

Titled Paediatric Physiotherapist

Guidelines for submission of evidence portfolio and clinical examination

This document provides an overview of the skills, competencies, and capabilities a paediatric physiotherapist should demonstrate to be credentialed as an APA Titled Paediatric Physiotherapist. Assessment will be based on the submission of a portfolio of evidence and a clinical examination.

The evidence 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, 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 clinical practice domains for Milestone 3 Paediatrics sits. Paediatric physiotherapists work collaboratively with children, families and members of the therapeutic alliance (teachers and care team) to manage impairments and activity limitations taking into consideration the personal and environmental factors, ultimately promoting participation. A family-centred, inter-disciplinary and integrated approach is required to manage the wide range of health conditions affecting infants, children and adolescents whilst optimising developmental outcomes.

A paediatric physiotherapist operating at Milestone 3 Titling will demonstrate competence in managing a broad range of complex conditions associated with child development in various clinical settings. The 'client' population spans infants to adolescents (birth to 18 years), and caregivers are an integral part of the management process.

The paediatric physiotherapist clinical practice domain matrix comprises Age Group, Primary Clinical Practice Domains (Table 1) and Additional Context Considerations (Table 2)*:

Age Groups

0-3 years (e.g. Neonates & Early Childhood/Preschool)

4-12 years (e.g. Child)

13-18 years (e.g. Adolescence)

Table 1. Primary Clinical Practice Domains

Primary Clinical Practice Domains
Cardiorespiratory*
Neurology*
Musculoskeletal*
Neurodevelopmental
Neonatal Care
Pain
Continence
Sports & Exercise
Other clinical practice areas
Overweight and Obesity
Oncology
Burns

Table 2. Additional Context Considerations

Additional Context Considerations
Complex and Multidisciplinary Care
Cultural and Environmental Factors (e.g. client is from a Culturally and Linguistically Diverse Background)
Functional Capacity and Participation
Difficulties across multiple primary clinical practice domains (e.g. orthopaedic and neurodevelopmental etc)
Family & social factors (e.g. family is known to a Child Protection Agency, trauma etc.)
Additional or potential co-morbidities; (e.g., child presents with weight management concerns or an autoimmune condition)
Prognosis and preventative planning; (e.g. for clients with degenerative neuromuscular conditions)

***For the portfolio submission, three (3) case studies must be submitted. Each case study must be significantly different in the presentation of the clinical practice domain, additional context considerations and/or age group.**

A Titled Paediatric Physiotherapist will be able to:

- Apply a comprehensive knowledge of physical, biological, psychological, and social sciences relevant to paediatric physiotherapy practice.
- Demonstrate family-centred and evidence-informed assessment, and management of health conditions and functional capacity, based on a highly developed understanding of the changes associated with growth and development on various body systems and adapting the approach as needed
- Family-centred and evidence-informed assessment and management of common conditions as per clinical practice domains and context considerations tables
- As part of the assessment, the applicant can identify other personal and environmental health determinants which may affect the child as per [International Classification of Functioning, Disability and Health \(ICF\)](#), their condition(s) and their clinical outcomes. Examples include, but are not limited to, family and environmental influences, co-morbidities, developmental, medical and surgical history, cultural and societal influences, psychosocial influences, overall development, age, behavioural and psychological symptoms, and access to service provision and funding models



- Selects and justifies appropriate outcome measures from different domains based on the [ICF](#) to aid assessment and re-assessment of the child. Examples include, but are not limited to, gross motor function, muscle performance, cardiorespiratory function, postural control, range of motion, tone, mobility
- Appropriately considers and interprets the results of any imaging or investigations to justify and inform clinical reasoning for overall client management.
- Collaboratively discuss the assessment findings with colleagues from other professions and caregivers, recognising the unique implications of shared and overlapping responsibilities when providing services to paediatric clients / patients and their family / caregivers.
 - Provide education and training to caregivers including advice on adequate home management, manual handling and use of equipment.
 - Facilitate transition of the children through the health care and school system by completing procedural requirements, education to teachers and caregivers.
 - Safely and effectively delegate management to allied health assistants, exercise professionals and refer to other professionals as needed.
- Applies and justifies precise clinical reasoning and a shared decision-making model to interpret findings and synthesise an accurate differential diagnosis and an individualised management plan.
- Engage in collaborative goal-setting with children, adolescents and families, actively involving the child in their own goal setting wherever possible. Select and utilise a broad range of goal setting tools to support the process that are appropriate to the individual needs of the child and family.
- Demonstrates and justifies sound skills and utilisation of a range of capacity building strategies such as modelling, coaching, and education to build capacity, self-efficacy, and resilience in parents and carers. The physiotherapist supports families to access supports and services in the community to build their capacity and support network.
- Demonstrates and justifies knowledge and client-specific application of evidence-informed practice in clinical reasoning and treatment planning.
- Works in partnership with the child and family/caregiver to plan and implement evidence based therapeutic interventions, with the aim of addressing factors across the [ICF](#) and ultimately enabling participation in activities, in both the short and long term, that are most meaningful to the child and family.
 - Implements interventions or screening protocols to prevent future comorbidities
 - Recognises that implementation of therapy in the child's natural context is an important aspect of intervention.
 - Foster partnerships with parents and caregivers to deliver therapeutic strategies and approaches embedded within the child's daily routines and natural environment.

- Applies execution of the selected interventions in a skillful and safe manner as appropriate and progresses or modifies the intervention/s based on the client/caregiver progress and feedback.
- Where appropriate, critically considers and prescribes suitable assistive technologies and/or equipment
- Can safely and effectively assess and manage a variety of complex paediatric health conditions (refer Tables 1 and 2)

Paediatric practice is complex and multifaceted. The Titling Evidence Portfolio Pathway for paediatric physiotherapy clinical practice domains supports the use of evidence-informed care. Where appropriate, it is expected that the candidate will demonstrate and/or acknowledge in their evidence portfolio and clinical examination:

- neurodiversity affirming practices, understanding the influence of neurodiversity on a child's occupations and life participation, valuing the unique strengths and identity of all paediatric clients / patients and their families and focusing on differences over deficits.
- a trauma informed approach, understanding how trauma impacts children and families physically, emotionally, psychologically, and cognitively and how trauma may influence a child's engagement in activity and participation
- LGBTQI+ and gender diversity aware practices, adopting inclusive language and recognising that LGBTQI+ young people and families are at greater risk of poor health outcomes and may be less likely to engage with services.

Clinical Examination – notes to guide candidate

The clinical assessment 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 assent, and consent should be obtained from a person who has a formal/legal decision-making role for the client. A video of i) an initial assessment and ii) a follow-up session is to be submitted.

If the candidate works in a setting where the follow-up is difficult to arrange e.g. acute care, the candidate may submit a written summary of the aspects that would form part of a follow-up as well as the discharge planning information. A case study template is provided for candidates to submit a written summary of the case for both the initial and follow-up information.

Client selection

Existing client base: The candidate may have an existing client whom they select to undergo another "initial assessment" taking on the assessment clients' needs at that point in time. Gaining consent from a client for the process of being filmed will be easier from a client already known to the candidate.

In hospital settings: The candidate may need to request time outside of usual hours or cooperation from their employer to arrange the additional time to set up for filming and assessment. The time

between assessment and follow up may be shorter and there will be opportunity to discuss potential improvement/ progression that a client may gain through the written reflection.

For candidates who find their employer unable to support the video assessment, they may wish to assess a client outside of their working role. The assessor is looking at the overall candidate's interaction with the client, ability to collect information and perform assessment as well as the ability to generate a management plan and demonstrate their thought processes.

Case selection

Cases should include clinical presentations of conditions commonly associated with paediatrics (refer Tables 1 & 2).

Interventions and skills that may be demonstrated in the clinical exam include:

- Ability to take a thorough but efficient subjective assessment that is appropriately inclusive of the client and their family
- Developmental assessment both formal and clinical observations
- Ability to consider the interactions between domains of development and the impact on function
- Musculoskeletal, neurological and/or cardiopulmonary assessment
- Assessment of play skills / development
- Sensitive rapport building of parents/carers, the client and siblings
- Evidenced-based exercise/play prescription to meet therapy goals
- Effective communication with children and their families
- Effective goal-setting to meet the needs of the child, the family and funding bodies
- Effective referral to other health professionals to meet client goals
- Ability to keep the child safe and appropriately settled during the session
- Communicate differential diagnostic theory to the client (if appropriate) and their family

As part of the clinical examination, the candidate demonstrates that they can identify other health determinants which may affect the client, their condition, and their clinical outcome, including:

- Personal details relevant to the case
- Body structure and function impairments
- Activity limitations
- Participation restrictions
- Contextual factors (personal and environmental), which includes:
 - Barriers and facilitators
 - Cultural influences
 - Health literacy and psycho-social influences, including environment, trauma and consideration of the client's socio-economic situation
 - Family and caregiver supports
- Red flags

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