The International Sports Physical Therapy Specialist: The who, what and why of Sports Physical Therapy using Examples from the UK

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Introduction

The aim of this article is to summarise the current world of sports physical therapy, the evolving context of sports and exercise medicine and highlight the importance and development of sports physical therapy competencies. In the UK I am currently the Chair of the U.K. Sports Physiotherapy group (ACPSEM) and we have had our own CPD pathway incorporating the International Federation of Sports Physical Therapy (IFSPT) for a decade now allowing sports physiotherapists in the UK to highlight their knowledge and skills and allow appropriate development.

Sports and exercise medicine is a rapidly evolving area of specialism and in the UK has seen many changes over recent years including specialist recognition for doctors, health promotion and using exercise as medicine for chronic long term conditions being part of the remit of the sports medicine professional. Physiotherapists working in sports and exercise medicine need to have skills appropriate to the variety of clients and contexts in which they might work; pitch side management, injury rehabilitation, health promotion and enhancement. To support physical therapists involvement in sports injury management there is growing evidence in the literature supporting conservative (physical therapy) management of many conditions such as shoulder impingement, tendinopathy and post concussion symptoms.

Sports Physical Therapy

With the arena growing for sports physical therapists the skills and knowledge that they require can be challenged by well informed players, coaches and the media. Many examples in the media exist of when sports physical therapists have been in these difficult situations. Examples in the UK include ‘bloodgate’ when a rugby Physical Therapist was involved in a fake blood scandal (BBC 2010) or when Chelsea football clubs manager publicly criticised his long standing medical team for their on field management of an injured player (BBC 2015). These examples highlight that sports physical therapists need their knowledge, skills and behaviours to be at the required level to work in their chosen environment and the IFSPT competencies that have been developed allow therapists to identify areas for development, the knowledge they need and skills they should be able to perform.

The IFSPT definition of a sports physical therapist is as follows and clearly highlights the role of a sports physical therapist apart from the traditional treatment of acute injuries and rehabilitation.

“Sports physiotherapists contribute to the enhancement of an athlete’s performance by evaluating their physical and performance related profile and advising or intervening to optimise conditions for maximal performance in a specific sport, within a multidisciplinary team approach” (Bulley et al. 2004).

As highlighted in Figure 1 sports physical therapy can be described as three inter related components of injury management, injury prevention and performance enhancement (which could incorporate health promotion).

Figure 1 The 3 components of Sports Physical Therapy
IFSPT Competencies and Standards

The IFSPT was established in 2000 as is a recognised sub group of the World Confederation of Physical therapy (WCPT) with the following aims: to promote sports physical therapy, improve quality, allow communication and exchange of information between countries and to promote standards of proficiency and benchmark statements. The Sports Physiotherapy for All project between 2004-2007 produced the current IFSPT competency and standards document having gained consensus from around the world on the elements including the core roles and behaviours of sports physical therapists, what level of mastery they should attain and what is distinct about sports physical therapy (Bulley et al. 2004). Further information regarding the development and the content of the individual competencies and standards is available as has been published previously (Bulley and Donaghy 2005a, 2005b, Bulley et al. 2004). The 11 competency areas are summarised in figure 2 and are located within the ‘Master’ level Physiotherapy Competency Model framework (Coppoolse and Van den Heuvel 2004) that identifies 4 overlapping roles the sports physical therapist is expected to perform; as a manager of the athlete eg performance enhancement, an advisor eg anti-doping, an innovator eg research involvement and as a professional leader eg promoting life long learning. The M-level study foundational requirement ensures the sports physical therapist has the cognitive and behavioural skills required to work at this high level. The masters level study is assessed at university and therefore ensures some consistency of standards across borders in skill areas such as problem solving, critical appraisal, synthesising new knowledge, integrating knowledge into practice and reflective practice.

It is important to understand the differences between competencies and standards. Competencies are effective professional behaviours that integrate specific knowledge, skills and attitudes in a particular context (Bulley and Donaghy 2005b). While standards are the criteria for performance, describing the minimal level of capability at which the professional is expected to work (ER-WCPT 2003). An example to illustrate to this point is IFSPT competency 2 which relates to acute intervention, within this there are many standards including the ability to demonstrate; knowledge of blood hygiene and health and safety practices, high level acute assessment skills of the athlete and act appropriately and safely on entry to the filed in the event of an injury or illness.

Currently 8 countries have their sports physical therapy continuing professional development (CPD) pathway approved by the IFSPT. These countries have linked their own countries professional requirements with the IFSPT competencies and members meeting the assessment process can subsequently be called a Registered International Sports Physical Therapist (RISPT). The assessment process of all countries requires applicants to meet the required standard of M level education, academic and experiential learning, clinical experience in the sporting environment, clinical skills education and reflective practice. Details of the IFSPT country registration process can be found on the IFSPT website (IFSPT 2016). There are many benefits of the IFSPT competencies and standards including; benchmarking for educators for course content and level, international mobility and harmonisation in the demonstration of the competencies, transparency between employers and sports physical...
therapists and they provide structure to career progression and the identification of learning needs.

When exploring the literature relating to the development of expertise and differences between experienced and novice physical therapists the assessed components highlighted above are key elements of professional development. The journey from being a novice to expert is a continuum requiring more than just years of experience alone. Research highlights the need for the development of critical reflection skills, the need for deliberate action/practice, having well organised and varied knowledge and having a patient centred focus (Higgs et al. 2008, Jensen et al. 2006, Edwards and Jones 2007).

The U.K. Sports physical therapy CPD pathway incorporates the elements highlighted above and is a progressive pathway allowing novices and less experienced practitioners to be guided in their attainment of specialist skills. Three awards are available progressing from Bronze to Silver and the highest level Gold (which allows registration with the IFSPT). An increasing amount of initially clinical shadowing then sole practice hours in the sporting environment is required. Specific areas of clinical skills training are required including functional exercise rehab, soft tissue skills and advanced trauma management skills. The use of critical reflection skills is required and encourage to allow development and identification of learning and change in practice (Paterson and Chapman 2013). Mentoring and being mentored is important to allow discussions about practice and to gain advice from a more experienced critical friend but requires a mentoring network to be developed. Further information on the UK pathway is available at www.physiosinport.org.

The U.K. Pathway is currently used my a number of national sporting bodies to aid recruitment of suitable sports physical therapists and was used for London 2012 Olympics and Paralympics to aid the recruitment of volunteer physical therapists. The reason being it provides an independent assessment of the the applicants experience and skill level and allows employers insight to minimum standards and experience for attained CPD levels.

Tokyo 2020

The Tokyo 2020 Olympic and Paralympic games provides an opportunity for physical therapy and in particular sports physical therapy in Japan to reflect on its current position and scope of practice. Different practices exist around the world and in Japan the strong presence of athletic trainers could be a challenge but the IFSPT competencies and standards can be used to highlight where development is needed and to show off what a sports physical therapist can do if their scope of practice is developed in line with other countries around the world. In the UK examples of some skills that are within a sports physical therapists scope of practice (with appropriate training) are joint injections, wound suturing, provision of advanced trauma management skills and request of MRI scans.

Any developments will impact undergraduate and post graduate education requirements, will require the development of Japan’s own sports physical therapy CPD pathway and assessment/governance process and will require re-assessment of current scope of practice and legal requirements for the profession. However, the build up to Tokyo 2020 provides the ideal time and motivation to undertake this work and for the changes to have a long lasting legacy for the profession.

References