

## Titled Cardiorespiratory Physiotherapist

### Guidelines for submission of evidence portfolio and clinical exam

This document provides an overview of the skills, competencies, and capabilities a cardiorespiratory physiotherapist should demonstrate to be credentialed as an APA Titled Cardiorespiratory Physiotherapist. This will be assessed via submission of a portfolio of evidence and a clinical examination.

The submitted portfolio will need to demonstrate evidence of a physiotherapist operating at Milestone 3 of the Physiotherapy Competence Framework across the seven roles (Physiotherapy Practitioner, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional).

This document is to be read in conjunction with the ***Titling Evidence Portfolio Learning Outcomes*** document.

### Evidence Portfolio & Clinical Practice Domains

It is within the Physiotherapy Practitioner role that the specific scope of practice for Milestone 3 Cardiorespiratory sits. Overall, cardiorespiratory scope of practice involves the promotion of health, prevention and/or minimisation of health risks, and management of acute, subacute, and chronic respiratory and cardiac dysfunction across the age spectrum.

Applicants will indicate which of the following clinical practice domains and settings are relevant to their practice.

Clinical practice domains [applicants to select all that apply]:

- A. Management of acutely unwell individuals, including individuals managed in the Intensive Care Unit and other specialty units (e.g., burns, spinal cord injury, respiratory failure services, cancer)
- B. Preoperative and postoperative management of people undergoing major surgery, including but not limited to cardiothoracic, abdominal, orthopaedic, and neurosurgery, or following trauma
- C. Chronic disease management for people with cardiovascular diseases, chronic lung diseases, pre- and post- organ transplant, cancer, and other conditions requiring respiratory management, which includes management of acute exacerbations

Settings [applicants to select all that apply]:

- A. Intensive care
- B. Inpatient
- C. Outpatient, community, and/or Hospital in the Home

### A Titled Cardiorespiratory Physiotherapist will be able to:

- Apply a comprehensive knowledge of biological, psychological, and social sciences relevant to cardiorespiratory physiotherapy practice, including cardiopulmonary pathology and physiology
- Demonstrate effective written and verbal communication by:
  - a. Adapting communication style in response to the type and acuity of the presenting condition, health literacy, and to the individual patient's gender, values, biases, culture, and psychosocial needs
  - b. Determining the extent of and facilitating the involvement of family members and caregivers in synthesising relevant information
  - c. Recognising the impact of communication disorders in the therapeutic approach, including when obtaining informed consent and during shared decision making
- As part of the assessment, can identify other health determinants which may affect the patient, their condition, and their clinical outcomes, including:
  - a. Comorbidities
  - b. Past medical and surgical history
  - c. Sociocultural and environmental influences
  - d. Family and caregiver supports
- Appropriately interprets the results of objective measures, imaging, and tests to inform differential diagnosis and management. These may include auscultation, vital signs, pulmonary function testing, chest x-rays, blood tests, ventilation parameters, computed tomography scans, electrocardiograms, lung ultrasound, and operative reports
- Selects appropriate physical assessment techniques for examining the patient based on the patient history and results from objective measures, imaging, and tests
- Demonstrates precise clinical reasoning and shared decision making in interpreting findings and formulating a tailored and holistic management plan
- Selects relevant outcome measures to quantify impairments, activity limitations, participation restrictions, and impact of health conditions on quality of life, to objectively measure changes over time
- Demonstrates execution of the selected interventions in a skilful and safe manner and progresses or modifies the interventions based on patient/client's response. Interventions and skills that may be demonstrated in the case studies and clinical exam include but are not limited to:

- a. Disease-specific education
  - b. Airway clearance techniques (e.g., active cycle of breathing technique, forced expiratory technique, positive expiratory pressure therapy, oscillating positive expiratory pressure therapy, gravity assisted drainage, autogenic drainage, manual techniques, mechanical insufflation-exsufflation)
  - c. Mobility assessment and manual handling recommendations
  - d. Rehabilitation following illness and surgery
  - e. Prescription of mobility aids and equipment
  - f. Provision and titration of ventilatory support (e.g., supplemental oxygen, non-invasive ventilation, weaning from mechanical ventilation)
  - g. Exercise training and physical activity promotion
  - h. Review of medications, hydration, and humidification
  - i. Dyspnoea management (e.g., chronic breathlessness, dysfunctional breathing, inducible laryngeal obstruction)
  - j. Management of critically unwell patients (e.g., airway management including suctioning, mobilisation and rehabilitation of intubated and mechanically ventilated patients)
  - k. Respiratory muscle training, and
  - l. Health promotion and behaviour change strategies that support uptake and sustained participation in recommended intervention (e.g., disease self-management, physical activity, smoking cessation)
- Collaborates with colleagues from other professions and caregivers, recognising the unique implications of shared and overlapping responsibilities in the patient's management plan. Collaboration includes but is not limited to:
    - a. Case management and/or discharge planning within the context of a multidisciplinary team,
    - b. Referral to other healthcare professionals, and
    - c. Education and training to caregivers
  - Performs comprehensive risk assessments with regards to the safety and appropriateness of physiotherapy interventions within their practice setting. This includes identification of a deteriorating patient and of medical issues requiring escalation of care (e.g., initiation of a Clinical Review in an inpatient setting, referral to a general practitioner or medical specialist in an outpatient setting)
  - Provides timely, cost-appropriate and sustainable physiotherapy services to clients by utilising and/or advocating for resources available within various settings, underpinned by a working knowledge of the Australian health systems and of high- and low-value care

- Safely and effectively delegates management to allied health assistants, exercise professionals, and other health professionals as needed
- Plans and delivers education activities. This includes education and supervision as a clinical educator; mentoring of junior staff; and teaching other clinicians, other health care or industry stakeholders, and/or the public

### Case Studies and Clinical Examination – notes to guide candidate

For the Titled cardiorespiratory physiotherapy case studies and clinical examination, applicants are required to demonstrate management of a complex patient/client and advanced clinical reasoning.

- Complexity is defined as a patient/client with challenging health determinants (e.g. with respect to social support, model of care, home environment) **AND** at least one confounding comorbidity
- Advanced clinical reasoning is defined as demonstration of evidence-based practice, critical thinking, and ethical awareness, to enable the creation of holistic care plans and interventions for patients/clients with diverse healthcare requirements. This includes justification for another healthcare professional to be involved in care and reflection on alternative interventions that may have enhanced care.

The case studies should be sufficiently different to each other with respect to the patient/client's presenting condition and complexity.

The clinical examination will provide the candidate the opportunity to demonstrate competence in the practitioner role. However, the assessment will also incorporate the roles of communicator, professional and collaborator. The candidate selects one client who is able to provide consent or that consent can be obtained from a person who has a formal/legal decision-making role for the client. A video of BOTH an initial assessment and follow up is to be submitted.

### Client selection

Ideally, the candidate should conduct an initial assessment of a new client. However, the candidate could select an existing client to undergo another "initial assessment" taking on the assessment clients' needs at that point in time. A follow-up consultation must also be presented – ideally this should be the same patient. However, if that is not possible, then another patient may be substituted and the examiner provided with details of their initial examination and the reasoning when planning the follow up. For candidates who find their employer unable to support the video assessment, they may wish to assess a contact outside of their working role e.g. a family member

The assessor is looking at the candidate's overall interaction with the client, their ability to collect information and perform assessment (across the biopsychosocial domains) as well as their ability to generate a management plan and demonstrate their thought processes.



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