC PHYSICAL THERAPY**

### **Academy of Geriatric Physical Therapy Task Force on Best Practice**

In alliance with the Academy's [Mission and Vision](#), the physical therapy care of older adults encompasses the entirety of the aging person's abilities within their unique environment and throughout their aging process. We believe the Physical Therapist/Physical Therapist Assistant (PT/PTA) must advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventative health care needs of people. Concurrently, the physical therapist must consider the influence and effects of a person's environment consistent with the American Physical Therapy Association's Code of Ethics.<sup>1</sup> The pervasive culture of ageism also requires advocacy through lobbying efforts for improved access, appropriate payment, negotiation with providers about optimal practices, and referral to appropriate community programs and resources. Through this advocacy, the PT/PTA team is integral to optimizing the aging process.

Best practice care requires value-based care, defined as the health outcomes achieved per dollar spent and reflective of the patient's experience of care.<sup>2</sup> Physical therapists are accountable for providing best practice care which is safe, effective, patient/client-centered, timely, and efficient.<sup>3</sup> Accountability includes a lifelong dedication to learning and a recognition that as knowledge and cultural understanding evolves, so must one's practice.

Evidence-based practice is the foundation of best practice care. Evidence-based practice is care based on the best available evidence, the values of the patient/family, and the clinical reasoning and experience of the therapist.<sup>4</sup> Evidence-based care is translated and communicated with a person-centered framework<sup>5</sup> and with an anti-ageist attitude.<sup>6</sup> Best practices comprise intentional care that considers value, optimal communication, interprofessional collaboration, consideration of the continuum of care, and sound assessment and intervention techniques and skills. Best practices are the fundamental professional endeavor, with the understanding that these practices evolve continually. The following are guiding principles for Best Practices in providing geriatric physical therapy.

**Principle 1: Utilize person centered care to elicit and prioritize the individual's preferences, values, and goals to drive the plan of care.**

**Principle 2: Strive for anti-ageist practice**

**Principle 3: Conduct a holistic assessment and evaluation utilizing sound outcome measures that help inform the treatment plan and relate to the patient's stated goals.**

**Principle 4: Provide positive outcomes of physical therapy care by completing intervention(s) that are based on the best available evidence.**

**Principle 5: Prioritize physical activity to promote health, well-being, chronic disease management, and enhance mobility.**

**Principle 6: Champion interprofessional collaborative practice that is inclusive of patients and their caregivers.**

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<sup>1</sup> APTA. Code of Ethics for the Physical Therapist | APTA. HOD S06-20-28-25. 2020.

<sup>2</sup> Porter ME, Teisberg EO. Redefining Health Care: Creating Value-Based Competition on Results. 2005. Brighton, MA: Harvard Business School Press

<sup>3</sup> Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: Institute of Medicine of the National Academies, 2001

<sup>4</sup> Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996;312(7023):71-72.

<sup>5</sup> McCormack B, McCance T. Person-Centered Practice in Nursing and Health Care: Theory and Practice. 2nd Ed. 2017 John Wiley & Sons, West Sussex, UK

<sup>6</sup> Burnes D, Sheppard C, Henderson CR, et al. Interventions to reduce ageism against older adults: A systematic review and meta-analysis. *Am J Public Health*. 2019;109(8):e1-9.