



KNGF Physical Therapist Professional Profile

About the discipline and roles and competencies
of the physical therapist

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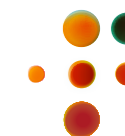
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Introduction

Developments in society, healthcare and the healthcare landscape impact physical therapy. In 2018, the Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie – KNGF), set forth its vision of physical therapy and the profession of the physical therapist for 2025 (KNGF, Trust in Exercise [Vertrouwen in Beweging], 2018). The goal of this vision is to give direction to physical therapy in general and the role of the physical therapist in particular. In addition to the changing demand for healthcare by citizens, scientific development in health and exercise does not stand still either.

Changes in the healthcare landscape and occupation-related developments impact the professional profiles of healthcare professionals, including those of the physical therapist. To ensure that physical therapists can assist patients with movement-related functioning in the future as best possible, a revision of the Physical Therapist Professional Profile from 2014 was needed.

The Physical Therapist Professional Profile

The Physical Therapist Professional Profile describes the physical therapist's profession and professional competence. Physical therapists work in various settings and at various institutions: in a primary care setting (such as in the community and in private practice) and in secondary and tertiary settings (such as in hospitals, nursing homes and/or rehabilitation centres).

The Physical Therapist Professional Profile describes important developments in society and in healthcare that influence the physical therapy discipline and the roles of the physical therapist. Therefore, the physical therapeutic context and the discipline as described in the Professional Profile apply to all of physical therapy.

After obtaining the initial degree, every physical therapist is able to independently offer physical therapeutic healthcare and support within the applicable legally defined framework.¹ The Physical Therapist Professional Profile describes the basic competencies that physical therapists possess after completing their studies. With this they can further develop as a professional.

Specialised physical therapists and physical therapists with special certification also work in the physical therapy field. See [Appendix 1](#) for more information. The competencies of specialised physical therapists and physical therapists with special certification are described in the respective profiles.

Goal of the Professional Profile

The Physical Therapist Professional Profile gives direction to developments in the field and how the profession is practiced. It also offers clarity to patients, physical therapists, other (healthcare) professionals, educational institutions as well as policymakers and researchers.

¹ The profession of physical therapist falls under Article 3 of the Individual Healthcare Professions Act (Wet BIG). The term 'physical therapist' is hence a protected title. See [Appendix 4](#) for more information.

Accreditation organisations use the Physical Therapist Professional Profile as a reference when evaluating the conditions and the actual professional activities. For example, this applies to the Health and Youth Care Inspectorate (IGJ) and the Accreditation Organisation of the Netherlands and Flanders (NVAO). Furthermore, the Professional Profile serves as a basis for the education competency profile of physical therapy education in the Netherlands. The basic principle is that the bachelor's degree offers access to the profession of physical therapist.

Reading guide

The Physical Therapist Professional Profile consists of four modules:

- MODULE 1** A description of the context in which physical therapists work;
- MODULE 2** A description of the physical therapy discipline;
- MODULE 3** A description of the physical therapist's roles;
- MODULE 4** A description of the competencies that physical therapists possess after completing their studies.

Revision process

A Professional Profile is periodically evaluated and revised, where necessary, based on the latest insights and expected developments. The revision process of this Professional Profile lasted from September 2019 through March 2021.

More information about the revision process and the most important changes and additions compared to the previous Physical Therapist Professional Profile (KNGF, 2014) are provided in [Appendix 2](#).



1 The context of physical therapy

Society is changing, healthcare is developing at a rapid pace and at the same time the pressure on healthcare and healthcare costs is increasing. These societal developments (section 1.1) are impacting healthcare as a whole (section 1.2) as well as physical therapy. This chapter describes the most important developments in the context of physical therapy. A text box is provided at the end of each section which depicts the impact of the developments on the physical therapy field and the physical therapist's professional activities.

1.1 Developments in society

Ageing of the population will continue in the Netherlands in the next 20 years. The number of young people is decreasing and both the percentage of elderly people as well as the life expectancy are increasing ('double ageing'). The average life expectancy is expected to increase to 86 by 2040. This will lead to an increased number of vulnerable elderly living independently at home and of the number of single-person households (VTV, 2018). Moreover, the government and society are increasingly appealing to citizens to be self-sufficient.

Changing demand for health care

The Dutch population is increasingly suffering from one or more chronic diseases, such as osteoarthritis, diabetes or dementia. One in two Dutch persons is expected to have one or more chronic diseases by 2025. By 2040 one in three Dutch persons will have two or more chronic diseases, and one in five Dutch persons will even have three or more. There is also an increase of diseases with a relatively large and/or increasing disease burden, such as cardiovascular disease, osteoarthritis and cancer. The experienced disease burden does not appear to be increasing (VTV, 2018). The increase in the number of (chronic) diseases is in part caused by ageing. An unhealthy lifestyle, limited health skills and a low socioeconomic status also play a role.

An unhealthy lifestyle is an important risk factor. It is expected that 62% of adult Dutch persons will be overweight in 2040. At the same time, the number of smokers will likely decrease, and an increase is expected of the (relatively low) percentage of Dutch persons that are getting the recommended amount of exercise. The future trends in lifestyle factors such as alcohol and/or drug use, nutrition and sleep are still unclear (VTV, 2018). Among other things due to an unhealthy lifestyle, inactivity and overweight, healthcare demand will arise across all swaths of society. Children and adults will develop symptoms earlier, injuries will occur more frequently, overall fitness will decrease and chronic diseases will increase.

There is lots of diversity in society, with respect to health, socioeconomic status and health skills, lifestyle and views of healthcare. Health skills also appear to be a central determinant of inequality in health (WHO, 2007). One in three Dutch persons has limited health skills. These people have difficulty obtaining, understanding and/or applying information about health (Nivel, 2016).

The average life expectancy of people with a low versus a high socioeconomic status currently differs by about seven years. The difference in life expectancy expressed in number of years in good health is as high as 18 years (VTV, 2018).

The aforementioned societal developments will give rise to major challenges in the coming years. For example, an increase in more varied healthcare demands for the physical therapist is expected.

Higher expectations on the part of patients

People are increasingly becoming outspoken, want to be thoroughly informed, want to be involved in their treatment decisions and make their own choices in this regard. They are more and more valuing quality of life. Many people are also placing high demands on healthcare; they are increasingly searching for healthcare options and practitioners themselves and have high expectations of the healthcare they receive and the results thereof. On the other hand, there are also increasingly more people who are not sufficiently capable in this changing society of adequately helping to make decisions about their treatment options based on all the available information and possibilities.

Just like healthcare consumption, the wishes, needs and behaviour of patients are more and more being influenced by a number of factors. This concerns increased technical and medical possibilities, the desire to be healthy and keep functioning independently for a long time and society's focus on healthy behaviour. Healthcare within the patient's reach is increasingly aimed at supporting self-management and in the coming years will more frequently stem from outside of regular professional healthcare provision. One example is the use of e-health and mutual aid or informal care (Idenburg, 2010; Taskforce JZ0JP, 2018). The choices and possibilities of patients are in part dependent on their health skills and the control they have over their own lives. It is important for patients to have a realistic expectation of their health and functioning. Self-management skills (the ability to cope with the consequences of a disease or symptom² so that they are optimally integrated in one's life) are a prerequisite for maintaining and/or improving empowerment.

What does this mean for physical therapy?

The effects of changing patients and changing healthcare demands

- Physical therapists make an important contribution to healthcare and a person's optimal functioning in this changing society. The goal of physical therapy is to positively influence daily movement-related (dys)functioning. Movement-related functioning is: getting and maintaining mobility in a way that fits a person's personal life. A further description of the physical therapy discipline is provided in **MODULE 2**.
- People's demand for healthcare and the resulting need for assistance on the part of patients³ will increase. This (increasing) demand for healthcare will primarily come from people with complex needs, in whom various factors interfere and influence their daily movement-related functioning. For example, this concerns vulnerable people, people with various chronic diseases and/or limited health skills, and children with developmental problems in their motor skills.

² Such as symptoms, treatment, physical and social consequences or lifestyle changes.

³ Wherever 'patient' is written, you can also read 'client'.





- > Physical therapists are dealing with an increasing number of patients and with more varied and often long-term healthcare demands in which multiple factors play a role. This is due in part to the ageing population and an increasingly unhealthy lifestyle.
- Physical therapists are responding to the changing demand for healthcare and patients by focusing on functional mobility. Physical therapists also facilitate, encourage and support patients' self-management skills, where possible.
- In healthcare where the patient is the focus, physical therapists work – where necessary – with fellow physical therapists (such as specialised physical therapists and physical therapists with special certification) and other (healthcare) professionals. Physical therapists can obtain advice from specialised physical therapists and physical therapists with special certification. They can also refer patients to them. ●

1.2 Developments in healthcare

The healthcare landscape is also changing

In the coming years, the gap between demand for healthcare and available healthcare will become bigger. More healthcare professionals are needed, and the healthcare costs are continuing to increase. If the healthcare policy doesn't change, healthcare expenditures will increase by an average of 2.9% annually, to a total of EUR 174 billion in 2040. One-third of this increase can be attributed to double ageing and population growth and two-thirds to developments in medical technology and increased prosperity (VTV, 2018). Due to these factors, there is a need to reorganise healthcare.

Healthcare policy focused on health

The healthcare policy is focused on improved health of the Dutch population and better organisation and structuring of healthcare. More and more a differentiation is being made between acute, essential medical care (unplanned care) and care that can be planned. With the latter type, the focus is on the functioning of the individual and promotion of a healthy lifestyle. The healthcare policy is also increasingly focused on the individual and the functioning and behaviour of people in their own living environment⁴. In 2018, the National Prevention Agreement started a movement to make the Netherlands healthier and more vital and to improve the health of people with a low socioeconomic status. As a continuation of this, four Central Missions were defined in 2019, of which health and healthcare is one (Central Missions, 2019). For the future structuring of healthcare, the government operates under the basic principle that people should be able to function independently in their own home environment as well as and as long as possible when ill. This vision is described as 'the right care at the right place' ('juiste zorg op de juiste plek') (Taskforce JZOJP, 2018). This concerns promoting, maintaining and restoring functioning, welfare and wellbeing in the broadest sense of the word, i.e. physically, mentally and socially. Sense of purpose also plays a role.

⁴ The patient's living environment is understood to mean: the home and living conditions, the living environment, socio-cultural circumstances, views and habits and human relationships (including family) that are important to functioning and wellbeing.

A person's ability to function is the focus

The future structure of healthcare is focused on three aspects with JZOJP:

- preventing (more expensive) healthcare;
- moving healthcare closer to people's homes;
- replacing healthcare with other, less expensive and/or better care.

In order to achieve this structure, healthcare professionals and parties in the social domain (such as wellbeing partners in the community) must collaborate closely and coordinate their healthcare with each other. All parties involved must take their social corporate responsibility to ensure healthcare that is and will remain physically, promptly and financially accessible for everyone who needs it (Taskforce JZOJP, 2018).

The focus on illness and healthcare will be shifted to vitality, health and behaviour. Healthcare will be in the service of the functioning, welfare and wellbeing of the individual, with the patient and his/her healthcare needs being the focus. 'Deciding together' is the norm: patients and physical therapists determine together the type of care and/or support that is needed. To this end, patients need to possess sufficient health skills. Promoting these health skills and a clear and accessible communication are essential components of physical therapeutic treatment therefore. The focus on functioning, welfare and wellbeing is aligned with the current vision of health⁵, which prioritises resilience and empowerment on the part of citizens. The basic principle is a holistic perception of mankind, where physical, mental and social functioning constitute a whole (RVG, 2010). Personalised healthcare and shared decision-making are needed in order to achieve the future structure of healthcare. Technology plays an important role in this respect, and inter-professional collaboration is essential.

Personalised healthcare and shared decision-making

The demand for a personal approach and customised healthcare is growing. This is due to the express wishes and higher expectations of patients, the response to specific needs and society's desire to improve the effectiveness of healthcare. A critical reflection of the patient's wishes compared to the possibilities of healthcare is needed. The healthcare provider must possess the knowledge and skills to strike the right balance in terms of the healthcare offered for each individual based on his or her unique characteristics and living environment. A well-informed patient with a healthy, active lifestyle who chooses a healthcare provider himself or herself and is involved in the treatment decision has sufficient empowerment, self-management and health skills. In contrast, there are also patients who are not adequately informed, lack the skills to obtain the right information or make the right choices based on this information. They need additional support for their empowerment, self-management and health skills.

⁵ Definition of health (Huber, 2011): *The ability to adapt and empower yourself in light of life's physical, emotional and social challenges.*



The impact of technological developments on healthcare

Due to developments in healthcare technology and the corresponding application to healthcare, the effectiveness and efficiency of healthcare has advanced. Healthcare technology offers possibilities for more precise and remote measuring and monitoring. For example, through the use of robotics, smartphones and sensors and the use of big data during the decision-making process between healthcare provider and patient. People are increasingly measuring and monitoring their own health behaviour and sharing this information with their (social) environment and/or healthcare providers. This helps them have better control over their own health and lifestyle. The Ministry of Health, Welfare and Sport encourages secure and easy provision of patient data to patients themselves as well as to other healthcare providers in all healthcare sectors, preferably through a personal health environment (PGO). This encourages patient empowerment. To achieve this goal, healthcare providers must record patient data in a uniform and structured manner. In the future, healthcare providers will increasingly employ the same language and technology for exchanging patient data. What's more, it will also be possible to provide healthcare in a different way with the help of healthcare technology. Through video consultations, for example. This will, however, necessitate changes in the roles and working methods of both healthcare providers and patients. Healthcare providers will increasingly have to think, together with their patients, about how healthcare technology can support functioning in daily life. Supporting patients in their environment when making choices to use technology or formulating specific wishes and needs in this respect are new tasks for healthcare providers.

What does this mean for physical therapy?

The effects of healthcare developments on the organisation, structure and provision of physical therapeutic healthcare

- For physical therapists, movement-related (movement-related functioning) functioning and optimisation and promotion of healthy movement-related behaviour is the basic principle. The physical therapist takes into account the individual patient's wishes, needs, capacities and living environment. (See **MODULE 2** for a detailed description of the physical therapy discipline.)
- The physical therapist helps prevent more expensive healthcare. One of the ways this is done is through stepped care: by applying the correct physical therapeutic healthcare at an early stage, more expensive treatment, such as surgery, can be postponed or prevented.
- Physical therapy helps relocate healthcare (e.g. from the secondary care setting to the primary care setting and the patient's own environment, close to home) and replace healthcare. Substitution within physical therapy can take place between healthcare professionals and from the secondary care setting to the primary care setting. Physical therapists may also be able to take over some tasks from other healthcare professionals, such as general practitioners or medical specialists. This has a high value for the cost-effectiveness and efficiency of Dutch healthcare.
- The social visibility and effective contribution of the physical therapist, the importance of physical therapy and its relevance will increase noticeably in the future. This is because the focus in the changing healthcare landscape is on the functioning, welfare and wellbeing of the individual.

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- > Physical therapists support patients with self-management and their ability to maintain control over their own lives (see **MODULE 2**). The physical therapists do this within the patient's living environment and with attention to the patient's health skills (personalised healthcare).
- The demand for meaningful and effective healthcare will increasingly lead to solutions whereby physical therapists present themselves as healthcare supporters. Physical therapists help patients achieve their individual goals in their own living environment through listening, advising and/or counselling and by making decisions together with patients. Physical therapists help and support patients and step back when support is no longer needed. Good communication between patients and physical therapists is essential for this.
- Technological developments in physical therapy, the physical therapist's contribution to (technological) innovations in healthcare and their meaningful application are aligned with the increasing and changing demand for healthcare and vision of healthcare. Physical therapists make healthcare better and/or more effective through meaningful use of healthcare technology (such as e-health and, more specifically, blended care). This can be a supplement to or substitution of physical therapeutic treatment, or concern a different presentation (remote healthcare).
- Healthcare technology can be used if this is aligned with the patient's need for assistance and living environment. It is up to the physical therapist and the patient to make a well-considered choice together as to whether healthcare technology is meaningfully applied and if so, in which form. •

Intraprofessional and interprofessional collaboration with and regarding the patient

Healthcare that focuses on the patient and that takes place in closer proximity to the patient must be provided within and from the individual patient's living environment. The patient's living environment is understood to mean: the patient's home and living environment, socio-cultural circumstances, views and habits and human relationships that are important to the patient's functioning and wellbeing.

Increasing multimorbidity and health problems where multiple factors play a role require both intradisciplinary as well as interdisciplinary coordination and collaboration. In order to bring this about, it's important for (healthcare) professionals to be aware of each other's position, role and (added) value. Locally and regionally organised cooperative structures with a facilitating character arise for patient care. Interprofessional coordination and collaboration is essential for multidisciplinary, high-quality healthcare and support, aimed at promoting the health and healthy behaviour of the patient.

What does this mean for physical therapy?

The impact of healthcare developments on the physical therapist

- Physical therapists must have knowledge of and insight into the specific discipline, range of indications and expertise of specialised physical therapists and physical therapists with special certification. It is based on this knowledge and insight that a physical therapist can assess whether he/she feels competent and qualified to provide an individual patient with physical therapeutic healthcare or whether he/she should refer the patient to a specialised colleague or colleague with special certification.

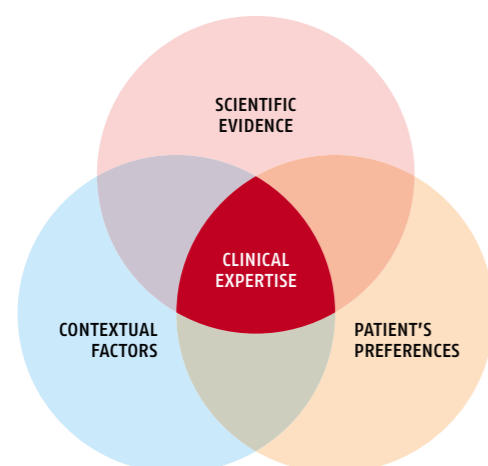


- > In order to provide the patient with the right care, the physical therapist works together with colleague physical therapists (specialists or generalists) and other professionals in the healthcare and/or social domain. The physical therapist consults with these colleagues and/or refers patients to them if this is necessary for the patient and his/her specific need for assistance. In order to do this correctly, the physical therapist should know the specific expertise of these professionals.
- The physical therapist reflects whether he/she is the right professional to provide the patient with the right care at the right time. This requires a self-reflective attitude, certainly given the increasing multimorbidity and health problems where multiple factors play a role (see **MODULE 3**). The physical therapist assesses and indicates which support a patient needs and weighs this against his/her own knowledge and expertise. Based on this, the physical therapist decides whether he/she feels competent and qualified to offer the respective patient physical therapeutic healthcare.
- In order to bring about the right care for the patient, the physical therapist's unique contribution to healthcare must be clear and visible. Recognition of the physical therapist's expertise in the area of movement-related functioning makes the physical therapist a respected collaborator. Forms of collaboration are a means here, and not a goal in and of itself. ●

Growing need for substantiation and transparency of healthcare quality

Healthcare quality is determined by safety, timeliness, efficiency, effectiveness, accessibility and patient centricity (Richardson, 2001). The substantiation and transparency of healthcare quality and the (perceived) value are becoming increasingly important for the resulting justification and funding of healthcare. The importance of evidence-based practice (EBP) is being acknowledged more and more when substantiating healthcare quality (see Figure 1). In evidence-based practice, a balance between scientific evidence, the context (patient, therapist and environment) and patient's preferences comprise the clinical expertise (Sackett, 1995; Sackett, 2000; Greenhalgh et al., 2014; Haynes et al., 2002). Scientific evidence serves as the basic principle. Other important factors in the consideration are (practical) applicability and cost-effectiveness (Satterfield, 2009) and the

Figure 1 Principles of evidence-based practice



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context of both the patient, physical therapist and environment (RVS [Council of Public Health & Society], 2017). More and more research is being done in healthcare on non-drug and conservative treatments. More room is also being made for other research methods, such as practice-oriented and qualitative research, which are better aligned with the wider health perspective.

The way in which patients experience and attribute the value of healthcare is changing towards a greater focus on the contribution of healthcare to welfare and wellbeing and hence the quality of life. Many patients also wish to have more insight into and control over their healthcare processes. For good healthcare quality and optimal interprofessional collaboration, it is important for healthcare professionals to be transparent about their specific expertise and knowledge. This applies both to (specialised) physical therapists amongst each other as well as to other healthcare and wellness professionals. It is a precondition for them to have knowledge of and insight into each other value, relevance and contribution to healthcare, both in terms of content as well as the result thereof. Accountability is needed in order to make healthcare quality transparent and to guarantee it. The functions of accountability are extensive. They vary from control of compliance with norms and rules, strengthening of one's own position to support with learning, development and improvement. Instead of imposed accountability by health insurance companies, for example, the starting point in the future will increasingly have to be with those who are held accountable. So with the healthcare providers themselves instead of with those asking for accountability (RVS, 2019).

What does this mean for physical therapy?

The effects of a growing need for substantiation

- Physical therapeutic advice, support and treatment are based on evidence and experience, as well as on the patient's individual living environment. There is room for diversity and personalisation, however. The basic principle is that every patient is unique with his/her own wishes, needs and capabilities (within their own living environment) and requires a personalised approach. This concerns a learning practice for both the physical therapist and the patient, where new evidence is generated and clinical expertise is accumulated in order to help the patient.
- Based on knowledge, expertise, clinical reasoning, standards and guidelines, the physical therapist makes decisions, together with the patient, about health and treatment. The physical therapist applies personalised care whenever possible, so that this aligns optimally with the patient's objectives and individual characteristics.
- The field of physical therapy has developed a solid scientific foundation, in which practice-oriented research is also being increasingly conducted. It is important for the accumulated research knowledge to be translated into physical therapeutic practice, so that it can be applied.

The effects of a growing need for transparency and sustainability

- A good balance between quality, transparency and accountability is also aimed for in physical therapy. The KNGF promotes this by developing and implementing professional and quality standards, contributing to scientific research and facilitating and encouraging professional >

- > development. The KNGF's Scientific College of Physical Therapy (Wetenschappelijk College Fysiotherapie – WCF) encourages and initiates scientific research in physical therapy with the Physical Therapy Research Agenda 'Knowledge of Value'⁶.
- The aim is for the profession itself to determine how to give shape to this accountability. To this end, it helps to clearly frame physical therapy discipline (see **MODULE 2**) and the roles of physical therapists (see **MODULE 3**).
- For the future viability of physical therapy, society and the healthcare landscape must be clear on what the discipline of physical therapy (see **MODULE 2**) stands for and when it can be effectively and efficiently employed. This is the responsibility of the profession as a collective. •

Healthcare system, market forces and financing

The Dutch healthcare system is based on a number of principles: there must be good healthcare with accountable quality, affordable healthcare and availability of healthcare for everyone. There have been regulated market forces in healthcare since 2006. The government's goal was to create a better system of healthcare that would promote increased efficiency and result in healthcare of better quality, accessibility and transparency. With regulated market forces there is a triangular relationship between the patient, healthcare provider and health insurance company. Above this triangle is the government, which assigned the implementation of the basic healthcare insurance to health insurance companies through the Healthcare Insurance Act (Zorgverzekeringswet). Concluding basic healthcare insurance is mandatory for everyone. The care that is reimbursed in the basic healthcare insurance is the same for everyone. In addition, people can choose for supplemental insurance, which can vary from health insurance company to health insurance company. In the primary care setting, about one-third of physical therapeutic healthcare is reimbursed in the basic healthcare insurance. For the remaining physical therapy, patients must have supplemental insurance or pay for the costs out of pocket. The costs can also be financed by municipalities and separate reimbursement rules at institutions in the secondary and tertiary care setting. [Appendix 4](#) has more information about healthcare financing.

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⁶ www.kngf.nl/binaries/content/assets/kngf/onbeveiligd/vakgebied/vakinhoud/onderzoek-wetenschap/onderzoeksagendafysiotherapie_kennisvanwaardedigitaal.pdf



2 The physical therapy discipline

Changes and developments around us impact the physical therapy discipline. Physical therapy is also changing, within the possibilities of the discipline. This chapter describes the physical therapy discipline and its professional activities.

Physical therapy

People need to be mobile in order to live. The physical therapist comes into play when mobility is no longer a given: in the face of imminent or existing health problems related to movement-related functioning. Physical therapy helps patients obtain and maintain mobility in a way that is aligned with their goals for their personal lives. This takes place in direct interaction and consultation with the patient and his/her living environment and taking into account possible other issues in the patient's life.

Physical therapy is hence a specialised profession for movement-related functioning as an area of expertise and offers customised support for promoting, regaining, maintaining and/or optimising movement-related functioning. The physical therapist considers the needs, capabilities and health behaviour of the patient as a unique human being in his/her own living environment.

Physical therapists support patients, young and old, with their movement-related functioning. This Professional Profile uses the phrase '*the patient and/or his/her loved one(s)*'. The term loved one(s) means: relatives, partners, family members, informal caregivers and other people who are important for the patient in assisting the patient with his/her daily life. If relevant and appropriate, the physical therapist involves the patient's loved one(s) in the physical therapeutic treatment process. This may concern, for example, patients with cognitive impairments and patients with diminished decision-making capacity.

The core of physical therapy

The physical therapist considers the entire person in his/her living environment and acts in accordance with the principles of the biopsychosocial model and the International Classification of Functioning, Disability and Health (ICF) model. The physical therapist employs an approach focused on the body, movement and the person. In doing so, he/she can choose, in a targeted and responsible manner, to apply a variety of actions and interventions within the International Classification of Functioning, Disability and Health (ICF) domains: participation, activities, functioning, personal factors, environmental factors and the health situation. These domains interfere with each other and are therefore not separate entities.

Physical therapy activities are based on alpha and gamma sciences, related to movement-related functioning. This includes at least the application of knowledge about functional anatomy, exercise physiology, pathophysiology, neurology, immunology, pharmacology, kinematics, psychology, general health science and influencing behaviour in relation to movement-related functioning. The physical therapist focuses on the examination and treatment of people with a condition or functional impairment for whom movement in daily life / in their own living environment is not (or no longer) a given or is threatening to become such (permanently or temporarily).



Indication for physical therapy

Physical therapeutic care and support are indicated for problems related to movement-related functioning, within the individual patient's specific living environment. In order to respond to the problem, the physical therapist encourages, supports, promotes and/or restores movement-related functioning. He/she also supports the patient's self-management with respect to movement-related functioning, as a condition of maintaining and improving the patient's control of his/her own life, including a healthy lifestyle. This means that whether or not physical therapeutic healthcare is indicated or the problem can be (co-)treated by another (healthcare) professional differs per patient. This might entail another therapist or a regular or target-group-oriented exercise or sports regimen in the social domain.

When a patient experiences decreased or no impairments in movement-related functioning and participation in daily life, the treatment goals are considered to have been generally achieved. Also when the patient is sufficiently able to maintain or further improve his/her movement-related functioning himself or herself (so that the treatment goals can be achieved independently moving forward), physical therapeutic healthcare is generally no longer indicated. Of course, this can differ per patient, depending on his/her wishes, needs, capabilities and circumstances. It's up to the physical therapist to conclude agreements, together with the patient and/or his/her loved one(s), and continually review these. Good communication skills and interprofessional collaboration are important preconditions for this.

2.1 Basic principles of physical therapy activities

Physical therapeutic healthcare is aimed at enabling people to maintain or recover control over their movement-related functioning independently and as best as possible in their own living environment. A physical therapist works in a manner that focuses on the body, mobility and the person: with head, heart and hands. With the head, this takes place based on structured and methodical clinical reasoning. With the heart, this is based on the intrinsic motivation to be significant for the patient through a person-oriented approach, in his/her own living environment. And with the hands, the basis is a body- and movement-related approach which can consist of a hands-on or hands-off approach or a combination of both.

Reasoning based on the biopsychosocial model

The physical therapist thinks and acts based on a biopsychosocial health picture, whereby all three dimensions (biological, psychological and social) can have an equally large impact on health. For each dimension, (health) determinants can be identified that – depending on the health problem – can play a more or less dominant role. These (health) determinants can concern one or (a combination of) multiple factors: participation, activities, functioning, personal factors, environmental factors and the health situation. Based on this health picture, the physical therapist has the option of implementing various health tools in professional practice.

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The patient's movement-related functioning in his/her own living environment is the priority

For physical therapists, (dys)movement-related (dys)functioning and supporting healthy movement-related behaviour is the basic principle. Physical therapists see functioning as a condition for being able to participate in society while maintaining empowerment. Physical therapists take into account personal factors, the living environment, health skills and self-management and the individual patient's wishes and needs.

Physical therapists support patients based on the biopsychosocial perspective and course of action with respect to accepting, learning, relearning, improving and optimising both movement-related functioning and the associated required health knowledge and skills. Physical therapists coach patients in self-management and support their ability to maintain control over their own lives. Physical therapists do this in collaboration with the patients, taking into consideration their living environment, health skills and sustainable behavioural change. Where useful, technology is employed to monitor or support patients.

Physical therapists help patients achieve their individual goals in their own living environment. They do this through listening, advising and/or counselling and by making decisions together with patients. That's why physical therapeutic healthcare takes place in direct interaction and consultation with patients (shared decision-making). Physical therapists help and support patients and step back when this task has been successfully completed. In order to offer the right care, physical therapists consult with fellow physical therapists or other (healthcare) professionals if the patient and his/her specific need for assistance require this.

Act according to the principles of evidence-based practice

Evidence-based practice in physical therapy activities is the weighing of scientific evidence and the context⁷ and preferences and beliefs of the patient. This weighing makes up the clinical expertise. Physical therapy activities take place in the overlap between these three components (see Figure 1). Both the generation of new evidence as well as the accumulation of clinical expertise are important. This requires a critical reflective ability on the part of the physical therapist, both based on scientific evidence as well as on the patient's specific living environment. If scientific evidence is lacking or the effectiveness thereof cannot yet be sufficiently scientifically substantiated, but the intervention does add value in practice, an underlying Western theoretic rationale is important (Hallegraeff, Odenthal, 2016). The mechanisms through which the effectiveness of the intervention can be surmised must in any case align with the evidence-based ideas on which the core of physical therapy is based. In addition, the intervention must be applied in a useful way and fit with the patient's living environment.

⁷ Some examples of the patient's context as an individual are: needs, capabilities, skills and specific need for assistance. Some examples of the physical therapist's context are: specific knowledge and skills and experience. Some examples of the context of the environment are: the social environment and home situation.



Acting in accordance with legal frameworks and professional and quality standards

The title 'physical therapist' is a protected professional title and falls under the Individual Healthcare Professions Act (Wet BIG). Physical therapists act in line with pertinent laws and regulations and norms and standards, including professional and quality standards. Every physical therapist works within the framework of laws and regulations, such as the Individual Healthcare Professions Act (Wet op Beroepen in de Individuele Gezondheidszorg), the Medical Treatment Contracts Act (Wet op de Geneeskundige Behandelingsovereenkomst – WGB0), the Healthcare Insurance Act (Zorgverzekeringswet – Zvw), the disciplinary law and the General Data Protection Act (Algemene Verordening Gegevensbescherming – AVG). An overview of the legal framework and applicable laws and regulations for physical therapists is provided in [Appendix 4](#). Physical therapists support and coach patients conscientiously and judiciously, in line with existing professional standard, such as the KNGF Code of Conduct for Physical Therapists⁸, and quality standards such as guidelines⁹. The KNGF Code of Conduct for Physical Therapists is a guideline for professional physical therapy activities. It provides physical therapists with tools for considering how best to offer good care in a specific situation, at that moment and in those circumstances (Code of Conduct, 2020). These tools concern professional activities, the relationship between the physical therapist and the patient, communication, operating a practice and scientific research.

Physical therapists are aware of these professional ethics and also have knowledge of the inextricably associated legal framework of the profession (see [Appendix 4](#)). Based on these professional ethics, physical therapists continually and critically reflect on the existing norms and values of the healthcare system and Dutch society, which is characterised by ethnic, religious and spiritual, cultural and sexual diversity, and diversity of the generations. Physical therapists are also able to engage in critical reflection of the norms and values of the individual patient and/or his/her loved one(s).

Professional ethics

The contextual frame in which the profession must give shape to its social responsibility is the public healthcare system, which structures healthcare in order to keep it affordable and accessible. Through this, the physical therapist may face moral dilemmas at the macro, meso and micro level, both as a healthcare professional and as a person. Ethics are a manner of viewing physical therapy activities, the associated values and the norms resulting from these values (Engberts, 2017). Professional ethics are a reflection of the commonly accepted entirety of values and norms. These professional ethics are primarily a concern of and for physical therapists (ten Have, 2020). Ethical reflection is an essential component of the physical therapist's professional activities. The question a physical therapist continually asks is: What is good care for this patient in this situation? Ethical reflection is part of professional practices because the profession is morally charged. The physical therapist is a professional if he/she makes a well-considered choice for good care for the specific patient, hence knowing how to make a difference for individual patients (van Dartel, 2013).

⁸ For the KNGF Code of Conduct for Physical Therapists, go to www.kngf.nl/kennisplatform/richtlijnen/beroepscode-voor-de-fysiotherapeut

⁹ For the quality standards for physical therapists, go to www.kngf.nl/kennisplatform

Based on these professional ethics, the physical therapist is able to always critically reflect on the existing norms and values of Dutch society with its ethnic, religious and spiritual, cultural and sexual diversity, and diversity of the generations (public morality).

Caring can be viewed as a moral action and be described as: 'A human activity that comprises everything we do in order to maintain, continue and restore our "world" so that we can live in it as best possible. This world comprises our bodies, ourselves and our environment, which we try to weave together into a complex, life-supporting web.' The process of caring requires moral qualities: attentiveness, responsibility, competence and responsiveness (Tronto, 1993).

In addition to these moral qualities, a physical therapist needs to have an adequate professional attitude (a certain mindset or basic demeanour) in order to care for his/her patient. This professional attitude comprises a respectful approach, a willingness to provide information and build and maintain a relationship based on trust, and a willingness to collaborate and be held accountable (Boiten, 2019).

The existence of professional ethics is a motive for establishing a code of conduct that specifies, based on guiding norms (rules of conduct), what professional practices entail. The KNGF Code of Conduct for Physical Therapists¹⁰ is not an externally imposed document. It was written by physical therapists themselves resulting from reflection on daily practices (Engberts, 2017). The Code of Conduct provides a guideline for the physical therapist's professional practices as well as tools for making informed decisions for offering good care in a specific situation, at that moment and in those circumstances. The Code of Conduct entails a collection of rules that relate the entirety of professional values and norms to "being a good professional" and "good care". The rules are sub-divided into general professional activities, the relationship between the physical therapist and patient, the communication with colleagues and other health professionals, operating a practice and scientific research. The Code of Conduct was written by the KNGF Ethics Committee, in compliance with current laws and regulations, applicable KNGF documents and opinions from the professional field.

2.2 Elements within physical therapy activities

Clinical reasoning and a methodical approach are essential elements in the physical therapist's activities and offering patient-centric physical therapy and support.

Clinical reasoning

Clinical reasoning is the process of collecting, analysing and interpreting data in order to understand a health problem and formulate a treatment plan. Clinical reasoning is highly dependent on living environment and culture. Physical therapeutic clinical reasoning takes place based on the biopsychosocial perspective and with the aid of the ICF model. Clinical reasoning is not only a consciously cognitive process. Nevertheless, it is important to make it explicit (deliberate, easily explainable, reproducible) with an approach focused on the person, body and environment (Huhn et al., 2018).

¹⁰ See www.kngf.nl/kennisplatform/richtlijnen/beroepscode-voor-de-fysiotherapeut and https://youtu.be/V_957ACx8CQ



Methodical approach

The physical therapist uses a systematic, goal-oriented and process-based approach. 'Systematic' means that actions are characterised by predetermined, recognisable, cohesive and logical, explainable planning, execution and file-keeping.¹¹ 'Goal-oriented' means that actions are aimed at achieving a clear and specific goal that is determined in advance together with the patient (and/or his/her loved one[s]). 'Process-based approach' means that all aspects of the actions are connected and continually mutually influence each other. This is possible by continually monitoring and adjusting the actions through substantiation and in consultation with the patient.

Patient-centric care aimed at self-management

The patient and his/her specific need for assistance in his/her own living environment is the focus of physical therapy activities. Together with the patient, the physical therapist determines the treatment goals that are aligned with the patient's need for assistance, capabilities and skills, such as self-management¹² and health skills. The physical therapist provides support for self-management, so that the patient obtains and experiences as much control over his/her life as possible.

2.3 Phases of physical therapy activities

Physical therapy activities consist of intake, examination and treatment. The intake includes screening and taking a medical history. Physical therapeutic examination includes physical examination and diagnostic procedures, with the physical therapist using suitable clinimetrics (measurement instruments), if needed. All of this results in a physical therapeutic diagnosis. Physical therapeutic treatment consists of therapeutic procedures and evaluation. The basic principle of the physical therapeutic clinical reasoning described above is that movement-related dysfunctioning is at the core of the patient's health problem. A health problem exists when the patient is unable to move as he/she would like or as his/her living environment requires. Part of the health problem is that the patient cannot (adequately) perform certain actions because he/she is hindered by impairments in participation, activities and/or functioning and/or by personal and/or environmental factors. The interplay of these factors impacts the patient's health status. The association thereof is assessed using the ICF model. Whether and to what extent these factors impact the health status (and its course) must be evaluated and determined, where possible, by the physical therapist. After taking a medical history, the physical therapist expresses his/her opinion of whether and to what extent all relevant factors are impacting the patient's health status.

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¹¹ For the KNGF Guideline on Physical therapeutic File-Keeping, go to www.kngf.nl/kennisplatform/richtlijnen/fysiotherapeutische-dossiervoering-2019

¹² Self-management is the individual ability to properly cope with the consequences of a disease or condition (such as symptoms, treatment, physical and social consequences and lifestyle changes) as a condition for maintaining and/or improving control over one's life.

The physical therapist then measures all relevant factors, where possible (through taking an additional medical history, clinimetrics, physical examination), and assesses their value in collaboration with the patient.

- 1 The determined values are / are not relevant to the patient's health status;
- 2 The degree to which each (relevant) factor impacts the health status.

The factors are also related to living environment and personal factors. The physical therapist uses this to evaluate the connection of all the factors pertaining to the patient's health condition and their significance for the patient's health (the physical therapeutic diagnosis). Then the physical therapist assesses (and determines, where possible), in collaboration with the patient, which factors can be influenced by physical therapeutic interventions and what the consequences of this are for the patient's health status and course.

Screening

Screening is a process whereby the physical therapist obtains insight into the patient's symptoms and need for assistance and decides whether further physical therapeutic examination is indicated (KNGF Guideline on Physical Therapeutic File-Keeping, 2019). During screening the physical therapist determines (using targeted questions in the medical history taking or diagnostic procedures) in a limited amount of time whether or not there is a recognisable pattern of characteristic signs and/or symptoms ('OK' or 'not OK') that fall within the discipline of physical therapy and the competencies of the individual physical therapist. In addition, the physical therapist determines during the screening process whether there is an indication for physical therapy through a targeted medical history taking and possibly additional diagnostic procedures.

Direct access to physical therapy and screening

The Direct Access to Physical Therapy (DTF) has been in place since 2006. With this, patients legally have the option of consulting a physical therapist without a referral from a doctor. When a patient registers through DTF, the physical therapist always conducts a screening.

Diagnostics

During the diagnostic process, the physical therapist assesses and analyses the patient's symptoms, impairments to movement-related functioning and specific need for assistance. In doing so, the physical therapist uses physical examination and diagnostic procedures. Where possible and relevant for clinical reasoning, the physical therapist can employ clinimetrics in the examination. Based on the medical history taking and the physical examination, the physical therapist makes a physical therapeutic diagnosis. The treatment plan is also determined. The physical therapist does this together with the patient based on the patient's need for assistance, wishes and capabilities and his/her environment. The treatment plan can include treatable quantities and determinants belonging to the three domains of the biopsychosocial model and the ICF model¹³, in terms of (impairments in) activities, participation and/or function, personal factors and/or environmental factors.

¹³ ICF: International Classification of Functioning, Disability and Health (WHO)



Treatment

Based on the treatment plan and the treatment goals that the physical therapist has defined together with the patient, he/she applies physical therapeutic procedures in order to achieve these goals. Physical therapeutic procedures can be body-oriented, movement-related and movement-related behaviour interventions. Characteristic condition-creating, body-oriented interventions are manual techniques (such as joint mobilising techniques), physical techniques and massage techniques. Characteristic movement-related interventions are exercise therapy and education. Characteristic movement-related behaviour interventions are coaching and advice for movement-related functioning. During the treatment, treatment goals are evaluated and adjusted if there is a need for this. Based on the evaluation, the physical therapist determines, in collaboration with the patient, whether the treatment goals have been (sufficiently) met.

Physical therapeutic file-keeping

According to the Medical Treatment Contracts Act (WGB0; Article 454), the healthcare provider – in this case the physical therapist – is responsible for creating a file that contains data about the patient's health, the interventions performed and other information required for proper care. For optimal healthcare and data transfer, it is important for these data to be systematically recorded. See the KNGF Guideline on Physical Therapeutic File-Keeping¹⁴ for file-keeping recommendations.

2.4 A healthy lifestyle and prevention

The physical therapist integrates aspects of a healthy lifestyle into physical therapy activities, for example through patient education and by facilitating behavioural change. The physical therapist can also play a role in prevention. For example, for preventing worsening of a condition or symptom, preventing surgical complications (through pre- and post-operative physical therapy) or education about lifestyle for people with chronic diseases, such as cardiovascular disease.

Promoting a healthy lifestyle

Promoting a healthy lifestyle is one of the most common basic principles of prevention. Lifestyle is often described based on the ESANRS factors: Exercise, Smoking, Alcohol, Nutrition, Relaxation and Substance use. The basic principle is that the physical therapist is in the picture when it comes to lifestyle changes, where there are impairments in movement-related functioning in one or multiple ICF domain(s). The physical therapist is an expert in movement-related (dys)functioning and promotion of healthy movement-related behaviour. He/she has specific knowledge and expertise in the area of movement-related functioning, one of the ESANRS factors. The physical therapist integrates the importance of a healthy lifestyle into physical therapy activities, for example through coaching on healthy movement-related behaviour and education aimed at other lifestyle factors.

¹⁴ See the KNGF Guideline on Physical Therapeutic File-keeping 2019 at www.kngf.nl/kennisplatform/richtlijnen/fysiotherapeutische-dossiervoering-2019

In addition, the physical therapist has limited knowledge of related lifestyle factors that may impact movement-related functioning and activities and participation in the patient's daily life. This includes the impact of smoking, alcohol, nutrition and substance use, stress responses and relaxation on health. The physical therapist is critical and reflective of his/her own behaviour, actions and professional competence. By being aware of the related lifestyle factors, he/she knows when specific expertise is desired in one of these areas and referral or collaboration is required. Proper coordination and collaboration with other disciplines is essential, both within the healthcare domain and with the social domain.

Prevention

Promoting a healthy lifestyle with healthy movement-related behaviour is a preventive intervention that is greatly encouraged. Together with other disciplines (from healthcare or wellbeing, for example), physical therapists proactively work on prevention and health promotion. Prevention is aimed at specific target groups that need support. Here a differentiation is often made based on the disease stage: from the healthy population (universal and selective prevention) to people with an illness or condition (indicated or healthcare-related prevention). Table 1 shows the goals of prevention and the role of physical therapy for specific target groups.

Table 1 Goals of prevention and the role of physical therapy

Target group	Prevention goal	Physical therapy role	Type of prevention
Healthy population	Preventing illnesses or conditions	Not a physical therapy discipline	Universal prevention
Population groups with an increased risk of a disease or condition	Preventing actually becoming ill	Not a physical therapy discipline. The physical therapist can play a guiding role	Selective prevention
People with initial symptoms	Preventing initial symptoms from worsening into a disorder	Physical therapy discipline	Indicated prevention
People with an illness/condition	Preventing complications, impairments, relapses, decreased quality of life, death	Physical therapy discipline	Healthcare-related prevention

Indicated prevention and healthcare-related prevention belong to the discipline of physical therapy. With selective prevention, the physical therapist has a more guiding and advising role, for example with respect to referrals and triage. The physical therapist shares knowledge, experience and insights about movement-related functioning in order to prevent people at risk of a condition from actually developing it. The physical therapist is an expert in this and is unique in this expertise.

Universal prevention for promoting health in the private or social domain is not considered part of the physical therapy discipline. Physical therapists are experts in this but are not unique in this expertise. Of course, physical therapists can be actively involved in this domain, based on their own specific expertise, and offer products and/or services outside the physical therapeutic discipline. One example is offering exercise activities for 'healthy' people (without a need for assistance in the area of movement-related functioning). Participants can themselves choose whether to pursue these exercise activities with a physical therapist or with another provider. In this case, the physical therapist plays an additional role that is outside the scope of the discipline. When it comes to prevention, the boundaries of the discipline cannot be completely defined. There is a grey area. Various factors determine whether prevention does or doesn't fit within the discipline of physical therapy. It then concerns, for example, the number of factors that determine the patient's health status and the extent of the interaction between these factors, the medical status or medical history, the need for assistance, the setting and the living environment of the patient. What is important here is the question of whether the physical therapist's expertise in movement-related functioning is unique or whether other disciplines also have sufficient expertise.



3 Roles of the physical therapist

The developments in healthcare, physical therapeutic healthcare and the physical therapist's profession have been described in **MODULE 1** and **MODULE 2**. These developments have consequences for performing the care, the task areas and the associated roles of the physical therapist.

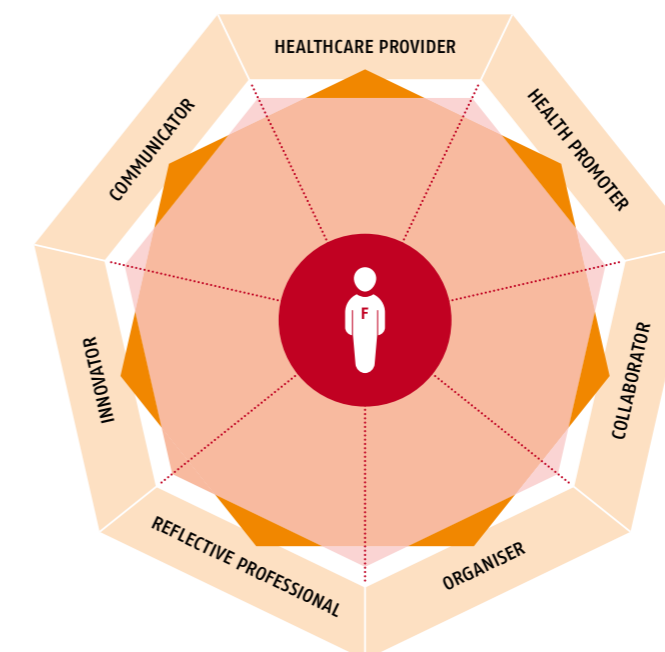
Roles

In this Professional Profile, the physical therapist's professional activities are described based on seven roles. These roles are derived from the Canadian Medical Education Directives for Specialists (CanMEDS) 2015 model. More information about CanMEDS is available in [Appendix 5](#). Within this model, working as a physical therapist is the focus and multiple roles will always be simultaneously employed – to a varying extent.

Each role is comprised of a number of competencies. These competencies can then be divided into the connected building blocks of 'knowledge', 'skills' and 'attitude'. Each physical therapist must master all the competencies belonging to the roles such that it is possible to execute the roles in professional practice. In doing so, the physical therapist must also be able to assume these roles in various combinations in line with the practical situation.

The following roles are differentiated: 1) Healthcare provider, 2) Health promoter, 3) Collaborator, 4) Organiser, 5) Reflective professional, 6) Innovator and 7) Communicator.

Figure 2 Roles of the physical therapist



MODULE 4 further elaborates the seven roles of the physical therapist, including the associated competencies. The competencies are described at the level that the physical therapist satisfies immediately after finishing his/her studies. The competencies of specialised physical therapists and physical therapists with special certification are described in the associated professional profiles.

Special position for the role of communicator

It is impossible not to communicate. That's why the role of communicator deserves special attention, because this role is present in every professional situation. The associated competencies are necessary in order to make other roles visible and executable.

Changes compared to the previous Professional Profile (KNGF, 2014)

As described in the previous sections, the description of the physical therapist's aptitude in this Professional Profile is made up of roles and the associated competencies. The previous Physical Therapist Professional Profile (KNGF, 2014) mentions separate competency areas within physical therapy activities. The table below shows how the competency areas from the 2014 Professional Profile compare to the physical therapist's roles in the current Professional Profile.

Table 2 Competency areas (2014) versus Physical therapist roles (2021)

Competency areas (2014)	Physical therapist roles (2021)
Physical therapy activities	Healthcare provider
Acting in the interest of society	Health promoter
Collaborating	Collaborator
Organizing	Organiser
Professional practices	Reflective professional
Knowledge sharing and scientific research	Innovator
Communicating	Communicator



4 The physical therapist's competencies

In order to practice the profession of physical therapist, the physical therapist must possess various competencies. These are essential for fulfilling the roles within the physical therapist's specified task areas.

This module describes the individual roles along with the associated competencies. In practice, the roles overlap and the physical therapist fulfils these simultaneously. The competencies are formulated in verbs as terms of behaviour. The (descriptions of) competencies are in actuality (observable) behaviour in professional situations.

Competencies

The Physical Therapist Professional Profile describes the basis of the physical therapist as characteristics with which he/she complies after finishing his/her studies. Hence, it's not the endpoint but rather the starting point of the physical therapist's competency that is depicted. That's why the competencies are described at level 6 of the European Qualifications Framework (EQF level 6). The competencies concern the discipline of physical therapy as described in **MODULE 2**. The competencies per role are described on the following pages. More information about EQF-6 is provided in [Appendix 6](#).

Every physical therapist is able to independently perform the roles based on the described competencies. For each role the physical therapist is responsible for his/her own work and must act in line with pertinent laws and regulations and professional and quality standards. The physical therapist has a shared responsibility in processes in which he/she collaborates with multiple (healthcare) professionals.

Professional development

After their initial education, each physical therapist develops in his or her own way. Based on passion, personal interest, expertise, developments in society and in healthcare and/or experience, each physical therapist determines his/her own professional development route. Hence, each physical therapist develops competencies within the various roles during his/her professional career. The types of professional development are diverse. For example, physical therapists can choose to pursue degree programmes, courses, workshops, lectures, blended and/or e-learning (organised learning activities). They can also further develop during the work itself by learning from others, such as through reflection, (interview) discussions, (collegial) consultation, coaching and feedback. The KNGF Professional Column has more information about professional development in physical therapy.

The specific areas of expertise and competencies of specialised physical therapists, physical therapists with special certification and physical therapists working in a specific setting or with a specific target group are described in the associated professional profiles.



Healthcare provider

As a healthcare provider, the physical therapist provides patient-centric healthcare to patients with a need for assistance related to impairments experienced in movement-related functioning. After assessing whether there is an indication for physical therapy, the physical therapist provides care through guidance, coaching and/or treatment. Physical therapeutic healthcare is based on clinical reasoning and shared decision-making. Clinical expertise, scientific evidence, contextual factors and the preferences of the patient and/or his/her loved one(s) are considered (evidence-based practice). The physical therapist supports the patient's self-management while taking into account the patient's living environment.

The competencies of the physical therapist as a healthcare provider

- The physical therapist conducts screening (with the help of red flags, a targeted [hetero] medical history taking, if necessary supplemented by physical examination) to decide whether the patient's need for assistance is within the scope of the physical therapy discipline and whether there is an indication for physical therapy.
- Using a targeted (hetero) medical history taking and physical examination, the physical therapist assesses and analyses the patient's need for assistance in order to make a physical therapeutic diagnosis.
- Based on an assessment comprised of scientific evidence, clinical expertise, contextual factors and the preferences of the patient (and/or his/her loved one[s]), the physical therapist formulates a treatment plan with the aim of responding to the patient's need for assistance, promoting movement-related functioning and supporting the patient's self-management, where necessary.
- In consultation with the patient, the physical therapist implements the treatment plan, with the goal of responding to the patient's need for assistance and promoting the patient's movement-related functioning and self-management.
- The physical therapist guides and coaches the patient (and/or his/her loved one[s]), geared to the patient's living environment, with the goal of promoting the patient's movement-related functioning and self-management.
- The physical therapist records, reviews and evaluates the treatment results with the help of relevant clinimetrics and the patient's experiences and, if appropriate, adjusts the treatment plan in consultation with the patient in order to respond to the patient's need for assistance.
- The physical therapist provides clear and complete file-keeping in an appropriate manner in order to guarantee the continuity of the treatment and data transfer to the patient and other healthcare professionals.
- The physical therapist builds a constructive and respectful treatment relationship based on trust with the patient (and/or his/her loved one[s]) for effective provision of physical therapeutic healthcare while taking into account the patient's privacy. ●

MODULE 1

MODULE 2

MODULE 3

MODULE 4

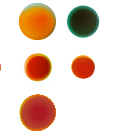


Health promoter

As a health promoter, the physical therapist identifies, recognises and analyses lifestyle factors within the framework of indicated and healthcare-related prevention. The physical therapist offers self-management support in his/her coaching role, aimed at permanent lifestyle improvement in the patient's living environment. The primary focus is on movement-related functioning related to the patient's living environment.

The competencies of the physical therapist as a healthcare promoter

- Using a targeted medical history taking – if necessary supplemented by clinimetrics – the physical therapist identifies and assesses the patient's lifestyle factors and his/her living environment in order to decide whether there is an indication for self-management support aimed at permanent lifestyle improvement.
- The physical therapist assesses and analyses lifestyle factors that can be influenced, with the goal of encouraging healthy (exercise) behaviour with techniques for behavioural change and self-management support.
- Geared towards and in consultation with the patient and any collaborators, the physical therapist determines which type of self-management support is appropriate and drafts an action plan for promoting permanent lifestyle improvement.
- The physical therapist counsels and coaches the patient and/or his/her loved one(s), taking into account his/her capabilities and living environment, with the goal of supporting self-management aimed at permanent lifestyle improvement.
- With the help of relevant clinimetrics and the experiences of the patient and/or his/her loved one(s), the physical therapist records, reviews and evaluates the results of the lifestyle improvement based on relevant lifestyle factors and, if appropriate, adjusts the type of support in consultation with the patient and/or his/her loved one(s).
- The physical therapist builds a constructive relationship based on trust with the patient and/or his/her loved one(s) for effective self-management support related to a permanent lifestyle improvement. ●



Collaborator

As a collaborator, the physical therapist initiates intra- and interprofessional cooperation. He/she works together with fellow physical therapists and other (healthcare) professionals (collaborators) in order to organise and offer the right care for patients, thereby helping to support and improve patients' health.

The physical therapist informs patients and collaborators about the physical therapy discipline. He/she is aware of the discipline and the expertise of collaborators and refers patients to them, if necessary.

With this the physical therapist contributes to organising the right care for the patient and the social positioning of the physical therapy discipline, both at the local, regional and national level.

The competencies of the physical therapist as a collaborator

- The physical therapist works proactively together with collaborators while keeping in mind mutual relationships with the goal of offering good, interprofessional care.
- The physical therapist delves into the expertise and the discipline of (potential) collaborators and the organisation of healthcare (local, regional and/or national) and is open to collaboration, with the goal of adequately and proactively approaching potential collaborators and involving them in patient support.
- The physical therapist informs patients, collaborators and other (healthcare) professionals about the relevance of the physical therapy discipline and his/her own expertise in providing and promoting health, with the goal of establishing enduring cooperation in order to organise the right care for the patient.
- The physical therapist follows developments in society and in healthcare that (could potentially) impact physical therapy in order to contribute to a future-proof social position of the field and represent the field in cooperative structures and in society.
- The physical therapist builds a constructive relationship with collaborators so as to establish effective and enduring cooperation. ●

MODULE 1

MODULE 2

MODULE 3

MODULE 4

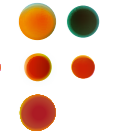


Organiser

As an organiser, the physical therapist coordinates, organises and records his/her own work activities and healthcare provided to patients. He/she does this within physical therapy and externally with collaborators so as to guarantee the continuity of the healthcare. The physical therapist transfers information to collaborators such as fellow physical therapists in a clear manner. In doing so, the physical therapist is aware of contextual factors, such as the (social) environment, the dynamic healthcare system, laws and regulations and financial economic factors. The physical therapist guarantees the safety and effectiveness of the healthcare. The physical therapist is aware of the environment and organisation within which he/she works. This also applies to the associated ambitions and goals. The physical therapist is proactive and constructive in his/her thinking in this regard, selecting the most suitable way of information transfer.

The competencies of the physical therapist as an organiser

- The physical therapist plans and organises the healthcare provision and/or health promotion for the individual patient such that the available possibilities and resources of the patient, physical therapist, work organisation, environment and society are used in an efficient, effective and safe manner.
- The physical therapist follows and monitors the physical therapeutic healthcare provision process of the individual patient in order to make timely adjustments in the planning or implementation when the situation warrants.
- The physical therapist evaluates the physical therapeutic activities and documents these so that the physical therapeutic healthcare provision process is explainable and understandable for patients, their loved one(s) and collaborators in order to guarantee continuity and transparency of the healthcare.
- The physical therapist considers factors that can play a role and have an impact on the physical therapeutic healthcare provision and makes these factors open to discussion with the patient and collaborators in a clear manner, so that continuity of care is guaranteed within the scope of the capabilities of the patient, physical therapist and society.
- The physical therapist actively keeps up to date on the goals and ambitions of his/her own work environment or organisation, is proactive in his/her thinking in this regard and adapts as needed, with the goal of contributing to the position of physical therapy at the local, regional and/or national level. ●



Reflective professional

As a reflective professional, the physical therapist applies, cultivates and maintains his/her own professional competence and contributes to that of colleague physical therapists and other collaborators. The core here is developing (one's own) professional identity, whereby continuous reflection of one's own actions is essential. The physical therapist is responsible for planning and organising his/her own professional development and supports that of fellow physical therapists and other collaborators through reflection of their actions and/or behaviour.

The competencies of the physical therapist as a reflective professional

- The physical therapist plans and organises his/her own professional development based on his/her wishes, needs and capabilities, with the goal of structurally and systematically developing in the various roles of the physical therapist.
- The physical therapist reflects on his/her own expertise in relation to the patient's need for assistance in order to decide whether he/she is competent to guide the patient or whether he needs to ask for advice from or refer the patient to a fellow physical therapist or other collaborator.
- The physical therapist reflects critically on his/her own knowledge, skills and physical therapy activities, with the goal of continually developing as a professional.
- The physical therapist asks for feedback from fellow physical therapist and other collaborators and is open to receiving feedback, with the goal of continually developing as a professional.
- The physical therapist reflects on the professional practices of fellow physical therapists and gives constructive feedback, with the goal of contributing to the development of fellow physical therapists. ●

MODULE 1

MODULE 2

MODULE 3

MODULE 4



Innovator

As an innovative professional, the physical therapist contributes to innovation in healthcare in general and in the discipline of physical therapy in particular. The physical therapist identifies, analyses and interprets organisational, discipline-related and scientific developments in healthcare in general and in physical therapy in particular and shares these with colleagues. The physical therapist participates in initiatives for innovating and/or improving (physical therapeutic) healthcare.

It is the physical therapist's responsibility to apply relevant innovations and implement these in his/her own practices. The physical therapist uses healthcare technology, such as blended care and other e-health applications, if this fits with the patient's need for assistance and living environment. This can be done supplementally to the treatment, but also as a (partial) substitute to the physical therapeutic treatment with the aim of making the healthcare better and/or more effective. The physical therapist has an open and critical attitude towards innovations. Healthcare technology can be used if this fits with the patient's need for assistance and living environment.

The competencies of the physical therapist as an innovative professional

- The physical therapist identifies (possibilities for) innovation based on the development of the field, the needs from the field and his/her own professional development, with the goal of identifying, formulating and substantiating suggestions for improvement.
- If relevant and useful, the physical therapist applies innovations, either alone or together with collaborators, with the goal of improving (physical therapeutic) healthcare in the short and longer term and with respect to both content and organisation.
- The physical therapist uses healthcare technology with the goal of making healthcare better and/or more effective, with the physical therapist making a well-considered choice – together with the patient – as to whether healthcare technology can be used, and if so, in which form.
- The physical therapist reads and interprets occupation-related and scientific information and applies it, where relevant, with the goal of always shaping physical therapeutic healthcare provision at all times as topically, efficiently and effectively as possible.
- The physical therapist analyses the innovation and the possibilities of applying it, taking into account the patient and environment, with the goal of implementing the innovation in a targeted and safe manner.
- The physical therapist participates in scientific research and applies outcomes of scientific research for the purposes of promoting the quality of physical therapeutic healthcare and positioning the discipline of physical therapy in society. ●



Communicator

The physical therapist's communication is aimed at the patient, his/her loved one(s) and fellow physical therapists as well as at other collaborators, with technological tools where possible and appropriate. Communication encompasses communicating with all the senses. It entails verbal and written communication, body language and posture and tactile communication (e.g. through touch). As a communicator, the physical therapist aims at effective information sharing. The physical therapist is able to assess the information need of the patient and his/her informal network and when communicating takes into account the personal factors, cultural background, language fluency, comprehension level and capacity of the patient and his/her loved one(s). In an interprofessional information exchange, the physical therapist is able to issue reports and obtain information in a goal-oriented, careful and unambiguous manner. It is the physical therapist's responsibility to provide the patient and other involved parties with understandable information appropriate to the request for care or assistance in a timely and optimal fashion.

The competencies of the physical therapist as a communicator

- During the medical history taking, the physical therapist uses customised interview-structuring and -regulating techniques (including active listening, clarifying and paraphrasing) to collect data in order to obtain diagnostic information.
- During treatment, the physical therapist uses customised questions and counselling (based on existing and explainable didactic principles) to collect data and furnish information so as to provide effective physical therapeutic healthcare.
- The physical therapist informs the patient and/or his/her loved one(s) (including verbally, in writing and using the latest information and communication technologies) so as to enable them to make choices regarding options and consequences in healthcare and guidance based on equality.
- The physical therapist provides clear and complete (digital) file-keeping in an appropriate manner in order to guarantee the continuity of the treatment and data transfer to the patient and other healthcare professionals.
- The physical therapist communicates verbally (including through motivational interviewing), in writing, with body language and posture and/or in a tactile manner with, and geared towards, the patient and/or his/her loved one(s) for counselling and coaching of the patient towards a permanent lifestyle improvement.
- The physical therapist informs (including with presentation techniques) patients, collaborators and other (healthcare) professionals about the possibilities of the physical therapy discipline and his/her own expertise in providing and promoting healthcare, with the goal of establishing enduring cooperation.
- The physical therapist possesses various interview techniques (including educational, bad news and dismissal interviews) and has regulating skills (including conflict management) in order to explain the physical therapeutic (im)possibilities in a healthcare and counselling program to the patient. ●

MODULE 1

MODULE 2

MODULE 3

MODULE 4

References

- Boiten, JC & Bunschoek, MS (2019). Diagnostiek in de fysiotherapie (8ste editie) [Diagnostics in physical therapy, 8th edition]. Bohn Stafleu van Loghum.
- Engberts, DP (2017). Leerboek Gezondheidsrecht (4th 2017 ed.) [Textbook on health law]. Bohn Stafleu van Loghum.
- Greenhalgh T. Evidence based medicine: a movement in crisis? *Brit Med Journal*, 2014;348, g3725
- Have, HAMJ, ter Meulen, RHJ, de Vries, MC, & ter Meulen, BC (2020). Leerboek ethiek in de gezondheidszorg [Textbook on ethics in healthcare]. Bohn Stafleu van Loghum.
- Haynes RB, Devereaux PJ, Guyatt GH. Clinical expertise in the era of evidence-based medicine and patient choice. *BMJ Evidence Based Medicine*. 2002;7:36-8.
- Idenburg & van Schaik, Diagnose 2025: over de toekomst van de Nederlandse gezondheidszorg [Diagnosis 2025: about the future of the Dutch Healthcare System], Rabobank Nederland, 2010
- Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) [Royal Dutch Society for Physical Therapy], Vertrouwen in Beweging: een visie op fysiotherapie en het vak van fysiotherapeut [Trust in Exercise; a vision of physical therapy and the profession of the physical therapist], KNGF, Amersfoort, 2018
- Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) [Royal Dutch Society for Physical Therapy]: Bunschoek M, van Esch-Smeenge J, Hoogeland E, Klomp F, KNGF Ethiekcommissie [Ethics Committee]. KNGF Beroepscode voor de Fysiotherapeut 2020 [Code of Conduct for Physical Therapists 2020]. Leidraad voor het professioneel fysiotherapeutisch handelen, KNGF, [guideline for professional physical therapy activities], Amersfoort, 2019.
- Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) [Royal Dutch Society for Physical Therapy], Beroepsprofiel Fysiotherapeut 2014 [Physical Therapist Professional Profile 2014], KNGF, Amersfoort, 2014
- Ministerie van Economische Zaken en Klimaat [Ministry of Economic Affairs and Climate Policy], Kamerbrief Missiegedreven topsectoren- en innovatiebeleid [Letter to Parliament Mission-driven top sectors and innovation policy], The Hague, April 2019
- Nationaal Preventie Akkoord, Nationaal Preventieakkoord: naar een gezonder Nederland [National Prevention Agreement, National Prevention Agreement: towards a healthier Netherlands], Ministerie van Volksgezondheid, Welzijn en Sport [Ministry of Health, Welfare and Sport], The Hague, 2018
- Nivel: Heijmans M, Zwikker H, van der Heide I, Rademakers J. Nivel knowledge question 2016: Zorg op maat, Hoe kunnen we de zorg beter laten aansluiten bij mensen bij lage gezondheidsvaardigheden? [Customised care: How can we have healthcare better respond to people with few health skills?] Nivel, 2016, Utrecht
- Raad voor Volksgezondheid en Samenleving (RVS) [Council of Public Health & Society], Zonder context geen bewijs: over de illusie van evidence-based practice in de zorg [No evidence without context: about the illusion of evidence-based practice in healthcare], The Hague, 2017
- Raad voor Volksgezondheid en Samenleving (RVS) [Council of Public Health & Society], Blijk van vertrouwen: Anders verantwoorden van goede zorg [Vote of confidence: Accounting for good healthcare differently]. The Hague, 2019






- Richardson WC, Berwick DM, Bisgard CJ, Bristow LR, Buck CR, Cassel CK, Warden GL 2001 Crossing the Quality Chasm: a New Health System for the 21st Century. Washington D.C.: Institute of Medicine
- Sackett DL, Rosenberg WM. On the need for evidence-based medicine. J Public Health Med. 1995;17(3):330-4.
- Sackett DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-based medicine: how to practice and teach EBM. 2nd edition. Edinburgh, Scotland: Churchill-Livingstone; 2000.
- Satterfield JM, Spring B, Brownson RC, Mullen EJ, Newhouse RP, Walker BB, et al. Toward a transdisciplinary model of evidence-based practice. Milbank Q, 2009 Jun;87(2):368-90.
- Taskforce De juiste zorg op de juiste plek [Taskforce The right care at the right place], Rapport Taskforce De Juiste Zorg op de Juiste Plek [Report by the Taskforce The right care at the right place], 2018
- Tronto, J (1993). Moral Boundaries (1st edition). Taylor & Francis.
- Van Dartel, H & Molewijk, B (2013). In gesprek blijven over goede zorg [Continuing the dialogue on good healthcare] (1st edition). Amsterdam University Press.
- Volksgezondheid Toekomst Verkenning (VTV) [Public Health Foresight Study] 2018, Rijksinstituut voor Volksgezondheid en Milieu (RIVM) [Dutch National Institute for Public Health and the Environment], 2018, available at: www.vtv2018.nl
- Wetenschappelijke Raad voor Regeringsbeleid (WRR) [Scientific Council for Government Policy], Weten is nog geen doen [Knowing isn't doing], The Hague, 2017
- World Health Organization (WHO), 2007

Appendices

1

Education requirements for practicing the profession of physical therapist

Professional title	 Physical therapist	 Physical therapist with special certification	 Specialised physical therapist
Minimum* degree level to practice**	Bachelor*	Bachelor*	Master**
EQF level of degree level (minimum)	6	6	7
Education for access to register	Bachelor, as to the requirements of BIG	Acknowledged [†] post-HBO education	Acknowledged [†] master education
Legal framework	Article 3 of the Individual Healthcare Professions Act (Wet BIG)		

* The minimal degree level to be able to practice the respective profession and/or the respective register is given. A higher degree level is also possible for the respective profession, as applies to the physical therapists with a Master or a PhD, for example.

** As of 1 Januari 2015 a diploma of a Master is required for access to the registers of specialised physical therapists. Before 1 Januari 2015 there was no Master requirement. If a Master is required for re-registration in the registers is determined by the professional associations.

† Conform the 'Lijst erkende opleidingen toegang tot register' (decision board KNGF on weightly advice from the involved professional associations).

2

Physical Therapist Professional Profile revision process

In the fall of 2018, the vision document Trust in Movement (Vertrouwen in Beweging) (KNGF, 2018) was adopted at the General Assembly (GA). In order to implement this vision, a multiple-year plan was drafted in the spring of 2019, consisting of various 'movements'. A number of projects were started in 2019 within the 'Movement in profession and education' (Beweging in beroep en opleiding) framework. One of these projects is the revision of the Physical Therapist Professional Profile.

Preparatory activities

To prepare for the revision, the first step was to make a comparison between the previous Physical Therapist Professional Profile (KNGF, 2014) and the Trust in Exercise vision (KNGF, 2018). In addition, important focal points, suggestions and experiences were amassed during interviews with stakeholders involved with 'Movement in profession and education'. The stakeholders involved included directors of professional associations, authors of the previous Professional Profile, members of the Professional Profile Advisory Committee and members of the Accreditation Committee. An orientation was also held on the professional profiles of other professions. The initial frameworks of the Physical Therapist Professional Profile have been outlined based on the information obtained.

Drafting Committee

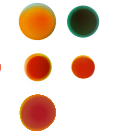
A Drafting Committee was formed at the start of 2020 for revising the Professional Profile. This Drafting Committee consists of: Bert Mutsaers, Cindy Veenhof, Maarten Schmitt, Theo Ruitenbeek and Femke Driehuis as KNGF project manager. The Drafting Committee revised and rewrote the Professional Profile between April 2020 and March 2021.

Involvement of the profession

Representatives of various internal committees within the profession were actively involved. They made an important contribution to the development of the Physical Therapist Professional Profile in all phases of the project. This concerns, among other things, representatives of degree programmes (Bachelor and Master), associations of professional content, the professional field, the Scientific College of Physical Therapy (Wetenschappelijk College Fysiotherapie), lecturers and professors and the KNGF Ethics Committee. During five thematic meetings between the autumn of 2019 and January 2021, the conclusions from the Trust in Exercise vision were further elaborated, points of discussion were deliberated and suggestions formulated. These were physical and digital meetings with active working formats with about 25-30 participants. The representatives of the various bodies were also invited multiple times to provide written feedback on the draft documents. In addition, the points of discussion and draft versions stemming from the thematic meetings were reviewed by interested parties from the entire field of physical therapy. This took place during two KNGF Community meetings in 2019 and 2020.

See Appendix 3 for an overview of the parties involved in the revision process.

An overview of the changes compared to the Physical Therapist Professional Profile from 2014 is provided in the box below.



Changes compared to the Physical Therapist Professional Profile 2014 (KNGF, 2014)

The following topics were added, clarified and/or emphasised in the present Physical Therapist Professional Profile:

- The patient's movement-related functioning, along with his/her wishes, needs, capabilities, health skills and specific need for assistance are central to physical therapeutic healthcare. The definition of movement-related functioning is: obtaining and maintaining mobility in a way that is aligned with an individual's goals for their personal life..
- Physical therapy activities focus more on supporting the patient's self-management, customised care, use of healthcare technology and intra- and interdisciplinary collaboration.
- There is no more mention of the 'physical therapy domain'. Instead, the discussion is about the discipline of physical therapy. This is in order to pay tribute to the diversity and professionalism of physical therapy and to focus on what makes the physical therapy specific instead of delineating it compared to other (healthcare) professionals.
- The indication for physical therapy is described in more specific terms based on generic criteria.
- The important role of prevention and lifestyle improvement in physical therapeutic healthcare and the healthcare of the future is described.
- The importance of professional development, the reflective ability of and for the physical therapist and innovation is specifically emphasised.

The structure and layout of the document has also changed.

- The Professional Profile consists of four generic modules:
 - 1 the context of physical therapy,
 - 2 the physical therapy discipline,
 - 3 the roles van de physical therapist,
 - 4 the competencies of the physical therapist.
- The first three modules concern physical therapy as a whole. The context of physical therapy describes developments in society and in healthcare and their impact on physical therapy. The discipline describes what physical therapy is and what physical therapy activities consist of. Further to the revised CanMEDS model from 2015, the various roles of the physical therapist are described (compared to competency areas, as described in the Professional Profile 2014).
- The fourth module describes the competencies that physical therapists possess after completing their studies (starting point of competency) and which form the basis for every physical therapist. This ensures that Professional Profiles of specialised physical therapists, for example, can build on this.
- The Professional Profile is aligned with the Professional Column and vice versa.

3

Overview of parties involved

Drafting Committee

- J.H.A.M. (Bert) Mutsaers MSc Physical therapy instructor, Avans University of Applied Sciences, physical therapist
- T.H. (Theo) Ruitenbeek Physical therapist at Fysiotherapie de Vijfhoek Deventer, course leader and senior lecturer.
- Dr M.A. (Maarten) Schmitt Lecturer Motion and Health, Rotterdam University of Applied Sciences
- Prof. C. (Cindy) Veenhof Professor in Physical Therapy Sciences, Utrecht UMC, professor in Innovation of Human Movement Care, University of Applied Sciences Utrecht, the Netherlands
- F. (Femke) Driehuis MSc Project manager Physical Therapist Professional Profile, KNGF, non-practicing physical therapist

Parties involved in Movement in profession and education

Representatives on behalf of the associations of professional content:

- Dutch Society of Physical Therapists for the Mentally Handicapped (Nederlandse Vereniging van Fysiotherapeuten voor Verstandelijk Gehandicapten – NVFVG)
- Dutch Society of Rehabilitation Physical Therapists (Nederlandse Vereniging van Revalidatie Fysiotherapeuten – NVRF)
- Dutch Association for Company and Occupational Health Physical Therapists (Nederlandse Vereniging voor Bedrijfs- en Arbeidsfysiotherapeuten – NVBF)
- Dutch Association for Pelvic Physiotherapy (Nederlandse Vereniging voor Bekkenfysiotherapie – NVFB)
- Dutch Association for Physiotherapy in Lymphology and Oncology (Nederlandse Vereniging voor Fysiotherapie binnen de Lymfologie en Oncologie – NVFL)
- Dutch Association for Physical Therapy in Geriatrics (Nederlandse Vereniging voor Fysiotherapie in de Geriatrie – NVFG)
- Dutch Society for Physical Therapy in Sports Medicine (Nederlandse Vereniging voor Fysiotherapie in de Sportgezondheidszorg – NVFS)
- Dutch Association for Physical Therapy according to Psychosomatics (Nederlandse Vereniging voor Fysiotherapie volgens de Psychosomatiek – NFP)
- Dutch Association for Paediatric Physical Therapy (Nederlandse Vereniging voor Kinderfysiotherapie – NVFK)
- Dutch Society for Manual Therapy (Nederlandse Vereniging voor Manuele Therapie – NVMT)
- Dutch Association for Orofacial Physiotherapy (Nederlandse Vereniging voor Orofaciale Fysiotherapie – NVOF)
- Dutch Society for Hospital Physical Therapy (Nederlandse Vereniging voor Ziekenhuis Fysiotherapie – NVZF)
- Association of Cardiovascular and Pulmonary Rehabilitation (Vereniging voor Hart-, Vaat- en Longfysiotherapie – VHVL)



Representatives on behalf of:

- Physical therapy professional field
- Physical Therapy Study Programme Conference (StudieRichtingsOverleg Fysiotherapie – SROF)
- Dutch Educational Network Masters of Physiotherapy (DEMP)
- Scientific College of Physical Therapy (Wetenschappelijk College Fysiotherapie – WCF)
- Trust in Exercise (Vertrouwen in Beweging) Vision Steering Group
- Professors and lecturers
- Professional Profiles Advisory Committee (Commissie van Advies Beroepsprofielen)
- Dutch Paramedical Institute (Nederlands Paramedisch Instituut – NPi)
- KNGF Ethics Committee

Physical therapists and interested parties in KNGF community meetings

KNGF project group

- W. (Wilma) Hooijman MSc Senior policy officer Profession and Education, KNGF Quality Policy department
- Y. (Yvonne) Kappe MSc Advisor Professional Associations, KNGF Quality Policy department
- S. (Stein) van den Heuvel MSc Medior policy officer, KNGF Quality Policy department
- F. (Femke) Driehuis MSc Senior policy officer, KNGF Quality Policy department

4

Legal framework of the physical therapist

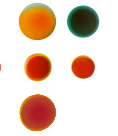
The title 'physical therapist' is a protected professional title and falls under the Individual Healthcare Professions Act (Wet BIG). The Individual Healthcare Professions Act is a quality law for the protection of patients and has a two-fold objective: promoting and monitoring the quality of professional activities and protecting the patient from incompetent and negligent actions by practitioners in individual healthcare. The physical therapist thus has a legally protected professional title, he/she must register (and re-register every five years) in the BIG registry, and he/she is subject to the legal disciplinary law. In order to be accepted into the BIG registry as a physical therapist, the physical therapist must have a degree in physical therapy that is listed in the Central Register of Higher Education Programmes (Centraal Register Opleidingen Hoger Onderwijs) and that complies with the requirements specified in the Order in Council (AMvB). The physical therapist must re-register every five years in order to remain in the BIG registry. Work experience is the most important requirement for this.

Laws and regulations

The table below briefly describes the most relevant laws and regulations stemming from the government and from the professions themselves that apply to patients/clients and practitioners and that are important to the work in daily practice.

General Data Protection Regulation (Algemene Verordening Gegevensbescherming – AVG)	The General Data Protection Regulation sets forth rules for collecting and processing personal data. The Dutch Data Protection Authority (Autoriteit Persoonsgegevens – AP) monitors compliance with this law.
Code of Conduct for Physical Therapists (Beroepscode voor de fysiotherapeut)	The Code of Conduct keeps an eye on practical values and norms of the physical therapy profession. Members of the KNGF and physical therapists who are registered in the Dutch Quality Register for Physiotherapy Netherlands (Kwaliteitsregister Fysiotherapie Nederland – (KRF NL) are obligated to conduct themselves in accordance with the Code of Conduct. Supervision is done by the Physical Therapy Supervisory Committee (Commissie van Toezicht Fysiotherapie – CvT).
Decree on the Education Requirements and Expertise Area of the Physical Therapist (Besluit opleidingseisen en deskundigheidsgebied fysiotherapeut)	The Decree entails rules about the study programme to become a physical therapist and the expertise of the physical therapist.
Competition Law (Mededingingswet – Mw)	The Competition Law adapts the national competition law to the European Union's competition law, among other things by introducing a prohibition on cartel formation and misuse of economic positions of power. The Consumer and Market Authority (Autoriteit Consument en Markt – ACM) monitors compliance with the Competition Law.





<p>></p> <p>Processing of Personal Data in Healthcare (Additional Provisions) Act (Wet aanvullende bepalingen verwerking persoonsgegevens in de zorg – Wabvpz)</p>	<p>The Wabvpz entails guarantees for clients in case of electronic data exchange of medical information and provisions with respect to client rights. The law also governs the rights of clients in case of electronic data exchange.</p>
<p>Citizen Service Number (General Provisions) Act (Wet algemene bepalingen burgerservicenummer – Wabb)</p>	<p>The citizen service number is a unique personal number in the Netherlands. Everyone who registers in the Personal Records Database receives such a number in order to keep electronic traffic between the government and citizens running smoothly.</p>
<p>Healthcare Quality, Complaints and Disputes Act (Wet kwaliteit, klachten en geschillen zorg – Wkkgz)</p>	<p>The Wkkgz aims to promote healthcare quality and entails an obligation to offer a complaints mechanism and registration with an arbitration body. The Health and Youth Care Inspectorate (Inspectie Gezondheidszorg en Jeugd – IGJ) is a regulatory body.</p>
<p>Long-term Care Act (Wet langdurige zorg – Wlz)</p>	<p>The Wlz governs intensive healthcare for vulnerable elderly, people with a handicap and people with a mental disorder.</p>
<p>Social Support Act (Wet maatschappelijke ondersteuning – Wmo)</p>	<p>The Wmo entails rules for municipal support in the area of self-sufficiency, participation, assisted living and reception of residents.</p>
<p>Healthcare Market Regulation Act (Wet marktordening gezondheidszorg – Wmg)</p>	<p>The Wmg applies to healthcare providers and health insurance companies and entails rules for market regulation, effectiveness and managed cost development in healthcare. The Dutch Healthcare Authority (Nederlandse Zorgautoriteit – NZa) is a regulatory body.</p>
<p>Client Participation Healthcare Institutions Act (Wet medezeggenschap cliënten zorginstellingen – Wmcz)</p>	<p>The Wmcz governs the participation of clients in healthcare institutions and also applies to physical therapy practices with more than 25 healthcare providers. The ACM monitors competition.</p>
<p>Medical Research Involving Human Subjects Act (Wet medisch-wetenschappelijk onderzoek met mensen – WMO)</p>	<p>The WMO concerns scientific research where persons are subjected to procedures or where rules of conduct are imposed on persons. The law was enacted in order to offer subjects extra (legal) protection.</p>
<p>Individual Healthcare Professions Act (Wet op de Beroepen in de Individuele Gezondheidszorg – Wet BIG)</p>	<p>The Individual Healthcare Professions Act is a framework law. This law governs the actions of practitioners / physical therapists in the area of individual healthcare and the title protection of various practitioners, such as the physical therapist. This law also governs the disciplinary law for Article 3 professions. The disciplinary proceedings are carried out by the regional and central disciplinary tribunals.</p>



<p>></p> <p>Dutch Medical Treatment Contracts Act (Wet op de geneeskundige behandelingsovereenkomst – WGB0)</p>	<p>The WGB0 governs the rights and obligations between the professional caregivers and the clients or their legal representatives.</p>
<p>Care Institutions (Accreditation) Act (Wet toelating zorginstellingen)</p>	<p>This law governs the accreditation of healthcare institutions who want to provide healthcare with compensations through the Healthcare Insurance Act or the Long-term Care Act. The law also entails regulations for good governance and when profits may be paid out. This law will be replaced by the present legislative proposal (Act amending the) Healthcare Providers Admission Act (Wet toetreding zorgaanbieders) and the associated (secondary) legislation.</p>
<p>Care and Compulsion Act (Wet zorg en dwang– Wzd)</p>	<p>The Wzd governs compulsory admissions to healthcare institutions and compulsory healthcare for people with dementia and/or a mental handicap.</p>
<p>Health Insurance Act (Zorgverzekeringwet – Zvw)</p>	<p>The Zvw governs social insurance for medical care for the entire population of the Netherlands.</p>

Note: Relevant pending legislative bills:
 Legislative proposal (Act amending the) Healthcare Providers Admission Act (Wet toetreding zorgaanbieders) and the associated (secondary) legislation.
 Legislative proposal on ethical business operations of healthcare providers (Wibz)
 Legislative proposal on promotion of cooperation and legitimate healthcare

Health Insurance Act

Physical therapy is a form of paramedical care with a complex reimbursement system in the primary care setting. The national government is responsible for this regulation through the Ministry of Health, Welfare and Sport (VWS). The contents are set forth in the Health Insurance Act (Zvw).¹⁵ The current Health Insurance Act is from 2006. With the introduction of this law, former Minister Hoogervorst eliminated the difference between health insurance funds and private health insurance companies. The Dutch National Health Care Institute explains which healthcare is insured based on the Health Insurance Act and under which conditions.¹⁶ The Healthcare Market Regulation Act (WVG) is also important in this context. Physical therapy in the secondary and tertiary care setting (healthcare in institutions such as hospitals, nursing homes and rehabilitation centres) is financed through the reimbursement rules for these institutions. The basis for this is also in the Health Insurance Act and the Healthcare Market Regulation Act (WVG). Financing is also possible through Diagnosis Treatment Codes (DTCs), as is usual in hospital care.

Basic healthcare insurance

Everyone who lives or works in the Netherlands must conclude a policy for basic healthcare insurance. The basic package provides health insurance. This includes healthcare provided by the GP, the hospital, the psychiatrist and the pharmacy. The government specifies and what

¹⁵ www.rijksoverheid.nl/onderwerpen/zorgverzekering/vraag-en-antwoord/is-fysiotherapie-opgenomen-in-het-basispakket
¹⁶ www.zorginstituutnederland.nl/Verzekerde+zorg/ff/fysiotherapie-en-oefentherapie-zvw



is included in the basic healthcare insurance. The basic coverage by far reimburses the most important healthcare costs. It is estimated that 94% of healthcare costs are covered by the basic coverage. Insuring supplemental healthcare is an option. The insurance companies offer supplemental insurance for this. The contents of the supplemental insurance are not legally stipulated and which costs are covered varies.

Not all physical therapeutic healthcare is eligible for reimbursement through the basic healthcare insurance. Which complaints or diseases (indications) fall under the basic coverage is specified in the Health Insurance Act decree (Art. 2, para. 6) and the so-called (limited) chronic list. These indications are reimbursed to persons up to 18 years of age starting with the first treatment, under the conditions pertaining to duration and time, insofar as the regulation specifies in attachment 1. Persons 18 years of age and older have the same reimbursement rights, but the reimbursement based on the Health Insurance Act does not apply until the 21st treatment. The exceptions to this 'threshold' of 20 treatments are the specific regulations with respect to the package advice as mentioned above, which are eligible for reimbursement starting with the first treatment. Here it can be generally stated that 'always right to physical therapy' should not be confused with 'right to always physical therapy'. As a central starting point for physical therapeutic indication and physical therapeutic intervention, there must, after all, always exist movement-related (dys) functioning or a risk of movement-related (dys)functioning according to this Professional Profile. Currently, about one-third of physical therapy is reimbursed by basic healthcare insurance. For the remaining physical therapy, patients must have supplemental insurance or pay for the costs out of pocket.

Supplemental insurance

All physical therapeutic treatments that are not reimbursed by legally mandated basic healthcare insurance are at the user's own expense. It is possible to obtain supplemental insurance for this with a voluntary supplemental insurance. The basic healthcare insurance and any supplemental insurance do not need to be concluded with the same insurance company, although this does usually happen in practice. The insurance period is usually equal to the calendar year.

The reimbursement options from the supplemental insurance vary. The regulations are usually limited to a maximum in scope, quantity or total costs per year.

The right to reimbursement for treatment is therefore determined by the legal conditions for entitlement to the basic healthcare insurance on the one hand, and by the supplemental insurance concluded by one's own choice on the other hand.

In principle, everyone has access to a physical therapist, either through a referral by a doctor or by contacting a physical therapist directly in case of a problem with movement-related functioning through Direct Access to Physical Therapy (DTF).

¹⁷ See Appendix 1 of the Health Insurance Act decree.

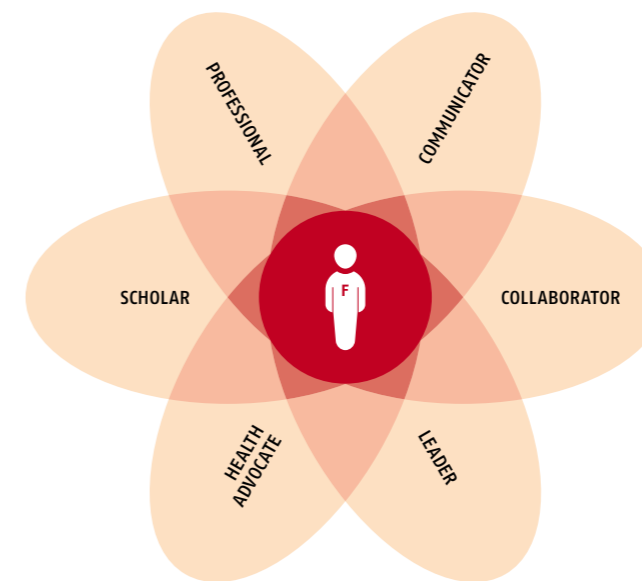
5

General information about CanMEDS

CanMEDS, aka the Canadian Medical Education Directives for Specialists, is a framework that is often used in both the Netherlands as well as internationally for describing the competencies of healthcare professionals. The overarching goal of CanMEDS is to improve patient care.

The competencies that healthcare professionals must possess are grouped by topic into seven roles. The idea is that a healthcare professional can seamlessly integrate the competencies that fall under these seven roles into his/her work. Below is an illustration (model from 2015) of the seven roles distinguished by CanMEDS.

CanMEDS model



For more information about CanMEDS 2015, see the CanMEDS 2015 Physician Competency Framework.¹⁸ This document comprehensively describes both the framework as well as the roles and further elaborates them with 'key competencies' and 'enabling competencies'.

¹⁸ Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

Framework for a description of competencies at the EQF-6 level

	Yes	No*
Knowledge	In-depth and broad within the discipline of physical therapy	Specialised and works outside of the discipline of physical therapy, sees gaps and connects areas of expertise
Competencies	Extensive set of intellectual and practical competencies for creative solutions to abstract problems	Specialised problem-solving skills needed for research and innovation and in order to integrate knowledge from other fields
Responsibilities and autonomy	Management of practical situations. Take responsibility for decision-making in unpredictable situations and for the professional development of the individual and groups	Transforms practical situations (develops new approaches). Takes responsibility for the development of the knowledge and expertise foundation of the discipline
Context	Works together in an unknown, changing living and/or work environment. Also internationally with equals, colleagues, specialists, non-specialists, managers and relevant third parties.	Works together in an unknown, changing living and/or work environment characterised by situations with a high degree of uncertainty. Also internationally with equals, colleagues, specialists, non-specialists, managers and relevant third parties.

* The level described here matches EQF7.

Colofon

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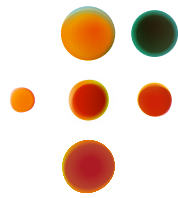
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