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Acknowledgements

The development of this National Advanced Musculoskeletal Physiotherapy (AMP) Competency Framework (the National AMP Framework) has been funded by the Australian Physiotherapy Association (APA) to provide a nationally relevant framework to improve consistency of AMP standards for the benefit of patients, health service providers and physiotherapists who operate in AMP roles.

It has been modelled on a competency-based learning and assessment resource adapted by the Victorian Advanced Musculoskeletal Physiotherapy Clinical Education Framework and Allied Health Competency Framework in use at Monash Health1.

Development of the Framework would not have been possible without the extensive work that went into producing the Victorian Framework. The Victorian Framework, an initiative funded by the Victorian Department of Health and Human Services, has provided an excellent resource and the foundation upon which the National AMP Framework has been built. Any reference or future adaptation to the National AMP Framework should duly credit the work of the Victorian Framework as the original source1.

Of note, creation of the National AMP Framework would not have been achievable without the input of the APA AMP Panel who generously contributed their content expertise, extensive time and guidance. This panel included a representative from each Australian State and Territory, the Australian College of Physiotherapists and the Australian Physiotherapy Association.
Purpose

Two documents outline the National AMP Framework:

i) *The AMP Standard of Practice* which defines performance-based competency requirements of AMP roles, and their assessment.

ii) *The AMP Guidelines for Implementation* which provide operational direction for the entrance to, training for, and assessment against the standard of practice as well as links to relevant resources which support the development of both an AMP role and practitioner.

The National AMP Framework establishes minimum AMP standards relevant across all Australian states and territories. It is applicable to AMP practitioners and health service providers that supply these services across a range of musculoskeletal areas of practice, including but not limited to the following:

- physiotherapy-led screening clinics within orthopaedic, rheumatology and neurosurgery services;
- post-surgical clinics e.g. arthroplasty review services;
- osteoarthritis hip and knee services; and
- primary contact Emergency Department (ED) physiotherapy led services

The National AMP Framework recognises the value of qualifications, experience, education and work-based training to underpin competency development. Thus, a flexible approach to learning and assessment remains central to support AMP practitioners to meet the competency requirements defined in the framework.

Adoption of the framework within health services ensures AMP Practitioners can deliver consistent, safe and high-quality services that are effective and sustainable. It will also facilitate transferability of skill across AMP roles, sites and organisations which will support workforce capacity and efficiency.
About the Framework

Background

For over a decade in Australia, Physiotherapists with extensive postgraduate experience and qualifications have been working in AMP positions to deliver clinical musculoskeletal services in roles traditionally performed by Medical Specialists.

AMP services have been demonstrated to be safe, cost efficient and to achieve high patient satisfaction. However, there is known variation in the: training and education, experience, internal credentialing processes and work levelling value associated with the roles. Additionally, there is inter-state and territory variation in the degree of policy that sits behind the roles from a governance perspective.

The lack of a standardised approach to AMP roles introduces a policy gap which raises risk around: governance, accountability, education, training, work-value levelling, skill recognition and continued funding for informally recognised roles. There is a clear need to bridge this gap to establish clear and consistent AMP credentialing processes that are applicable at a national level.

This document aims to deliver on that need through the creation of a National AMP Framework that is applicable across the states and territories and identifies minimum AMP standards to help ensure that AMP roles and services continue to provide safe and effective high quality care now and in the future.
Related Documents

The National AMP Framework dovetails with the APA Career Pathway Competence Framework which should be read alongside this document.

The Career Pathway identifies seven key roles performed by physiotherapists across four career stages, ranging from foundation to expert level. AMP practitioners align most closely with the highly developed or expert stage which integrates across the seven roles that include: Physiotherapy Practitioner, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. The four career stages represent points along the learning continuum to describe performance level which may be summarised as follows:

- **Level 1: Foundation level** - can safely and independently manage a range of relatively common conditions but has limited capabilities.
- **Level 2: Intermediate level** - can safely and independently manage a range of more complex presentations and be able to supervise or mentor others. Would usually have post qualification experience, learning and/or qualifications.
- **Level 3: Highly developed level** - can safely and independently manage most complex presentations and be expected to be involved in supervision/mentoring, teaching and research. A post-qualification Masters-level degree or demonstrated competence equivalence is expected.
- **Level 4: Expert level** - can manage the most complex and difficult presentations, including expert clinical review, opinion or referral. Would be involved in supervision/mentoring, teaching and/or research and nationally recognised by peers as a leading practitioner. This performance level equates to that expected of a Fellow of the Australian College of Physiotherapists or a physiotherapist with a post-qualification doctoral-level degree or demonstrated competence equivalence.

The AMP standards described in the National AMP Framework have been mapped against the performance levels described in the APA Career Pathway and the AMP roles align across Level 3 and 4. The AMP Standard of Practice includes within in it reference to the elements of APA career pathway in the column Related APA Coding.
Defining Advanced Musculoskeletal Physiotherapy

The term “advanced musculoskeletal physiotherapy” is used throughout the National AMP Framework and aligns with the Australian Physiotherapy Association’s definition of advanced scope of practice\(^3\) of:

“A role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training, as well as significant professional experience and competency development”.

In the context of this Framework, AMP refers to advanced scope physiotherapy specific to the musculoskeletal area of practice.

The National AMP Framework focus is one of clinical competency however it is recognised that there are essential non-clinical attributes (e.g. leadership capabilities) which enhance AMP practitioners’ performance in the roles that may need to be assessed outside of this framework.

Pathway to competence in the workplace

The Framework presents a flexible work-based learning and assessment approach to support post graduate Physiotherapists to undertake the required clinical education and training to achieve competency to practice in the AMP role. The competency standard provides the benchmark for which performance in the clinical setting is measured against. The key processes are listed below and relevant resources are found in The AMP Guidelines of Implementation document.

The pathway to competence in the workplace for AMPs begins by meeting the pre-entry criteria, which includes demonstrating the necessary qualifications and experience of working in the musculoskeletal area.
Range Statement

The job description, level of responsibility and work-level classification for specific AMP roles may vary between organisations, facilities and within different clinical areas of practice. To allow such flexibility, the National AMP Framework includes a range statement which defines the context in which the AMP Standard is to be applied and competency assessed. It can be tailored to meet the needs of the AMP role in line with the requirements of their health care organisation. This must be established before an AMP begins their training and assessment and endorsed locally by the organisation. For example, a range statement may define:

- a patient population such as adults or paediatrics,
- specific clinical setting such as emergency department or orthopaedic screening clinics
- organisational and/or state/territory based policies and procedures in relation to imaging or prescribing,
- condition specific clinics such as hip and knee osteoarthritis.

The scope of practice to be undertaken during supervised practice and independent practice must also be defined prior to the AMP practitioner commencing the training pathway. This too requires flexibility depending on local policy and procedures. However, it is important to note that although such a range statement and scope of practice may vary and certain performance criteria of the standard might not be deemed relevant to the role, it is essential that the remaining performance criteria must meet the requirements of advanced practice.
Competency standard development and application

Competency-based training defined

Competency-based training is defined as ‘an approach to training that places emphasis on what a person can do in the workplace as a result of training completion’\(^4\).

Competency-based assessment is a purposeful process of systematically gathering, interpreting, recording and communicating to stakeholders, information on candidate performance against industry competency standards and/or learning programs\(^5\).

A competency standard is a benchmark against which evidence of competence can be mapped. Establishing this standard is central to competency training and assessment in any context.

Establishing a competency standard for the independent AMP clinician

The Australian Standards for Physiotherapy prepared by the Australian Physiotherapy Council are ‘intended to provide the profession with a benchmark for the knowledge, skills and attributes of a safe and effective entry level physiotherapist’\(^6\).

While relevant, their application is limited when verifying competence for advanced musculoskeletal physiotherapists who are clearly practising beyond graduate level. To address this, an industry standard (competency standard) was developed that could be applied in a variety of practice contexts for the advanced musculoskeletal physiotherapist.

When developing the AMP competency standard, a key assumption is made that the Australian Standards for Physiotherapy have already been met and applied. Thus, the AMP competency standard is reflective of this, and captures the additional clinical skills, knowledge and behaviours deemed essential and distinctive of an independent clinician working in an AMP role.

Of note, an individual operating as a leader/supervisor in an AMP service is not fully described by the AMP competency standard. Services that wish to evaluate leadership/supervisory capabilities of an AMP service leader would need to consider the inclusion of additional competence elements for example, leadership, service evaluation etc.

The draft content of this competency standard was initially determined by combining the findings of Suckley \(^7\); the Advanced Practice Musculoskeletal Physiotherapy: A Clinical Education and Competency Framework\(^1\); The Alfred and Victorian Department of Health Focus Groups\(^8\); and with reference to both the Australian Standards for Physiotherapy\(^6\) and the National Common Health Capability Resource: Shared activities and behaviours of the Australian health workforce\(^9\). It also included a review of relevant literature\(^2\). Further review and revision has been undertaken by members of the APA National AMP Advisory Panel with modification to meet the needs of the variety of advanced roles and services delivered across different Australian States and Territories.
The Framework is based on the guiding principles listed in Table 1. The competency standard defines the standard against which performance is benchmarked. Learning and assessment tools have been developed to support physiotherapists navigate the pathway to competence.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Definition</th>
<th>Guiding Principles for development and use of the resource</th>
<th>Development Process</th>
</tr>
</thead>
</table>
| Competence     | To consistently apply knowledge & skills, in the range of situations and to the standard expected in the workplace | 1. Consistent with Australian Physiotherapy Council standards of Physiotherapy practice  
2. In line with APA position statements  
3. Consistent with professional scope of practice  
4. Consistent with relevant clinical guidelines  
5. Complies with the law  
6. Reflects any threshold credentials for the work role  
7. Reflects the appropriate Australian Qualifications Framework level descriptor  
8. Incorporate the dimensions of competence, such as integrating knowledge, skills, & behaviours in a changing environment  
9. Captures performance identified by subject matter experts, as being additional, essential and distinctive of AMP practice  
10. It assumes core knowledge, skills & behaviour defined by threshold  
11. Addresses identified areas of risk  
12. Flexible, to accommodate a variety of practice contexts | Set industry agreed performance standards using evidence & subject matter experts  
Develop performance cues: practical examples of a competent performer in action, relevant to the practice context and matched to standards  
Establish underpinning skills & knowledge for the job role, using evidence and subject matter experts |
<p>| Competency Standards | Explicitly describe the essential work outcomes and performance level required to demonstrate workplace competence |                                                                            |                                                                                      |</p>
<table>
<thead>
<tr>
<th>Phase</th>
<th>Definition</th>
<th>Guiding Principles for development and use of the resource</th>
<th>Development Process</th>
<th>Developed Resources</th>
</tr>
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</table>
| Evidence | Information gathered which, when matched against the requirements of the standards, provides proof of competence | Evidence can be of various forms:  
- Direct e.g. witnessed by assessor.  
- Indirect e.g. reviewed later (portfolio) & supplementary e.g. 3rd party report training  
Evidence gathered:  
- is valid, sufficient, current, authentic  
- uses a range of sources  
- is not reliant on self-assessment as a stand-alone method  
- must include direct workplace observation  
- suits & is acceptable to stakeholders | Establish types and amount of evidence to support competence decisions, using evidence and subject matter experts |
<table>
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<tr>
<th>Phase</th>
<th>Definition</th>
<th>Guiding Principles for development and use of the resource</th>
<th>Development Process</th>
</tr>
</thead>
</table>
| Workplace Learning    | The acquisition of knowledge and skills as individuals participate in clinical practice supported and guided directly or indirectly by expert colleagues | 1. Promotes adult learning principles  
2. Learners, assessors and mentors have access to descriptors of expected performance  
3. Use self appraisal/reflection where possible  
4. Provide opportunity for learning of both experiential & theoretical knowledge  
5. Independent study essential  
6. Promote mentorship  
7. Ensure availability of appropriate support particularly in the early stages  
8. Provide teaching from a range of experts  
9. Clinical experience or patient mileage is essential  
10. Provide opportunity for direct guidance/observation & constructive feedback, not just critical  
11. Include case based discussions & reviews of difficult cases with expert colleagues  
12. Apply a flexible learning approach, that is targeted to meet organisational job role & individual need  
13. Promote participation in external formal training +/- qualification(s) as required by the organisation | Develop learning strategies |
|                       |                                                                           |                                                                                                                        | Learning Needs Analysis Part A & B |

**Development Process**
### Phase: Assessment

**Definition**
The process where competence is measured against all aspects of the workplace standard

<table>
<thead>
<tr>
<th>Guiding Principles for development and use of the resource</th>
<th>Development Process</th>
<th>Developed Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Workplace assessors meet specified criteria</td>
<td>Identify elements to cluster for assessment</td>
<td></td>
</tr>
<tr>
<td>2. Assessment principles are applied (validity, reliability, flexibility, fairness and sufficiency)</td>
<td>Review &amp; select assessment methods, considering resources, assessors, timeframes</td>
<td></td>
</tr>
<tr>
<td>3. Include a range of methods mapped to the competency standard</td>
<td>Select assessment tools (instruments &amp; procedures) &amp; record evidence matrix</td>
<td></td>
</tr>
<tr>
<td>4. Regardless of the assessment method used, preparation of the candidate, assessor &amp; mentor is essential</td>
<td>Develop assessment plan</td>
<td></td>
</tr>
<tr>
<td>5. Assessment suits &amp; is acceptable to stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Be a combination of formative +/- summative assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 7. Judgement is supported by the evidence gathered and the evidence accurately reflects:
  
  1. real workplace requirements
  2. dimensions of competency
  3. requirements set out in the competency standard
  4. the range & complexity of patient presentations found in the workplace |

**Table 1: AMP competency based learning and assessment process overview**
Competency-based assessment and related tools

‘Competency based assessment is a purposeful process of systematically gathering, interpreting, recording and communicating to stakeholders, information on candidate performance against industry competency standards and/or learning programs.’

Assessment is an important part of any training system, not only for the learner but for the clinical educator and for stakeholders.

For the learner, assessment provides feedback to guide their future learning and monitor their own progress. For clinical educators, assessment allows them to verify that learning is taking place in line with the required standard of performance and to determine their success in facilitating the learning process. For stakeholders, assessment provides a way of knowing if people have the required knowledge, skills and behaviours for the job. In this instance, the key stakeholders would include employers and clinical supervisors from a variety of professions.

Providing proof of competency achievement involves a process of gathering information (evidence), matching it against the requirements of the competency standard and applying it in the workplace using sound assessment principles. This process is assisted by using a variety of assessments examples of which are listed here:

- self assessment (SA)
- written response (WR)
- oral appraisal (OA)
- documentary evidence (DE)
- workplace observation (WO)
- case-based presentation (CBP)
- portfolio (PF)
- performance appraisal (PA)

Tools and resources designed to aid implementation will be detailed in The AMP Guidelines of Implementation.
The APA National Advanced Musculoskeletal Physiotherapy Standard of Practice

The standard contains domains, elements, performance criteria and performance cues, outlined in Figure 3. Elements C1–15 of the competency standard are core elements that apply to all the areas of AMP. The remaining elements of the competency standard are 'specific to the practice context', that is, relevant to one or more services, but not necessarily to all services. They are listed under the areas of Emergency, Spinal, Orthopaedics, Post-Surgical and Rheumatology.

To accommodate variations in service requirements across state/territory jurisdictions and between organisations, the examples provided in the performance cues for what independent competent practice may look like in action, may be modified. This flexibility permits health service providers to pick and choose the non-core elements which align best with their service needs. However, it is imperative that the consistency and integrity of the standards are preserved therefore the remaining components of the standard must not be changed.

Where performance criteria are not relevant to the advanced practice role, any competencies where the performance may be restricted in the population they service, or responsibilities required of the position holder, should be clearly documented in the range statement and a cross placed in the role relevance column in the competency standard. For example – a clinic may service a limited orthopaedic population, such as hip and knee arthroplasties.
## Elements

Elements describe the essential outcome of the competency standard

### Performance criteria

The performance criteria specify the level of the performance required to demonstrate achievement of the element

### Performance cues

Performance cues provide practical examples of what an independent performer may look like in action

### C1. Operate within scope of practice

| C1.1 Identify and act within own knowledge base and scope of practice |
| 1.1 |
| 3.3.1 |

- Confer with expert colleagues for a second opinion when unsure or exposed to uncommon presentations
- Refrain from assessment, decision making, treatment and procedures outside scope

| C1.2 Work towards the full extent of the role |
| 1.1.1 |

### C2. Display accountability

| C2.1 Demonstrate responsibility for own actions, as it applies to the practice context |
| 7.2.1 |

- Identify the additional responsibilities resulting from working in advanced practice roles
- Identify the impact own decision making has on patient outcomes and act to minimise risks

---

**Figure 1: AMP competency standard format at a glance**
AMP competency standard format at a glance

Figures 4 demonstrates the complete standard as an overview and with details of each specific clinical setting respectively. All AMPs shall complete the four core components then select the specific components relevant to their clinical setting as outlined in the right of the diagram.

Components of the Standard - Overview

*Figure 2: Components of the Standard - Overview*
## Core Elements for Advanced Musculoskeletal Physiotherapists

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance criteria</th>
<th>Performance cues</th>
<th>RELATED APA CODING*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Elements for Advanced Musculoskeletal Physiotherapists</td>
<td>The performance criteria specify the level of the performance required to demonstrate achievement of the element</td>
<td>Performance cues provide practical examples of what an independent performer may look like in action</td>
<td></td>
</tr>
<tr>
<td><strong>Professional Behaviours</strong></td>
<td></td>
<td><strong>C1. Professional Behaviours</strong></td>
<td></td>
</tr>
<tr>
<td>C1.1 Identify and act within own knowledge base and scope of practice</td>
<td>1.1 3.3.1 7.3.1</td>
<td>• Confer with expert colleagues for a second opinion when unsure or exposed to uncommon presentations&lt;br&gt;• Refrain from assessment, decision making, treatment and procedures outside scope</td>
<td></td>
</tr>
<tr>
<td>C1.2 Work towards the full extent of the role</td>
<td>1.1.1</td>
<td></td>
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<tr>
<td><strong>C2. Display accountability</strong></td>
<td></td>
<td><strong>C2.1 Demonstrate responsibility for own actions, as it applies to the practice context</strong></td>
<td></td>
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<tr>
<td>C2.1 Demonstrate responsibility for own actions, as it applies to the practice context</td>
<td>7.2.1</td>
<td>• Identify the additional responsibilities resulting from working in advanced practice roles&lt;br&gt;• Identify the impact own decision making has on patient outcomes and act to minimise risks</td>
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<tr>
<td><strong>Lifelong Learning</strong></td>
<td></td>
<td><strong>C3. Demonstrate commitment to lifelong learning</strong></td>
<td></td>
</tr>
<tr>
<td>C3.1 Engage in lifelong learning practices to maintain and extend professional competence</td>
<td>1.1.1 6.1.1 6.1.2 6.1.3</td>
<td>• Use methods to self-assess own knowledge and clinical skills; for example, engage in a learning needs analysis and/or performance appraisal process&lt;br&gt;• Design a plan to appropriately address identified learning needs to appropriately address the depth and breadth of the role&lt;br&gt;• Maintain a comprehensive professional portfolio including evidence supporting achievement of identified needs&lt;br&gt;• Undertake continuous professional development to meet the identified needs through appropriate means that may include formal research, literature reviews, peer revision and discussion, formal and informal courses / seminars, in-service education</td>
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<tr>
<td>C3.2 Identify own professional development needs and implement strategies for achieving them</td>
<td>6.1.2</td>
<td></td>
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<tr>
<td>C3.3 Engage in both self-directed and practice-based learning</td>
<td>6.1.1 6.1.3</td>
<td></td>
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<tr>
<td>C3.4 Reflect on clinical practice to identify strengths and areas requiring further development</td>
<td>6.1.1 6.1.2</td>
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</table>
### Communication

| C4. Communicate effectively with colleagues in context of advanced practice physiotherapy | C4.1 Use concise, systematic communication at the appropriate level when conversing with a range of colleagues in the practice context | 3.1.1  
3.2.1  
3.3.2 |
|---|---|---|
| C4.2 Present all relevant information to expert colleagues when acting to obtain their involvement | 2.5.1  
2.5.2  
2.5.3  
3.1  
3.3.2 |
| C4.3 Document information in the patient health record, capturing all appropriate assessment findings, intervention, consultation, address of risks and consent, and referral or follow-up plans | 2.2.3  
2.5.1  
2.5.2  
2.5.3 |

- Verbally present patients to consultant with appropriate brevity and pre-considered purpose, using a systematic approach such as the Identify, Situation, Background, Assessment, Recommendation (ISBAR) format to assist with diagnosis and to confirm management plan
- When presenting cases, consistently include essential information while excluding what is extraneous
- Ensure referral letters are concise, accurate and contain all required information to accepted practice standards and are appropriate to the audience
- Communicate effectively using written and verbal methods when handing over patient care
- Handover of care is given to an appropriate professional (e.g. not a junior doctor)
- Liaise with expert colleagues (e.g. medical consultant) when presented with barriers to consent

| C5. Communicate effectively with patients & carers in context of advanced practice physiotherapy | C5.1 Provide consultant level opinion (with advice and education) to patients | 1.2  
1.3.1  
1.3.2  
2.1  
2.2  
2.3  
2.4 |
<table>
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<tr>
<td>C5.2 Use a client–centred approach</td>
<td>2.1.1</td>
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<tr>
<td>C5.3 Optimise the physical environment for client comfort, dignity, privacy, engagement and safety</td>
<td>2.1.2</td>
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<tr>
<td>C5.4 Recognise when the values, culture, biases, or perspectives of clients, physiotherapists, or relevant others may have an impact on the quality of management, and modify the approach to the client accordingly</td>
<td>2.1.3</td>
<td></td>
</tr>
<tr>
<td>C5.5 Respond to client’s non-verbal behaviour to enhance communication</td>
<td>2.1.4</td>
<td></td>
</tr>
<tr>
<td>C5.6 Manage disagreements and emotionally charged conversations</td>
<td>2.1.5</td>
<td></td>
</tr>
</tbody>
</table>

- Use of appropriate language to avoid jargon
- Recognise the need for alternative communication strategies with patients from culturally and linguistically diverse backgrounds or with low levels of literacy and health literacy
- Communicate with patient’s General Practitioner or community services
- Show education and advice to the patient/carer including diagnosis, treatment plan, self-management strategies where indicated, advice when to seek further help, medication usage, vocational advice, timelines regarding recovery, referrals for ongoing management, and information on local community resources/health promotion
- Use written information for patients where available
- Confirm that the patient has an understanding of the information provided and is safe for discharge
- Inform the patient of the handover
- Arrange interpreters where indicated
- Communicate using a client-centered approach that encourages client trust and autonomy and is characterised by empathy, respect, and compassion
- Participate in improvement projects aimed at reducing barriers to health literacy
- Optimise the physical environment for client comfort, privacy, engagement, and risk management in both individual and group interactions
- Demonstrate expertise in recognising and responding to non-verbal cues delivering optimal communication
- Manage challenging disagreements and emotionally charged conversations
- Counsel others impacted by disagreements and emotionally charged conversations
- Coach others how to manage disagreements and emotionally charged conversations
- Participate in improvement projects aimed at reducing barriers to health literacy
- Optimise the physical environment for client comfort, privacy, engagement, and risk management in both individual and group interactions
<table>
<thead>
<tr>
<th>Provision and coordination of care</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>C6. Evaluate referrals</strong></td>
<td></td>
</tr>
<tr>
<td>C6.1 Discern patients appropriate for advanced physiotherapy assessment and management. Do this in accordance with individual strengths or limitations, any legal or organisational restrictions on practice, the environment, the patient profile/needs and within defined work roles</td>
<td>1.1</td>
</tr>
<tr>
<td>C6.2 Discern patients appropriate for management in a shared care arrangement, in accordance with individual strengths or limitations, any legal or organisational restrictions on practice, the environment, the patient profile/needs and within defined work roles</td>
<td>3.1.2 3.1.3</td>
</tr>
<tr>
<td>C6.3 Defer patient referrals to relevant health professionals, including other physiotherapists, when limitations of skill or job role prevent the patient’s needs from being adequately addressed or when indicated by local triage procedure</td>
<td>3.3.1</td>
</tr>
<tr>
<td>C6.4 Prioritise referrals based on patient profile/need, organisational procedure or targets, and any local factors</td>
<td>1.1.3</td>
</tr>
<tr>
<td>C6.5 Communicate action taken on referrals using established organisational processes</td>
<td>3.3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C7. Construct &amp; perform assessments in the context of advanced practice physiotherapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C7.1 Design and perform an individualised, culturally appropriate and effective patient interview for common and/or complex conditions/presentations within a biopsychosocial framework</td>
<td>1.2.1 1.2.2</td>
</tr>
<tr>
<td>C7.2 Formulate a preliminary hypothesis and differential diagnoses for a patient with common and/or complex conditions, as relevant to the practice context</td>
<td>1.2.1 1.2.2</td>
</tr>
<tr>
<td>C7.3 Perform complex modifications to routine musculoskeletal assessment in recognition of factors that may impact on the process, such as the patient’s profile/needs and the practice context</td>
<td>1.2.2</td>
</tr>
</tbody>
</table>

- Demonstrate expertise in recognising and responding to non-verbal cues delivering optimal communication
- Manage challenging disagreements and emotionally charged conversations
- Counsel others impacted by disagreements and emotionally charged conversations
- Coach others how to manage disagreements and emotionally charged conversations
- Consistently discern patients appropriate for advanced musculoskeletal physiotherapy management
- Consistently discern patients not appropriate for advanced musculoskeletal physiotherapy management
- Engage in timely discussion and referral to expert colleagues for appropriate cases
- Consistently apply local organisational requirements of patient flow in work prioritization, triage of referrals, booking of appointments and protocols for patients who fail to attend or are not contactable
- Structure the interview and history according to the presenting patient’s condition
- Recognise the strengths and weaknesses of an examination for serious and sinister pathology and structure the examination and management accordingly
- Effectively screen for red flags or possible serious underlying pathology (special questions – fevers, sweats, weight loss, etc.)
- Demonstrate ability to modify the interview where appropriate and use pattern recognition to inform assessment and examination
- Recognise the relevance of psychosocial factors for each patient and instigate / offer management as appropriate
- Use advanced clinical reasoning to differentiate persistent widespread pain, Inflammatory versus non-inflammatory conditions and neurogenic symptoms in complex presentations.
- More complex musculoskeletal presentations that require a medical opinion
- Identify patients where the presenting condition requires a surgical opinion and determine the appropriate timing of this opinion (e.g. may not be required if non-surgical management is successful).
| C7.4 | Identify when input is required from expert colleagues and act to obtain their involvement | 3.3.1 | 3.3.2 | 3.3.2 | • Demonstrate an understanding of the association, but poor correlation between pain and function capacity  
• Demonstrate an understanding of the emotional, cognitive, contextual and environmental modulation of pain response.  
• Demonstrate an awareness of the significance of stress and trauma  
• Use history-taking skills to direct an appropriate physical examination, use of investigations and outcome measures consistent with evidence-based practice.  
• Physical examination skills – undertake an examination based on the best evidence and / or expert opinion.  
• Recognise the limitations of Evidence-based practice and need for individualised case management based upon best evidence and / or expert opinion. |
| C7.5 | Construct an assessment to screen for serious and sinister pathology of a musculoskeletal or non-musculoskeletal origin | 1.2.2 | 3.3.1 |
| C7.6 | Identify the complexity, multidimensional and individual nature of the pain experience | 1.2.2 | 3.3.1 |

### C8. Apply the use of radiological investigations in the context of advanced practice physiotherapy

| C8.1 | Anticipate and minimise risks associated with radiological investigations | 1.3.2 |
| C8.2 | Determine the indication for imaging based on assessment findings and clinical decision-making rules | 1.2.2 |
| C8.3 | Select the appropriate modality consistently and act to gain authorisation as required | 1.2.2 |
| C8.4 | Convey all required information on the imaging request consistently | 2.5.2 | 2.5.3 |
| C8.5 | Interpret images accurately using a systematic approach for patients with common and/or complex conditions, as relevant to the practice context | 1.2.3 |
| C8.6 | Identify when input is required from expert colleagues and act to obtain their involvement | 3.3.1 | 3.3.2 |
| C8.7 | Meet threshold credentials and/or external learning and assessment processes set by the organisation, governing body or state/territory | 1.1 |

### C9. Apply the use of pathology tests in the context of advanced practice physiotherapy

| C9.1 | Anticipate and minimise risks associated with pathology tests | 1.3.2 |
| C9.2 | Determine the indication for pathology testing based on assessment findings and clinical decision-making rules | 1.2.2 |
| C9.3 | Identify the appropriate test(s) consistently and act to gain authorisation as required | 1.2.2 |

• Consistently identify patients infected with Human Immunodeficiency Virus or other blood-transmissible virus and notify staff involved about the procedure and handling of specimens according to local procedure  
• Determine which pathology tests are indicated and liaise effectively with a consultant/medical specialist regarding this, ensuring all precautions and contraindications have been identified prior to the discussion  
• o venous blood collection  
• o capillary blood collection (blood glucose)  
• o urine collection
C9.4 Convey all required information to appropriate personnel when initiating pathology tests

2.5.2
2.5.3

- Interpret common pathology test findings, and identifies an appropriate medical officer (e.g. orthopaedic consultant/registrar, rheumatologist or General Practitioner) to consult with when indicated
- Follow the local organisation’s policies and procedures regarding pathology requests
  - Consults with medical team or nurse practitioner in a timely manner
  - Conveys accurate and relevant patient assessment findings; this will ensure the right test is conducted for the right indication for the right patient
  - Includes details of any drug therapy that may affect the test or interpretation
- Describe procedures and tests to the patient accurately and in a manner, they can understand and provide informed consent
- Ensure there is a suitable location and positions for procedural access

C9.5 Interpret routine pathology test results for patients with common and/or complex conditions, and in consultation with expert colleagues

1.2.3
3.3.1
3.3.2

- Interprets pathology test results for patients with common and/or complex conditions
- In consultation with expert colleagues

C9.6 Meet threshold credentials and/or external learning and assessment processes set by the organisation, governing body, or state/territory legislation

1.1
7.3.1

- Meets threshold credentials and/or external learning and assessment processes set by the organisation, governing body, or state/territory legislation

---

C10. Apply the use of therapeutic medicines in the context of advanced practice physiotherapy

C10.1 Determines indication(s) and appropriate use of medication, and refers to relevant health professionals for prescription review

1.2.2
1.2.3
3.3.1
3.3.2

- Determines indication(s) and appropriate use of medication
- Refers to relevant health professionals for prescription review

C10.2 Demonstrate knowledge of medicines including: pharmacokinetics, indications, contraindications and precautions, adverse effects, interactions, dosage and administration of medications commonly used to treat musculoskeletal conditions, applicable to the practice context

1.1.2

- Demonstrates knowledge of medicines
- Includes: pharmacokinetics, indications, contraindications and precautions, adverse effects, interactions, dosage and administration of medications commonly used to treat musculoskeletal conditions

C10.3 Apply knowledge of the legal and professional responsibilities relevant to recommending, administering, using, supplying and/or prescribing medicines under the current legislation, as relevant to the practice context

1.1
7.3.1

- Applies knowledge of the legal and professional responsibilities relevant to recommending, administering, using, supplying and/or prescribing medicines under the current legislation
- As relevant to the practice context

C10.4 Comply with national, state/territory drugs and poisons legislation

1.1
7.3.1

- Complies with national, state/territory drugs and poisons legislation

C10.5 Identify when input is required from expert colleagues and act to obtain their involvement

3.3.1
3.3.2
3.3.3

- Identifies when input is required from expert colleagues
- Acts to obtain their involvement

C10.6 Apply relevant knowledge of the medicine involved when recommending and informing patients of the risks and benefits of use

1.3.1
1.3.2
1.3.3

- Applies relevant knowledge of the medicine involved
- When recommending and informing patients of the risks and benefits of use

C10.7 Exercise due care, including properly assessing the implications for individual patients receiving therapeutic medicine, as relevant to the practice context

1.3.1
1.3.2
1.3.3

- Exercises due care
- Including properly assessing the implications for individual patients receiving therapeutic medicine
- As relevant to the practice context

C10.8 Maintain proper clinical records as they relate to therapeutic medicine

2.5.1
2.5.2
2.5.3

- Maintains proper clinical records
- As they relate to therapeutic medicine

C10.9 Meet threshold credentials and/or external learning and assessment processes set by

6.1.1
7.3.1

- Meets threshold credentials
- And/or external learning and assessment processes
| C11. Apply advanced clinical decision making to formulate differential diagnoses | C11.1 | Determines indication(s) and appropriate use of medication, and refers to relevant health professionals for prescription review | 1.2.3 | • Demonstrate flexible thinking and review the examination findings when presented with new information, either from the patient or as a result of diagnostic investigations  
• Link radiological findings to the presenting condition, demonstrating awareness of aberrant pathology, incidental findings, anatomical variants and normal images  
• Consider other physiological measures such as vital signs and their impact on differential diagnosis  
• Interpret the relevance of findings of pathology results and decide on further assessment or management, in conjunction with appropriate medical staff  
• Determine appropriate additional diagnostic imaging in line with local policies/procedures/practice context, in conjunction with medical colleagues as required  
• Identify precautions and contraindications for medications appropriate to the patient  
• Educate patients regarding expectations of services that may not be available, indicated or realistic in the clinical setting such as a patient requesting an Magnetic resonance imaging for low back pain |
| C11.2 | Demonstrate knowledge of medicines including: pharmacokinetics, indications, contraindications and precautions, adverse effects, interactions, dosage and administration of medications commonly used to treat musculoskeletal conditions, applicable to the practice context | 1.2.3 1.3.1 1.3.2 | |
| C11.3 | Apply knowledge of the legal and professional responsibilities relevant to recommending, administering, using, supplying and/or prescribing medicines under the current legislation, as relevant to the practice context | 1.3.2 4.2.1 4.2.2 | |
| C12. Formulate & implement management plans in context of advanced practice physiotherapy | C12.1 | Comply with national, state/territory drugs and poisons legislation | 1.2.4 1.3.1 1.3.2 | • Identify and prioritise resources for the optimal management of the patient  
• Modify practice to accommodate changing demands and availability of health resources (e.g. reduced service on weekends, peak demands on radiology, pharmacy, cubicles, waiting times for specialist services)  
• Recognise strengths and weaknesses of the available evidence and modify/align the treatment plan accordingly  
• Assess response to intervention and re-evaluates diagnosis and management plan accordingly  
• Identify, define and describe simple fractures, small joint dislocations, soft tissue injuries, acute and persistent spinal and peripheral conditions and their significance to management  
• Demonstrate knowledge and understanding of injuries requiring emergent care, review or intervention  
• Refer patients onto other health services including but not limited to: specialist clinics, physiotherapy, podiatry, hydrotherapy, exercise physiology, pain management services, after plaster care  
• Provide, communicate and co-ordinate holistic care; aligned with members of the multidisciplinary treating team  
• Provide consultancy in non-surgical management to optimise outcomes  
• Actively involve the patient in formulating management plans  
• Ensure medication usage and prescriptions are provided in a shared-care model of care  
• Complete WorkCover/sick certificates in compliance with local regulation |
<p>| C12.2 | Identify when input is required from expert colleagues and act to obtain their involvement |  |
| C12.3 | Apply relevant knowledge of the medicine involved when recommending and informing patients of the risks and benefits of use | 3.1.1 | |
| C12.4 | Exercise due care, including properly assessing the implications for individual patients receiving therapeutic medicine, as relevant to the practice context | 3.1.1 3.1.2 3.1.3 | |
| C12.5 | Maintain proper clinical records as they relate to therapeutic medicine | 3.1.1 3.1.2 3.1.3 | |
| C12.6 | Meet threshold credentials and/or external learning and assessment processes set by the organisation, governing body, national, state/territory legislation | 3.3.1 3.3.2 | |
| C12.7 | Identify when input to complementary care is required from other health professionals and act to obtain their involvement | 3.1.1 3.1.2 3.1.3 | |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Relevant Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>C12.8</td>
<td>Provide appropriate education and advice to patients with common and/or complex conditions</td>
<td>2.4.2, 2.4.3, 2.5.3</td>
</tr>
<tr>
<td>C12.9</td>
<td>Ensure that management plans are designed to optimise patient compliance/treatment adherence</td>
<td></td>
</tr>
<tr>
<td>C12.10</td>
<td>Formulate a discharge plan and conduct a thorough handover to ensure patient care is maintained</td>
<td>2.3.1, 2.3.2, 2.5.3, 2.2.1, 3.3.2</td>
</tr>
</tbody>
</table>

**C13. Evaluate & appraise in the context of a patient with complex comorbidities**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Relevant Standards</th>
</tr>
</thead>
</table>
| C13.1 | Modify routine musculoskeletal assessment and intervention in recognition of a patient’s comorbidities as relevant to the practice context | 1.2.2, 3.3.1, 3.3.2 | • Demonstrate a basic knowledge of relevant medical comorbidities (such as, diabetes, obesity, metabolic disease, thyroid disorders) and their effect on musculoskeletal conditions  
  • Demonstrate knowledge of normal physiological ranges of common tests and observations (Blood pressure, Blood glucose level, Pulse rate, white cell count, body mass index, temperature, respiratory rate)  
  • Demonstrate basic understanding of treatment regimens for relevant comorbidities (eg diabetes, hypertension, thyroid disorders) and consequential side effects (eg Glucagon-like peptide-1 receptor agonists 1, glucocorticosteroid use)  
  • Escalate care appropriately in the presence of abnormal diagnostic testing or concerning observations (e.g. hypo/hyperglycaemia)  
  • Identify policies relating to fasting in people with diabetes  
  • Demonstrate awareness of possible complications and strategies to prevent neuropathy  
  o measures to prevent tissue damage  
  o implications of for medication use  
  o foot screen and neurovascular assessment  
  o retinopathy  
  • Ensure health professionals involved in the care of a patient’s comorbidities are informed of diagnosis, changes to medications, management and follow-up plan  
  • Encourage people with comorbidities to participate in safe and healthy, active lifestyle behaviours |
| C13.2 | Exercise due care in managing patients with psychological comorbidities                              | 1.1, 1.4.1, 1.4.2, 2.2.1, 2.5.3, 3.3.2 | • Demonstrate the knowledge that persistent pain is not masked depression, nor is there evidence for the pain-prone personality disorder  
  • Demonstrate the knowledge that depression in persistent pain patients is more likely to be a consequence than a cause of persistent pain but that psychosocial factors may increase the risk for the development of persistent pain, particularly anxiety, catastrophising, alcohol or other substance disorders, and occupational impairment  
  • Demonstrate the knowledge that depression may be a predictor of pain severity, pain behaviour, disability or adherence to pain treatment, and that the presence of pain may be a predictor of depression severity; however, be aware that these are associations, not causal statements  
  • Identify that early intervention is increasingly seen as central to the prevention of long-term disability  
  • Evaluate psychosocial risk factors that influence the onset and maintenance of disability and understand the interventions for their management  
  • Refer patients with poorly managed psychological symptoms or who are considered at risk of self-harm to mental health services/teams |
### C14. Evaluate & appraise in the context of a paediatric patient

<table>
<thead>
<tr>
<th>C14.1</th>
<th>Perform complex modifications to routine musculoskeletal assessment in recognition of the patient’s age</th>
<th>1.2.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>C14.2</td>
<td>Determine and minimise risks associated with investigations unique to paediatrics</td>
<td>1.3.2</td>
</tr>
<tr>
<td>C14.3</td>
<td>Maintain close lines of consultation with expert colleagues when interpreting investigations and managing paediatric patients</td>
<td>3.1.2</td>
</tr>
<tr>
<td>C14.4</td>
<td>Act to ensure the medication requirements of paediatric patients are met and applied safely and effectively, as relevant to the practice context</td>
<td>1.1.1</td>
</tr>
<tr>
<td>C14.5</td>
<td>Formulate an appropriate management plan in collaboration with the parent/caregiver that meets the needs of the child and family</td>
<td>1.3.1</td>
</tr>
<tr>
<td>C14.6</td>
<td>Identify when input is required from expert colleagues in the care of paediatric patients and act to obtain their involvement</td>
<td>3.3.1</td>
</tr>
<tr>
<td>C14.7</td>
<td>Apply evidence-based practice to the management of musculoskeletal conditions in the paediatric population</td>
<td>1.1</td>
</tr>
</tbody>
</table>

- Distinguish that the healthcare needs of a child are distinct from adults and adapt accordingly
- Conduct an age-appropriate musculoskeletal assessment based on knowledge of age, growth and developmental variables
- Identify how indication, clinical decision-making rules and interpretation of investigations of a child presenting with musculoskeletal conditions differs from adults
- Identify and respond to atypical situations that arise when implementing the management plan/intervention
- Describe the different types of bone injuries in children and apply the Salter-Harris classification when describing fractures and interpreting x-rays
- Conduct a thorough assessment if a child is limping; recognise the need for escalation of care due to possible differential diagnoses requiring emergent care
- Prepare a management plan that incorporates the child’s need for play and provides age-specific activities and advice
- Adapt management and follow-up plan to meet diversity in family structures and child-rearing practices
- Provide a caring environment for the child and carer, recognising a child’s need for security, objects and comfort
- Use communication techniques and strategies that are appropriate to the child’s age and developmental stage
- Demonstrate relevant knowledge of safe pharmacological preparations used in paediatric and child healthcare
- Act to engage the medical team in a timely manner to provide effective analgesia to the child when required
- Minimise distress of procedures e.g. when applying plasters
- Recognise the potential for a rapid change in a child’s condition and act accordingly to involve the medical team
- Assist the child and family to recognise and understand their current health status and changes in health status e.g. plaster aftercare
- Confirm that the parent/carer understands the diagnosis, treatment plan, self-management strategies where indicated, advice when to seek further help, medication usage, vocational advice, timelines regarding recovery, referrals for ongoing management, and information on local community resources and health promotion
- Act within appropriate national and state/territory legislation and policies e.g. the Children and Young Persons Act, Guidelines for hospital-based child and adolescent care, and The Australian Council on Healthcare Standards
- Comply with the notification of child abuse and neglect legislation and policies
- Demonstrate an awareness of, and respect for, the legal rights of young people in relation to consent and confidentiality
- Conform with the specific issues of informed consent of a child and child protection issues, and consider the impact of the child’s condition on their family
- Ensure Child Protection Training, as per local governance requirement, is complete and maintained up to date
- Identify injuries that may indicate deliberate harm to a child and escalate care according to organisation processes
- Conduct baseline, regular, and follow-up neurovascular and pain assessments
- Conduct and record relevant observations (e.g. neurovascular, pain, vital signs, blood glucose) at baseline, at appropriate intervals throughout the stay, or at follow up
- Use valid and reliable objective outcome measures to assess and reassess patients presenting condition(s) e.g. pain scales, neurovascular charts
- Identify and act on verbal and non-verbal cues that indicate worsening pain levels or symptoms
- Consider differential diagnose during assessment and care

### C15. Monitor and escalate care

<table>
<thead>
<tr>
<th>C15.1</th>
<th>Monitor the patient response and progress throughout the intervention using appropriate visual, verbal and physiological observations</th>
<th>1.1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>C15.2</td>
<td>Identify and respond to atypical situations that arise when implementing the management plan/intervention</td>
<td>1.1.4</td>
</tr>
</tbody>
</table>

- Conduct baseline, regular, and follow-up neurovascular and pain assessments
- Conduct and record relevant observations (e.g. neurovascular, pain, vital signs, blood glucose) at baseline, at appropriate intervals throughout the stay, or at follow up
- Use valid and reliable objective outcome measures to assess and reassess patients presenting condition(s) e.g. pain scales, neurovascular charts
- Identify and act on verbal and non-verbal cues that indicate worsening pain levels or symptoms
- Identify injuries that may indicate deliberate harm to a child and escalate care according to organisation processes
|    | C15.3 Evaluate the patient’s capacity for decision making and consent | 2.1.6 2.2.1 | • Identify when physiotherapy input is not, or no longer effective, and adopt a ‘shared care’ model of care  
• Seek or refer on for a medical opinion when  
  o serious underlying pathology or non-musculoskeletal pathology is suspected  
  o signs of worsening systemic features are present and warrant escalation  
• Recognise difficult and challenging behaviour (e.g. aggression, intoxication, desire to self-harm), and use appropriate de-escalation strategies and seek involvement of other team members where required (e.g. security, psychiatric team)  
• Identify issues relating to consent to active treatment; Involve other colleagues as necessary |
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</thead>
<tbody>
<tr>
<td></td>
<td>C15.4 Inform the patient of any additional risks specific to advanced practice, proposed treatments and ongoing service delivery, and confirm their understanding</td>
<td>2.2.1 2.2.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C15.5 Employ strategies to address concerns that are raised by a patient in respect to informed consent</td>
<td>2.2.3</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2: Core elements for advanced musculoskeletal physiotherapists**
## Items Specific for Advanced Practice Musculoskeletal Physiotherapists in Emergency

### E1 Evaluate and appraise patients with fractures and/or dislocations

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>The performance criteria specify the level of the performance required to demonstrate achievement of the element</td>
<td>Provide practical examples of what an independent performer may look like in action</td>
</tr>
</tbody>
</table>

#### E1.1. Demonstrate in depth knowledge of fractures and joint dislocations
- Describe mechanisms of injury that carry risk of likelihood of fracture or dislocation
- Determine any concomitant trauma e.g. head injury
- Demonstrate advanced knowledge of differential diagnosis including e.g. infection, metabolic conditions, vascular, neoplasm, inflammatory conditions and neurogenic
- Demonstrate highly developed skills in assessment determination of different diagnoses that could present masquerading as musculoskeletal injury or pain
- Organise for the patient to receive analgesia in a timely manner
- Perform appropriate level of physical exam demonstrating awareness of possible fracture or dislocation
- Recognise the significance of an open fracture and manage accordingly in collaboration with medical and nursing team
- Perform appropriate examination to exclude complications e.g. neurovascular assessment, compartment syndrome or distracting injury
- Demonstrate knowledge and understanding of injuries requiring emergent care, review or intervention
- Demonstrate and apply appropriate use of clinical guidelines that support best practice
- Describe relevant recommended imaging pathways for various musculoskeletal conditions requirements e.g. Ultrasound, Computer Tomography, Magnetic Resonance Imaging
- Identify, define and describe fracture patterns and joint dislocations and their significance to management
- Provide initial support and immobilisation of the affected body part until more comprehensive musculoskeletal support can be provided
- Identify fractures that need immediate medical care and act accordingly to ensure a timely medical review occurs
- Identify or determine the requirement for the patient to remain nil by mouth until discharge disposition is determined
- Provide first aid while in the ED e.g. ice and elevation and remove jewellery and constricting clothing
- Conduct regular neurovascular and pain assessments while patient is in the ED

| RELATED APA CODING | E1.1.1 | E1.1.2 | E1.1.3 | E1.1.4 | E1.1.5 | E1.2.1 | E1.2.2 | E1.2.3 | E1.2.4 | E1.3.1 | E1.3.2 | E1.3.3 | E1.3.4 | E1.4.1 | E1.4.2 | E1.4.3 | E1.4.4 | E1.4.5 | E1.5.1 | E1.5.2 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 6.3               | 1.1.2  | 1.2.2  | 1.2.3  | 1.2.4  | 2.1.1  |

#### E1.2. Perform complex modifications to routine musculoskeletal assessment for patients with a suspected fracture and/or dislocations

#### E1.3. Identify when imaging is appropriate to Order and Interpret plain films accurately using a systematic approach

#### E1.4. Identify when escalation of care is required from expert colleagues to review patients in whom differential diagnoses beyond scope are identified

#### E1.5. Identify when input from the medical team is required to manage fractures and/or joint reductions and act to obtain their involvement, while providing appropriate care in the interim

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National Advanced Musculoskeletal Physiotherapy (AMP) Competency Framework: Standard of Practice
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## Elements: describe the essential outcome of the competency standard

### E2  Formulate a management plan for patients with fractures and/or dislocations

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>The performance criteria specify the level of the performance required to demonstrate achievement of the element</td>
<td><strong>E2.1.</strong> Demonstrate ability to determine appropriate intervention techniques required for the reduction of fracture and dislocations</td>
</tr>
<tr>
<td></td>
<td>1.3 1.4.1</td>
</tr>
</tbody>
</table>
|  | **•** Identify fractures or dislocations that need immediate medical care and act accordingly to ensure a timely medical review occurs  
**•** Liaise with Orthopaedic registrar, Emergency Medical team leader, ED Navigator to coordinate resources required for large joint or fracture reduction  
**•** Communicate effectively with medical team, demonstrating the ability to describe the fracture from x-ray findings and relevant findings from history taking and clinical examination  
**•** Organise for the patient to remain nil by mouth until medical review occurs  
**•** Identify where a simple relocation is indicated for glenohumeral joint or patella dislocations  
**•** Coordinate adequate analgesia provision for the procedure (apart for sedation or complex analgesia)  
**•** Determine the amenability for, and perform simple reduction techniques for GHJ dislocation which may not require sedation or complex analgesia (inclusive of Kocher methods Stimson, External rotation, Cunningham’s or, FAst, REliable, and Safe)  
**•** Determine the amenability for, and perform simple reductions techniques for patellofemoral joint dislocations which do not require sedation or complex analgesia  
**•** Determine the indications for and perform simple reductions techniques for dislocations of the radio-capitellar joint in children which do not require sedation or complex analgesia (inclusive of supination/flexion and hyper pronation methods)  
**•** In collaboration with ED staff, follow local procedures for patient admission  
**•** Describe and understand the indications for Local Anaesthetic verses General Anaesthetic manipulation procedures and is able to articulate contraindications  
**•** Demonstrate familiarity of equipment e.g. Biers Block Cuffs; Nitrous delivery systems  
**•** Demonstrate the ability to gain and record informed consent prior to undertaking a joint reduction or fracture reduction procedure  
**•** Demonstrate an understanding of the principles of fracture reduction  
**•** Describe and demonstrate the appropriate positioning for various fracture types  
**•** Perform fracture reduction under an appropriate level of independence, supervision or assistance from the medical team  
**•** Describe and demonstrate in practice the principles for applying musculoskeletal support (plastering, splints, taping) inclusive of: |
<p>|  | o indications for musculoskeletal support |
|  | <strong>E2.2.</strong> Evaluate assessment and radiology findings to determine the amenability of joint dislocations to simple reduction procedures |
|  | 1.2.2 |
|  | <strong>E2.3.</strong> Explain clearly and demonstrate simple reduction procedures for large joint dislocations and or fracture reductions |
|  | 1.3.3 |
|  | <strong>E2.4.</strong> Identify when input is required from expert colleagues to manage fractures and/or large joint reductions and act to obtain their involvement, while providing appropriate care in the interim |
|  | 3.3.1 3.3.2 5.1.1 |
|  | <strong>E2.5.</strong> With appropriate supervision from expert colleagues, perform reduction of fractures or relocation of large joints |
|  | 1.1.1 1.1.2 1.3.3 |</p>
<table>
<thead>
<tr>
<th>E2.6. Apply and secure musculoskeletal support safely and effectively in the setting of joint or fracture reduction</th>
<th>1.3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>o planning prior to application e.g. pain management, patient consent and compliance, preparation of limb</td>
<td></td>
</tr>
<tr>
<td>o appropriate positioning of limb within plaster – for fracture patterns</td>
<td></td>
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<tr>
<td>o application</td>
<td></td>
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<tr>
<td>o use of materials</td>
<td></td>
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<tr>
<td>o temperature of water (plaster)</td>
<td></td>
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<tr>
<td>o skin protection such as layers of padding, allergies</td>
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<tr>
<td>o precautions and warnings</td>
<td></td>
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<tr>
<td>o aftercare management and patient education, including plaster review, referrals and follow-up</td>
<td></td>
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<tr>
<td>o removal of musculoskeletal support</td>
<td></td>
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<tr>
<td>o consideration of deep vein thrombosis prophylaxis</td>
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</table>

- Describe the process involved and factors affecting fracture healing – in language appropriate to the patient/carers health literacy
- Confirm the patient understands the diagnosis, treatment plan, self-management strategies where indicated, advice when to seek further help, medication usage, vocational advice, timelines regarding recovery, referrals for ongoing management, and information on local community resources and health promotion
- Obtain patient consent for procedure to be undertaken
- Ensure the patient can mobilise/function safely prior to discharge
- Arrange appropriate follow-up and referral information
- Ensure adequate imaging has occurred prior to specialist review/referral e.g. Computer tomography for operative planning
- Document all aspects of the procedure undertaken including relevant information such as neurovascular status, position of fracture/joint etc.
- Refer onwards to appropriate health professional if ongoing care if indicated
- Provide discharge summary with all relevant information for follow up, instructions for General Practitioner, changes to medications if indicated etc.

<table>
<thead>
<tr>
<th>E2.7. Communicate treatment plan and follow up to patient</th>
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<tbody>
<tr>
<td>2.1.1</td>
</tr>
<tr>
<td>2.3.1</td>
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<tr>
<td>2.4.1</td>
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<tr>
<td>2.4.3</td>
</tr>
</tbody>
</table>
## E3 Provide basic wound care in the emergency setting

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>The performance criteria specify the level of the performance required to demonstrate achievement of the element</td>
<td>Performance cues provide practical examples of what an independent performer may look like in action</td>
</tr>
</tbody>
</table>
| **E3.1.** Determine acute traumatic wounds appropriate for care by an advanced musculoskeletal physiotherapist, excluding wounds requiring debridement or suturing | 1.1  
- Describe key principles of history taking for open wounds and the implications of mechanism of injury in relation to wounds  
- Perform a wound assessment and identify potential problems related to the wound such as nerve injuries, contamination, foreign bodies  
- Identify high-risk groups for delayed wound healing (e.g. patients with diabetes or a history of smoking) and seek medical review when indicated  
- Describe and document wound characteristics accurately; effectively communicate with medical and nursing staff when their involvement is required  
- Identify clinical indications for imaging and laboratory tests for wounds and organise as appropriate in consultation with the medical team e.g. foreign bodies, human bite  
- Demonstrate a basic level of understanding of antibiotic choice for different wounds and the underlying principles for vaccinations e.g. tetanus. Liaise accordingly with medical staff  
- Apply the principles of asepsis to wound care  
- Apply the principles of standard precautions and additional precautions |
| **E3.2.** Safely and effectively assess and manage acute traumatic wounds that are appropriate for care by an AMP | 1.2.2  
- Describe key principles of history taking for open wounds and the implications of mechanism of injury in relation to wounds  
- Perform a wound assessment and identify potential problems related to the wound such as nerve injuries, contamination, foreign bodies  
- Identify high-risk groups for delayed wound healing (e.g. patients with diabetes or a history of smoking) and seek medical review when indicated  
- Describe and document wound characteristics accurately; effectively communicate with medical and nursing staff when their involvement is required  
- Identify clinical indications for imaging and laboratory tests for wounds and organise as appropriate in consultation with the medical team e.g. foreign bodies, human bite  
- Demonstrate a basic level of understanding of antibiotic choice for different wounds and the underlying principles for vaccinations e.g. tetanus. Liaise accordingly with medical staff  
- Apply the principles of asepsis to wound care  
- Apply the principles of standard precautions and additional precautions |
| **E3.3.** Monitor the healing of surgical wounds | 1.3.3  
- Describe key principles of history taking for open wounds and the implications of mechanism of injury in relation to wounds  
- Perform a wound assessment and identify potential problems related to the wound such as nerve injuries, contamination, foreign bodies  
- Identify high-risk groups for delayed wound healing (e.g. patients with diabetes or a history of smoking) and seek medical review when indicated  
- Describe and document wound characteristics accurately; effectively communicate with medical and nursing staff when their involvement is required  
- Identify clinical indications for imaging and laboratory tests for wounds and organise as appropriate in consultation with the medical team e.g. foreign bodies, human bite  
- Demonstrate a basic level of understanding of antibiotic choice for different wounds and the underlying principles for vaccinations e.g. tetanus. Liaise accordingly with medical staff  
- Apply the principles of asepsis to wound care  
- Apply the principles of standard precautions and additional precautions |
| **E3.4.** Identify when input is required from expert colleagues to assess and manage acute traumatic wounds and act to obtain their involvement | 3.1.2  
- Describe key principles of history taking for open wounds and the implications of mechanism of injury in relation to wounds  
- Perform a wound assessment and identify potential problems related to the wound such as nerve injuries, contamination, foreign bodies  
- Identify high-risk groups for delayed wound healing (e.g. patients with diabetes or a history of smoking) and seek medical review when indicated  
- Describe and document wound characteristics accurately; effectively communicate with medical and nursing staff when their involvement is required  
- Identify clinical indications for imaging and laboratory tests for wounds and organise as appropriate in consultation with the medical team e.g. foreign bodies, human bite  
- Demonstrate a basic level of understanding of antibiotic choice for different wounds and the underlying principles for vaccinations e.g. tetanus. Liaise accordingly with medical staff  
- Apply the principles of asepsis to wound care  
- Apply the principles of standard precautions and additional precautions |
## Items Specific for Advanced Practice Musculoskeletal Physiotherapists in Orthopaedic Screening

### O1. Evaluate and appraise patients with orthopaedic condition(s)

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **O1.1 Demonstrate an in-depth knowledge of musculoskeletal conditions** | - Describe modifiable and non-modifiable risk factors associated with orthopaedic musculoskeletal conditions  
- Distinguish key features of musculoskeletal conditions from differential diagnoses e.g. septic arthritis, inflammatory arthritis, gout, ligamentous injuries, metastases and spinal conditions  
- Describe the prevalence of musculoskeletal conditions within the community and the impact of the disease on the individual, population and healthcare system,  
- Demonstrate an understanding of the stages and progression of Osteoarthritis and the implications on assessment and management and apply knowledge of Kellgren-Lawrence scale for reporting Osteoarthritis severity  
- Clearly identify and prioritise patients presenting with urgent surgical requirements and liaise effectively with the orthopaedic team  
- Perform a musculoskeletal examination with appropriate testing to determine a problem list relevant to the individual (may include of active and passive range of movement, ligamentous structures, muscle length, gait, balance, leg length and alignment, special tests and functional abilities as required)  
- Demonstrate understanding of the sensitivity/specificity of assessments when formulating diagnoses, differential diagnoses and an effective care plan  
- Demonstrate advanced clinical reasoning in assessment and diagnosis e.g. patella instability, meniscal verses patella-femoral joint pathologies, shoulder impingement, instability or muscle deficiency  
- Describe and implement the recommended imaging pathways for musculoskeletal conditions  
- Use appropriate outcome measurement to monitor progress or deterioration and help make ongoing management decisions |

<table>
<thead>
<tr>
<th>Performance cues</th>
<th>RELATED APA CODING</th>
</tr>
</thead>
</table>
| **O1.1** | 1.1.2  
1.2.2  
1.2.3  
6.3 |
| **O1.2 Perform an appropriate assessment for patients presenting with a limb condition** | 1.2 |
| **O1.3 Interpret plain films accurately using a systematic approach** | 1.2.3 |
| **O1.4 Demonstrate an in-depth knowledge of the evidence for management of Osteoarthritis** | 1.1.2  
6.3  
1.2.2  
1.2.3 |
| **O1.5 Identify when input is required from expert colleagues and act to obtain their involvement** | 3.3.1  
3.3.2  
5.1.1 |
### O2. Formulate management plan for patients with orthopaedic condition(s)

| Performance criteria                                                                 | Performance cues                                                                                                                                                                                                                                                                                                                                                       | RELATED APA CODING |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The performance criteria specify the level of the performance required to demonstrate achievement of the element | - Demonstrate an understanding of the natural history of acute and persistent limb-pain presentations and the likely prognosis e.g. osteoarthritis, septic arthritis, inflammatory arthritis, gout, ligamentous injuries, and tumour conditions  
- Demonstrate advanced understanding of clinical evidence regarding the optimal management of musculoskeletal limb conditions, including the relative strengths and weaknesses of surgical and non-surgical management options, and the timely nature of intervention, taking into account natural history of conditions e.g. shoulder dislocation, rotator cuff tears, frozen shoulder  
Demonstrate an advanced understanding of the evidence base for non-surgical therapies, such as local anaesthetic blocks, cortisone injections, physiotherapy, orthotics, braces and taping, weight loss, and medicines  
- Clearly identify and prioritise patients presenting with urgent surgical and/or pain management requirements, and engage expert colleagues to expedite further evaluation and management  
- Demonstrate an understanding of instability and effective methods of immobilisation for unstable joints  
- Demonstrate an understanding of surgical indications evidence e.g. meniscal debridement versus repair, recurrent patella-femoral joint dislocation  
- Demonstrate understanding of the sensitivity/specificity of assessments when formulating diagnoses, differential diagnoses and an effective care plan  
- Perform physiotherapy treatment based on assessment findings and available clinical evidence | 1.2.4  
1.3  
1.2.2 |
### Items Specific for Advanced Practice Musculoskeletal Physiotherapists in Spinal Screening

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **Perform an appropriate assessment and use advanced clinical reasoning to inform and direct the diagnosis and case management for patients presenting for spinal related conditions** | - Demonstrate an understanding of the natural history of acute and persistent spinal pain presentations and the likely prognosis
- Demonstrate an understanding of diagnosis and classifications relative to non-specific and specific spinal conditions
- Identify contributing features and direct management for these
- Demonstrate understanding of relative merits of non-surgical and surgical management and other interventions (including injections)
- Identify when to refer for further investigations e.g. imaging, bladder scan, nerve conduction examination
- Demonstrate high level of clinical reasoning integrating findings of the clinical examination and investigations
- Identify the appropriate management pathway for patients
- Recognise and appropriately refer patients with sinister or serious pathology
- Demonstrate an advanced understanding of when surgery is indicated in managing musculoskeletal spinal pain
- Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Identify serious or sinister pathology with recognition of the strengths and weakness of respective ‘red flag’ questions individually or collectively
- Gather appropriate information to help with differential diagnosis
- Identify patients presenting with non-mechanical symptoms requiring the review of another medical specialty, such as neurology or rheumatology
- Demonstrate advanced clinical reasoning in analysing findings
- Clearly identify and prioritise patients presenting with urgent surgical requirements and/or pain management requirements, and engage the consultant to expedite further evaluation and management
- Perform a neurological examination with appropriate testing of reflexes, sensation, power, tone, neurodynamics, coordination and proprioception
- Demonstrate ability to analyse findings to deduce the likely underlying pathology
- Demonstrate an advanced understanding of the evidence base for other conservative therapies, such as spinal injections and possible risks and contraindications
- List the types of spinal injections and what types of drugs are administered
- Demonstrate an awareness of drug interactions and list possible complications following a spinal injection, particularly for high risk groups e.g. diabetics, patients taking anti-coagulants
- Document how risk is minimised when patient is scheduled to have a spinal injection |

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **Demonstrate understanding and practice according to contemporary clinical guidelines and best management practices with respect to non-surgical, surgical and other interventional practices** | - Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Demonstrate high level of clinical reasoning integrating findings of the clinical examination and investigations
- Identify the appropriate management pathway for patients
- Recognise and appropriately refer patients with sinister or serious pathology
- Demonstrate an advanced understanding of when surgery is indicated in managing musculoskeletal spinal pain
- Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Identify serious or sinister pathology with recognition of the strengths and weakness of respective ‘red flag’ questions individually or collectively
- Gather appropriate information to help with differential diagnosis
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- Demonstrate advanced clinical reasoning in analysing findings
- Clearly identify and prioritise patients presenting with urgent surgical requirements and/or pain management requirements, and engage the consultant to expedite further evaluation and management
- Perform a neurological examination with appropriate testing of reflexes, sensation, power, tone, neurodynamics, coordination and proprioception
- Demonstrate ability to analyse findings to deduce the likely underlying pathology
- Demonstrate an advanced understanding of the evidence base for other conservative therapies, such as spinal injections and possible risks and contraindications
- List the types of spinal injections and what types of drugs are administered
- Demonstrate an awareness of drug interactions and list possible complications following a spinal injection, particularly for high risk groups e.g. diabetics, patients taking anti-coagulants
- Document how risk is minimised when patient is scheduled to have a spinal injection |

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **Perform sufficient neurological examination that incorporates upper and lower motor neurone and peripheral nerve examinations with consistency in documentation standard** | - Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Demonstrate high level of clinical reasoning integrating findings of the clinical examination and investigations
- Identify the appropriate management pathway for patients
- Recognise and appropriately refer patients with sinister or serious pathology
- Demonstrate an advanced understanding of when surgery is indicated in managing musculoskeletal spinal pain
- Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Identify serious or sinister pathology with recognition of the strengths and weakness of respective ‘red flag’ questions individually or collectively
- Gather appropriate information to help with differential diagnosis
- Identify patients presenting with non-mechanical symptoms requiring the review of another medical specialty, such as neurology or rheumatology
- Demonstrate advanced clinical reasoning in analysing findings
- Clearly identify and prioritise patients presenting with urgent surgical requirements and/or pain management requirements, and engage the consultant to expedite further evaluation and management
- Perform a neurological examination with appropriate testing of reflexes, sensation, power, tone, neurodynamics, coordination and proprioception
- Demonstrate ability to analyse findings to deduce the likely underlying pathology
- Demonstrate an advanced understanding of the evidence base for other conservative therapies, such as spinal injections and possible risks and contraindications
- List the types of spinal injections and what types of drugs are administered
- Demonstrate an awareness of drug interactions and list possible complications following a spinal injection, particularly for high risk groups e.g. diabetics, patients taking anti-coagulants
- Document how risk is minimised when patient is scheduled to have a spinal injection |

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **Identify which patients may respond to injections, understand types of injections, their associated risks and interactions with medicines** | - Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Demonstrate high level of clinical reasoning integrating findings of the clinical examination and investigations
- Identify the appropriate management pathway for patients
- Recognise and appropriately refer patients with sinister or serious pathology
- Demonstrate an advanced understanding of when surgery is indicated in managing musculoskeletal spinal pain
- Demonstrate an advanced understanding of the evidence base for physiotherapy and exercise in managing acute and persistent spinal pain
- Identify serious or sinister pathology with recognition of the strengths and weakness of respective ‘red flag’ questions individually or collectively
- Gather appropriate information to help with differential diagnosis
- Identify patients presenting with non-mechanical symptoms requiring the review of another medical specialty, such as neurology or rheumatology
- Demonstrate advanced clinical reasoning in analysing findings
- Clearly identify and prioritise patients presenting with urgent surgical requirements and/or pain management requirements, and engage the consultant to expedite further evaluation and management
- Perform a neurological examination with appropriate testing of reflexes, sensation, power, tone, neurodynamics, coordination and proprioception
- Demonstrate ability to analyse findings to deduce the likely underlying pathology
- Demonstrate an advanced understanding of the evidence base for other conservative therapies, such as spinal injections and possible risks and contraindications
- List the types of spinal injections and what types of drugs are administered
- Demonstrate an awareness of drug interactions and list possible complications following a spinal injection, particularly for high risk groups e.g. diabetics, patients taking anti-coagulants
- Document how risk is minimised when patient is scheduled to have a spinal injection |
## S2. Formulate management plan for patients with spinal conditions

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **S2.1 Identify the complexity, multidimensional and individual nature of the pain experience** | • Demonstrate the understanding that function, activity level and disability are associated with, but are not the same as, pain  
• Identify the substantial variability in response to actual tissue damage or potential tissue damage, as reflected in the modest correlations among physical damage, pain and disability for acute, progressive and persistent pain  
• Demonstrate knowledge of the basic neurochemical and neurologic mechanism through which emotion, cognition and behaviour influence each other and are influenced by physiology  
• Demonstrate an understanding of the various emotional reactions to actual or potential tissue damage, including anxiety, fear, depression and anger  
• Demonstrate the knowledge that anticipatory anxiety, distress and fear may exacerbate pain or predict pain severity  
• Demonstrate an understanding of the major interactions between cognitive appraisal and affective reactions e.g. the role of catastrophising, helplessness and other maladaptive patterns of thinking, or the consequence of self-efficacy and personal control  
• Demonstrate empathetic and compassionate communication  
• Demonstrate an understanding of how cultural, institutional, societal and regulatory influences affect the assessment and management of pain  
• Demonstrate the knowledge that there are cultural, environmental and racial variations in pain experience and expression, and in healthcare seeking and treatment  
• Demonstrate the knowledge that pain behaviours and complaints are best understood in the context of social transactions among the individual, spouse, employers and health professionals, and in the context of community, governmental or legal procedures  
• Demonstrate an understanding of the potential role of the family in promoting illness or well behaviour  
• Demonstrate an awareness of the significance of stress and trauma e.g. family violence, sexual abuse and interpersonal relationship discord – as predisposing, exacerbating or maintaining factors in pain complaints and disability  
• Demonstrate an awareness that persistent pain patients can present with signs and symptoms that are incongruent with clinical expectations based on anatomical and physiological knowledge  
• Identify that malingering and deception are possible, and identify factors that increase the likelihood, as well as limitations in our capacities to accurately assess malingering  
• Develop a treatment plan based on the benefits and risks of available treatments  
• Demonstrate an understanding of the role of the clinician, including acting as an advocate to assist the patient to meet treatment goals  |
<p>| <strong>S2.2 Identify the impact of pain on society</strong> |  |
| <strong>S2.3 Formulate a preliminary hypothesis, differential diagnoses and patient-centered management plan</strong> |  |
| <strong>S2.4 Ensure that management plans are designed to optimise patient compliance/treatment adherence</strong> |  |</p>
<table>
<thead>
<tr>
<th></th>
<th>Demonstrate familiarity with how individual differences in both patients and health professionals affect adherence to treatment recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrate an understanding of how expectations, coping, cultural factors and environmental factors influence disability, treatment outcome and maintenance of treatment effects</td>
</tr>
</tbody>
</table>

*Table 5: Items specific for advanced practice musculoskeletal physiotherapists in spinal screening*
# Items Specific for Advanced Practice Musculoskeletal Physiotherapists in Post-Surgical Clinics

**Elements:** Describe the essential outcome of the competency standard

<table>
<thead>
<tr>
<th>P1. Evaluate and appraise patients following musculoskeletal surgery</th>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| **P1.1 Describe the surgical procedures for common musculoskeletal surgeries** | 1.1.2 | - Describe the different surgical approaches and indications for:
  - joint arthroplasty
  - open reduction internal fixation
  - capsule/tendon repair |
| **P1.2 Demonstrate an in-depth knowledge of the aetiology, pathology and indications for arthroplasty surgery** | 1.1.2 6.3 | - Describe common prosthetic designs (e.g. fixed, constrained or mobile-bearing)
- Describe common fixation methods (e.g. cement or uncemented implants, screws, plates)
- Describe pathologies that are indications for surgery (e.g. arthroplasty, rotator cuff tear) and explain the significance of these pathologies on post-operative outcomes and management |
| **P1.3 Demonstrate an in-depth knowledge of the post-operative management and complications** | 1.1.2 6.3 | - Perform a musculoskeletal examination with appropriate testing of active and passive range of movement, ligamentous structures, muscle length, gait, balance, leg length (apparent and true) and alignment, special tests and functional abilities as required to determine a problem list relevant to the individual
- Demonstrate a complex assessment, including neurological testing when indicated e.g. patients with neuropraxia complication, tumor resection arthroplasty, multi-trauma |
| **P1.4 Modify assessment to identify any post-operative complications** | 1.2.2 1.2.3 | - Use valid, reliable, and sensitive outcome measures to monitor progress
- Outline the typical post-operative management and milestones that patients are expected to achieve following surgery |
| **P1.5 Interpret postoperative imaging, using a systematic approach to identify signs of prosthesis/fixation/repair failure** | 1.2.3 | - Identify, define and describe post-operative complications following surgery (such as excessive pain, wound infection, DVT, joint stiffness, joint dislocation, periprosthetic fracture patterns, neuropraxias) their significance to management, and delineate which complications need to be escalated to timely medical review
- Demonstrate competency in the interpretation of plain-film imaging e.g. signs of loosening, wear, infection, osteolysis, loss of fixation, peri-prosthetic fracture, non-union |
| **P1.6 Identify when referral to orthopaedics is required and act to obtain their involvement** | 3.3.1 3.3.2 5.1.1 | - |
### P2. Formulate a management plan for patients following musculoskeletal surgery

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
</table>
| The performance criteria specify the level of the performance required to demonstrate achievement of the element | • Provide evidence-based management to patients following surgery, including advice about pain management, weight-bearing, aids, joint stability, muscle strengthening physical activity, functional activities (e.g. kneeling, resuming sport), joint longevity, and body weight management.  
• Provide appropriate education and advice to patients including protection of healing tissues, use of slings, splints, plaster, orthotics, normalisation of gait  
• Demonstrate advanced clinical reasoning when analysing findings to identify differential diagnoses e.g. recurrent dislocators, non-union, superficial versus deep infection  
• Describe the recommended imaging pathways  
• Adhere to local organisation’s policies and procedures regarding the referral and request of imaging  
• Delineate which patients with urgent surgical requirements (e.g. signs of deep infection, need for manipulation under anaesthetic, botox) and those that require referral back to orthopaedics or to other health professionals  
• Clearly identify, prioritise, and liaise effectively with the orthopaedic team |

| 1.1.2                                                                 | 1.2                                                                 |
| 6.3                                                                 | 6.3                                                                 |

<table>
<thead>
<tr>
<th>Performance cues</th>
<th>Related APA Coding</th>
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</thead>
<tbody>
<tr>
<td>Performance cues provide practical examples of what an independent performer may look like in action</td>
<td><strong>1.1.2 6.3</strong></td>
</tr>
</tbody>
</table>

#### Elements: describe the essential outcome of the competency standard

- **P2.1** Demonstrate an in-depth knowledge of the aetiology, pathology and clinical findings
- **P2.2** Perform a complex assessment for patients presenting for musculoskeletal assessment of joint pain or dysfunction
### P3. Provide basic post-surgical wound care

**Performance criteria**
The performance criteria specify the level of the performance required to demonstrate achievement of the element

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>RELATED APA CODING</th>
<th>Performance cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor the healing of surgical wounds</td>
<td>1.3.3</td>
<td>• Describe the key principles of history taking in relation to wound assessment and management</td>
</tr>
<tr>
<td>Identify when input is required from expert colleagues to assess and manage surgical wounds, and act to obtain their involvement</td>
<td>3.3.1 3.3.2 3.3.2</td>
<td>• Describe the wound-healing process in a surgical patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perform a wound assessment and identify potential problems related to the wound e.g. infection, delayed wound healing</td>
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<td></td>
<td>• Identify high-risk groups for delayed wound healing, such as patients with diabetes or a history of smoking, and seek medical review when indicated</td>
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<td>• Describe and document wound characteristics accurately, and effectively communicate with medical and nursing staff when their involvement is required</td>
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<tr>
<td></td>
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<td>• Identify clinical indications for imaging and laboratory tests for wounds, and organize as appropriate in consultation with the medical team</td>
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<td></td>
<td></td>
<td>• Demonstrate a basic level of understanding of antibiotic choice for different wound and joint infections as prescribed by the orthopaedic consultant</td>
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<td></td>
<td>• Demonstrate a basic level of understanding of wound-care dressing products</td>
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<td>• Adopt standard infection control precautions when conducting assessments, and implements additional precautions when required</td>
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*Table 6: Items specific for advanced practice musculoskeletal physiotherapists in post-surgical clinics*
### Items Specific for Advanced Practice Musculoskeletal Physiotherapists in Rheumatology

**R1. Evaluate and appraise patients with rheumatologic conditions**

<table>
<thead>
<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>The performance criteria specify the level of the performance required to demonstrate achievement of the element</td>
<td><strong>• Demonstrate an understanding of the rheumatological burden of disease from an individual, societal and health system perspective</strong></td>
</tr>
<tr>
<td><strong>R1.1 Demonstrate a broad understanding of the scope of auto-immune rheumatological disorders (ARDs), and their impact on society and individuals. For each condition demonstrate:</strong></td>
<td><strong>• Identify common and uncommon ARDs and the local and systemic consequences that may arise from living with such conditions</strong></td>
</tr>
<tr>
<td>i. advanced knowledge of the aetiology, pathology, diagnosis and clinical findings</td>
<td><strong>• Distinguish key features of the disorder, including MSK and non-MSK features, and how it may differ from other inflammatory conditions. ARDs may include (but not limited to):</strong></td>
</tr>
<tr>
<td>ii. advanced knowledge of the potential MSK and non-MSK health risks</td>
<td>o Rheumatoid arthritis</td>
</tr>
<tr>
<td>1.1.2 1.1.4</td>
<td>o Spondyloarthritis</td>
</tr>
<tr>
<td></td>
<td>o Crystal arthritis (e.g. gout, calcium pyrophosphate deposition disease)</td>
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<td></td>
<td>o Connective tissue disease (e.g. systemic sclerosis)</td>
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<td>o Vasculitis conditions</td>
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<td>o Inflammatory myopathies (e.g. dermatomyositis)</td>
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<td></td>
<td>o Hypermobility Syndromes</td>
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<tr>
<td></td>
<td>o Fibromyalgia</td>
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<tr>
<td></td>
<td>o Osteoarthritis, including inflammatory OA and Diffuse Idiopathic Skeletal Hyperostosis</td>
</tr>
<tr>
<td></td>
<td>o Polymyalgia rheumatica</td>
</tr>
<tr>
<td></td>
<td>o Endocrine conditions, including osteoporosis</td>
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<td>o Haemophilia</td>
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<td>o Infective arthritis</td>
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<td></td>
<td>o Complex regional pain syndrome</td>
</tr>
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<td></td>
<td>o Reactive arthritis</td>
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<td></td>
<td>o Juvenile Idiopathic Arthritis</td>
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<tr>
<td></td>
<td><strong>• Demonstrate advanced understanding of the stages and progression of the ARD, and the implications on assessment and management</strong></td>
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<tr>
<td></td>
<td><strong>• Recognise how the medical management of ARDs has evolved, and demonstrate understanding of core concepts such as ‘treat to target’ and the objective of low disease activity/ remission</strong></td>
</tr>
</tbody>
</table>
| R1.2 | Perform complex modifications to routine musculoskeletal assessment for patients with ARDs, commensurate with accurate triage, diagnosis and/or co-management of patients presenting to a rheumatology service | 1.2  
3.1.2  
3.1.3 | • Plan and skillfully implement specific assessment strategies pertinent to the potential pathological changes arising from specific ARDs  
• Seek information on prior and current diagnostic testing and treatment history and incorporate into evaluation  
• Describe the rationale for common screening/monitoring tests (e.g. osteoporosis, gastrointestinal tract pathology), relevant local protocols and the roles for each team member in ongoing monitoring  
• Perform and/or request diagnostic tests in accordance with evidence based guidelines combined with a clinically reasoned appraisal  
• Identify and use specialised ARD assessment and monitoring tools  
• Analyse the interactions that may occur between different ARDs and other non-inflammatory, biomechanical or psychosocial contributors to symptoms  
• Recognise local and systemic inflammatory symptoms/signs and evaluate in conjunction with other self-reported assessment measures (e.g. The Bath Ankylosing Spondylitis Disease Activity Index) and/or diagnostic tests (e.g. inflammatory markers), to determine disease activity levels  
• Formulate a clinical impression that includes synthesis of inflammatory and non-inflammatory findings  
• Assess for possible complications of ARDs and identify strategies to prevent or reduce the risk of such complications e.g. modification of objective testing  
• Demonstrate advanced knowledge of possible differential diagnoses and apply skilled clinical reasoning to diagnostic decisions  
• Use appropriate outcome measurement to monitor progress or deterioration and help make ongoing management decisions  
• Ensure appropriate ongoing screening/monitoring commensurate with the ARD natural history  
• Clearly identify and prioritise patients presenting with urgent medical requirements and liaise effectively with the rheumatology team |
| R1.3 | Be aware of contemporary health policy as it relates to rheumatology clinical decision making. | 1.1.2  
1.3 | • Demonstrate an understanding of rheumatology practice, model of care variation in public and private sectors, and acute versus long-term management  
• Demonstrate advanced clinical reasoning in applying rheumatology research and local best clinical practice policies  
• Demonstrate knowledge of funding arrangements, including those for pharmacological management, and how these may influence the management of specific ARDs |
| R1.4 | Promote awareness of appropriate and timely management of ARDs to patients, their carers and other health professionals | 3.1.2  
3.2 | • Provide content expert input, where possible, towards the development of protocols and guidelines for ARDs management  
• Actively participate/contribute to health professional education of ARDs  
• Understand the roles of multidisciplinary team members, the limitations of own role and when to refer to other health providers  
• Consult to other physiotherapists/health professionals in ARDs policy/procedure development  
• Support other health professionals’ clinical practise skills by leading educational and quality improvement activities |
### R2. Formulate a management plan for patients with rheumatological conditions

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<tr>
<th>Performance criteria</th>
<th>Performance cues</th>
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<td>The performance criteria specify the level of the performance required to demonstrate achievement of the element</td>
<td>Demonstrate knowledge of immune modulating and other commonly used medications, and their expected side effects</td>
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<td>Appraise the impact of greater disease control, such as management with biological/ immune mediating medications, on short and long-term patient outcomes</td>
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<td>Determine safe and effective management strategies for people who have rheumatological conditions, taking into account current and potential pathology (local and systemic)</td>
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<td>Synthesize knowledge of condition with evaluation of assessment findings, in order to plan and implement interventions</td>
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<td>Describe how medications may interact (both positively and negatively) with physiotherapeutic interventions</td>
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#### R2.1 Develop and implement a client-centred management plan that establishes ongoing care, including investigation follow-up, treatment response, appropriate monitoring, referral and discharge

- Develop and implement a client-centred management plan that establishes ongoing care, including investigation follow-up, treatment response, appropriate monitoring, referral and discharge
- Demonstrate knowledge of immune modulating and other commonly used medications, and their expected side effects
- Appraise the impact of greater disease control, such as management with biological/ immune mediating medications, on short and long-term patient outcomes
- Determine safe and effective management strategies for people who have rheumatological conditions, taking into account current and potential pathology (local and systemic)
- Synthesize knowledge of condition with evaluation of assessment findings, in order to plan and implement interventions
- Describe how medications may interact (both positively and negatively) with physiotherapeutic interventions

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#### R2.2 Perform complex modifications to routine musculoskeletal intervention for patients with rheumatological conditions

- Perform complex modifications to routine musculoskeletal intervention for patients with rheumatological conditions
- Demonstrate and apply an advanced understanding of the evidence base for conservative MSK management of the condition. This includes (but is not limited to) pharmacology, corticosteroid injections, physiotherapy, orthotics and braces, exercise, hydrotherapy, weight loss, occupational therapy, smoking cessation, psychological and self-management strategies
- Perform interventions skillfully and safely, expertly adapting routine practice according to clinical findings and pathophysiology
- Actively consider timing of intervention, for example, current stage of condition, medical/ other health professional intervention and the patient’s readiness for change, in order to optimise effectiveness
- Describe adaptations to interventions that may be required to prevent adverse effects for people with ARDs
- Incorporate recognised published guidelines (where available) on managing the ARD into clinical decision making, demonstrating individual adaptation based on advanced clinical reasoning

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| R2.3  Ensure patients have an appropriate level of understanding about their condition and it's evidence-based management | 2.2.1 2.3.1 2.4 5.1.1 6.3.2 6.4.5 | • Lead policy and protocol development regarding ARD education  
• Incorporate assessment of patients' preferred learning styles into provision of education  
• Provide guidance on appropriate evidence-based online, group and community resources |
| R2.4  Facilitate/ support patients in optimizing their self-management strategies in a sustainable manner | 5.1.2 5.1.3 | • Deliver patient-centered and individualised care  
• Demonstrate advanced skills in assisting patients to manage their chronic disease e.g. motivational interviewing techniques  
• Ensure patients are provided with information relevant to altering their health behaviours and improving their health status  
• Describe self-management measures/ lifestyle adaptations to optimize outcomes and prevent / limit tissue damage for patients with ARDs  
• Specifically assess readiness to change/ adherence to self-management strategies, and adapt interventions in order to optimise sustainability of self-management measures  
• Demonstrate a variety of strategies that support people with ARDs in participating in safe, healthy and active lifestyle behaviours |
| R2.5  Develop safe and effective exercise interventions which specifically address individual rheumatological presentations | 1.3. | • Understand the principles and limitations of intervention and exercise prescription relating to specific adult and/ or paediatric rheumatological and musculoskeletal pain conditions. Example conditions are listed in R1.1.  
• Demonstrate understanding of the relative importance of different exercise types (e.g. mobility, function/ strength and cardiorespiratory) and their interaction with different pathophysiology and disease expression  
• Incorporate knowledge of potential comorbidities/ complications into assessment, monitoring, choice of exercise and setting, and dosage  
• Provide advice on exercise dosage modification according to disease activity and pain presentation.  
• Demonstrate the difference in approach from a time-limited intervention (e.g. to address a specific musculoskeletal problem) versus a chronic/ lifelong condition (i.e. building consistency and sustainability)  
• Design tailored and holistic exercise/ movement strategies around the components required for a balanced and sustainable exercise intervention |

Table 7: Items specific for advanced practice musculoskeletal physiotherapists in rheumatology

National Advanced Musculoskeletal Physiotherapy (AMP) Competency Framework: Standard of Practice
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Maintenance of Competency

Following successful completion of the AMP Pathway, Credentialed AMP Physiotherapists are expected to comply with Continued Professional Development (CPD) requirements as outlined by the Physiotherapy Board of Australia.

The Australian Physiotherapy Association recognizes that AMP practitioners are often working at the frontier of the profession’s broad scope of practice and thus safeguards are paramount to ensure patient safety. “(C)ompetency standards and standardised training”\textsuperscript{10}, such as the AMP Pathway “are crucial for external recognition of, and confidence in, a physiotherapist’s capacity to carry out tasks.”\textsuperscript{10}

However, diligent and conscious self-regulation of competence are also central to our position on scope of practice. This means that scope is determined, in part, by consistent self-reflection by physiotherapists on their competence to enact the activities within their scope of practice.\textsuperscript{10} Respecting their scope of practice, AMP “physiotherapists need to be diligent in continuing their professional education throughout their professional lives.”\textsuperscript{10}

As defined by Physiotherapy Board of Australia, CPD “is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.”\textsuperscript{10}

To meet this Standard all physiotherapists must:

1. complete a minimum of 20 hours of CPD each year
2. maintain a portfolio that documents all CPD undertaken and a record of learning aims and reflection of impact on practice, and
3. participate in activities that contribute directly to maintaining and improving your competence in your chosen scope of practice.\textsuperscript{11}

The Physiotherapy Board of Australia suggests “(t)he CPD activity must contribute to both maintaining and improving your competence in your chosen scope of practice.”\textsuperscript{12} Where scope of practice in this setting is defined as “the professional role and services that an individual health practitioner is educated and competent to perform.”\textsuperscript{11} It is expected that AMPs undertake CPD relevant to their clinical role to ensure maintenance and enhancement of competency established with in the pathway. It is likely that CPD activities will focus on clinical skills that reflect the elements outlined in the AMP Standard of Practice.
References


Figures and Tables

Figure 1: Pathway to competence in the workplace Error! Bookmark not defined.
Figure 2: Checklist to consider prior to implementation of the framework
Figure 3: AMP competency standard format at a glance
Figure 4: Components of the Standard - Overview

Table 1: AMP competency based learning and assessment process overview
Table 2: Core elements for advanced musculoskeletal physiotherapists
Table 3: Items specific for advanced practice musculoskeletal physiotherapists in emergency
Table 4: Items specific for advanced practice musculoskeletal physiotherapists in orthopaedic screening
Table 5: Items specific for advanced practice musculoskeletal physiotherapists in spinal screening
Table 6: Items specific for advanced practice musculoskeletal physiotherapists in post-surgical clinics
Table 7: Items specific for advanced practice musculoskeletal physiotherapists in rheumatology