

Letters to the Editor

PTA Roles

To the Editor:

I read the article by Robinson and associates¹ in the June 1994 issue of *Physical Therapy* with great interest. Although the authors are to be congratulated for their methodological efforts, some significant concerns emerge in the category of research design. These concerns are the purpose for this letter.

The work of Robinson et al provides an interesting historical perspective regarding the role of the physical therapist assistant (PTA), but the results and interpretations are flawed because they derive from data that do not appear appropriate for their identified, specific research questions.^{1(p573)} An important example is the authors' consistent reference to PTAs

as "support personnel."¹ This appellation has been replaced by the term "paraprofessional" in documents referenced by Robinson et al as well as other American Physical Therapy Association (APTA) policies and documents. The systematic use of the term "paraprofessional" is intended to differentiate PTAs from any other category of physical therapy service provider and reinforce the relationship between the PTA and the PTA's *professional* superior and colleague, the physical therapist.

This terminological inaccuracy illustrates both the threat to internal validity by history and the threat to the external validity of the construct that underlies this investigation. With "[n]o single document [that] provides a clear and comprehensive specification of the PTA's roles,"^{1(p572)} Robinson and associates quote among their sources a subsequently replaced APTA House of Delegates policy on the definition and utilization of PTAs² and a set of accreditation evaluative criteria identified for replacement.³ The differences between the versions referenced by the authors and the current iterations^{4,5} are more than semantic and demonstrate the power of history as a threat to the construct in discussions of validity.

Construct validity, albeit difficult to measure, relates to the important, intangible paradigm that provides the purpose for most investigations.^{6(p76),7(p597)} In this study, that paradigm appears flawed because the authors have systematically used an operational framework that has evolved. In other words, the currency of their conceptual model is compromised. For example, the authors' lack of operational definition for "evaluation/evaluative activities/procedures"^{1(pp574-575, 579-580)} extends an existing confusion between *evaluation* and *assessment*, where strategies to resolve such confusion are available and would benefit from promotion.⁷

Without a clearly articulated construct, assurances of content validity are rendered moot and those of face validity are

especially inconsequential.^{6(pp72-73)} The same sources that provided the basis for the authors' selected items^{2,3} have either evolved^{4,5} or are related temporally to an era in which physical therapy services were effected and in which PTAs were utilized in ways somewhat different from current practice.⁸⁻¹³ Ultimately, the major limitation of this study relates to this systematic inability of Robinson et al to reconcile the *current* roles of the PTA with some previous, vaguely defined template. The major contribution that this study provides is its *post hoc* view of the utility of that template.

It is disappointing that no invited commentaries accompanied the publication of this report. The authors have provided interesting, important historical data. Considerable effort continues to be expended to establish appropriate, efficacious roles for *all* physical therapy service providers. Substantive discussion of several issues related to physical therapist-PTA-physical therapy aide-support personnel role continuum continues to occur in many venues. It is surprising that the Editor did not discern that this article met the criteria for invited commentaries described in the Instructions for Authors, viz, to provide dialogue on controversial issues or to provide discussion of implications of issues raised in an article.

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References

- 1 Robinson AJ, McCall M, DePalma MT, et al. Physical therapists' perceptions of the roles of the physical therapist assistant. *Phys Ther*. 1994;74:571-582.
- 2 Definition and Utilization of the Physical Therapist Assistant (HOD 06-88-14-25). In: *House of Delegates Policies*. Alexandria, Va: American Physical Therapy Association, 1988.

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- 3 *Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1989.
- 4 Direction, Delegation and Supervision in Physical Therapy Services (HOD 06-93-08-09). In: *House of Delegates Policies*. Alexandria, Va: American Physical Therapy Association; 1993.
- 5 *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists Assistants With Interpretive Comments and Guidelines*. Alexandria, Va: Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association; adopted February 1993, effective July 1994.
- 6 Portney LG, Watkins MP. *Foundations of Clinical Research: Applications to Practice*. East Norwalk, Conn: Appleton & Lange; 1993.
- 7 Task Force on Standards for Measurement in Physical Therapy. Standards for tests and measurements in physical therapy practice. *Phys Ther*. 1991;71:589-622.
- 8 *Competencies in Physical Therapy: An Analysis of Practice*. 2nd ed. San Diego, Calif: Courseware Inc; 1979.
- 9 Gossett RL. Assistant utilization: a pilot study. *Phys Ther*. 1973;53:502-506.
- 10 James S. The PTA role and function, part 2: use of the PTA in a general practice setting—a PTA's response. *Clinical Management in Physical Therapy*. 1983;3(3):38-39.
- 11 Larson CW, Davis ER. Following up the physical therapist assistant graduate: a curriculum evaluation process. *Phys Ther*. 1975;55:601-606.
- 12 Lupi-Williams FA. The PTA role and function, part 1: education. *Clinical Management in Physical Therapy*. 1983;3(3):35-38.
- 13 Murphy P. The PTA role and function, part 3: a job description. *Clinical Management in Physical Therapy*. 1983;3(3):39-40.

Response:

We appreciate the interest that Mr Inverso expressed in our work, and we are pleased that it stimulated discussion about the roles of physical therapist assistant (PTA). Mr Inverso noted that he had "significant concerns" about the design of the research. We would contend, however, that his primary concern is not relevant to design, but instead flows from a linguistic interpretation of the phrase "support personnel." Although this concern is valid and important to discuss, it does not pertain to the methodological rigor of the research.

The phrase "important support personnel" was more reflective of the assessment of the roles of the PTA at the time of data collection than it was at the time of manuscript publication. We understand Mr Inverso's investment in this terminology and support his desire to "differentiate PTAs from any other category of physical therapy service provider." One could argue, however, that the term "paraprofessional" may not necessarily serve this

purpose, either. *Paraprofessional* is defined in the *American Heritage Dictionary* as "a worker who is not a member of a given profession but who assists a professional." *American Heritage Dictionary* also defines *assist* as "to aid; help . . . to give aid or support." Thus, the term "paraprofessional" would indicate that a PTA is a worker who gives support to physical therapists, which is where we began. Although language is an important vehicle to make these distinctions salient, our use of the phrase "important support personnel" was not meant to denigrate the roles of the PTA. Rather, our research was expected to provide an arena to highlight areas in which physical therapists and PTAs could agree on the roles of the PTA. At the same time, the research would illustrate areas of incongruity in which discussion might be centered to more clearly define the roles of the PTA. Thus, it is unclear how the use of this phrase in the manuscript reflects a weakness in methodological design. These differentiations would not have influenced the inclusion of the behavioral items used on the questionnaire. Importantly, neither the term "paraprofessional" nor the phrase "support personnel" ever appeared in the cover letter or the survey instrument at either administration, nor were the primary subjects presented with the categorization scheme. Given that the subjects were not exposed to these terms, the threat to internal validity is highly unlikely. Nevertheless, the substantial internal reliability reported in the manuscript justifies the categorization scheme that was used solely for presentational purposes.

Second, Mr Inverso also maintains that the work presents a "historical perspective." As such, he is correct—the piece presents data concerning physical therapists' perceptions of PTAs' roles collected almost 8 years ago and compares those data with perceptions from a more recent sample collected in 1992. Interestingly enough, these perceptions are more similar than they are different. More importantly, however, our interpretation of the data was restricted to one consistent with the guidelines *in place at the time of data collection*. Although it is true that different guidelines were already drafted at the time of our second data collection, these guidelines were not enacted, nor were they readily available or widely distributed to people uninvolved in the drafting of the legislation. To interpret the data in light of guideline changes

would have been inappropriate, going well beyond what the data could legitimately offer. Thus, the threat of history to internal validity is not significant because our interpretations were consistent with those in place at the time of data collection.

In actuality, Mr Inverso's argument concerning construct evolution could be drawn against any published research project. That may very well be so, but does not invalidate the original research; rather it calls for more research to examine whether perceptions, in fact, have changed. The tremendous similarity between the two samples suggests the implausibility of this argument in the present context. Although we acknowledge that some perceptions may have changed, this acknowledgment does not invalidate nor make inconsequential the research, as Mr Inverso suggests. One could argue that these new policy changes might even have exacerbated our findings rather than weakened them. In either case, it is an empirical question that can only be answered with additional research.

Finally, we believe we have achieved our expressed primary purpose of assessing physical therapists' perceptions of the roles of the PTA. In addition, by comparing the responses of two samples, we were able to address our secondary purpose, which was to examine changes in perceptions over time. Rather than focusing attention on discussions of nomenclature, we maintain that there is considerably greater value to clarifying the duties and responsibilities of the PTAs. Again, we appreciate the interest in our work, and we hope that our piece continues to provide a vehicle for discussion between physical therapists and PTAs about the roles of the PTA.

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