



ಕರ್ನಾಟಕ ಸ್ಟೇಟ್ ಫಿಸಿಯೋಥೆರಪಿ ಫೆಡರೇಷನ್ (ರಿ)
KARNATAKA STATE PHYSIOTHERAPY FEDERATION (R)

No. 002, Bella Villa, Owners Court, Kasavanahalli, Kaikondrahalli post, Bengaluru- 560035, Karnataka, India.
Website:www.karnatakaphysio.org e-mail:kspfinfo@karnatakaphysio.org
Mob. 9886239886 ನೊಂದಣಿ ಸಂಖ್ಯೆ : ಡಿಆರ್‌ಬಿ-ಎಸ್/ಎಸ್‌ಓಆರ್/160/2011-2012 Regd. No.: DRB-S/SOR/160/2011-2012

To,
No.:

12/04/2014
Date:.....

Dr. Anil Kumar,
CMO(AK)
Room No.506 'D' Wing, 5th Floor,
Nirman Bhawan, New Delhi-110018

Subject: The comments, suggestions, objections, including deletions /additions required in the draft minimum standards for various categories of Clinical Establishments for implementation of the Clinical Establishments Act

Respected Sir,

With the reference to the notification published on website (<http://clinicalestablishments.nic.in/cms/Home.aspx>/ <http://clinicalestablishments.nic.in/En/1070-draft-minimum-standards.aspx>/ <http://clinicalestablishments.nic.in/WriteReadData/493.pdf>), We on behalf of Members of **Karnataka State Physiotherapy Federation®**, forwarding our comments, suggestions, objections, including deletions /additions required in the draft minimum standards for various categories of Clinical Establishments for implementation of the Clinical Establishments Act.

We are glad and proud that National Council for Clinical Establishments under the Chairmanship of Director General of Health Services, Government of India in consultation with various stakeholders has prepared drafts for minimum standards for various categories of Clinical Establishments for implementation of the Clinical Establishments Act has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribe the minimum standards of facilities and services provided by them.

We on behalf of Karnataka State Physiotherapy Federation giving prior apology to bring to your notice that in Clinical Establishment Act it is expedient in the public interest to promote quality health care and monitor by law the running of Clinical Establishments in all States by stipulating minimum standards for quality of service in keeping with the principles of ethics. The drafts were with many errors and certain clauses in the draft may be due an inadvertent error crept while preparing draft that contradicting the state clinical establishment acts.

We have provided our opinion for the following minimum standards Clinical Establishment Act drafts:

1. Clinical Establishment Act Standard for Physiotherapy Centre Standard No. CEA/Physiotherapy Centre- 023. { [Physiotherapy Center](#) }
2. Clinical Establishment Act Standard for Hospital (level 1) Standard No – CEA/Hospital 001. { [Hospital \(Level 1\)](#) }
3. Clinical Establishment Act Standard for Hospital (level 2) Standard No.CEA/Hospital- 002. { [Hospital\(Level 2\)](#) }
4. Clinical Establishment Act Standard for Hospital (level 3) Standard No.CEA/Hospital- 003. { [Hospital\(Level 3\)](#) }
5. Clinical Establishment Act Standard for Clinic / Polyclinic only Consultation Standard No.CEA/Clinic- 008 { [Polyclinic Only Consultation](#) }
6. Clinical Establishment Act Standard for Clinic / Polyclinic with Dispensary Standard No.CEA/Clinic- 009 { [Polyclinic With Dispensary](#) }
7. Clinical Establishment Act Standard for Clinic / Polyclinic with Observation / Short Stay Standard No.CEA/Clinic- 010 { [Polyclinic With Observation](#) }
8. Clinical Establishment Act Standard for Clinic / Polyclinic with Diagnostic Support Services : Standard No.CEA/Clinic- 011 } { [Polyclinic With Diagnostic Support](#) }
9. Clinical Establishment Act Standard for Wellness Centre Standard No.CEA/Wellness Centre- 017. { [Allied Health Executive/ Allied Health Wellness Center](#) }
10. Clinical Establishment Act Standard for Wellness Centre- Executive Health Check up Standard No. CEA/Wellness Centre- 018.
11. Clinical Establishment Act Standard for Mobile Clinic with Procedures in Local / Regional Anesthesia. Standard No. CEA/Mobile Clinic with Procedures in Local/ Regional Anaesthesia- 016 { [Mobile Clinic Only Consultation/ Mobile Clinic With Procedure](#) }

**COMMENTS, SUGGESTIONS, OBJECTIONS, INCLUDING DELETIONS
/ADDITIONS REQUIRED IN THE DRAFT: Clinical Establishment Act
Standard for Physiotherapy Centre Standard No. CEA/Physiotherapy
Centre- 023. {[Physiotherapy Center](#)}**

Ref to: Clauses 1. 1. Definition “A physiotherapy centre is a paraclinical establishment providing, physical therapy services by a physiotherapist to patients with a recent prescription or referral from a licensed medical doctor (physician/surgeon). After three weeks or earlier if indicated a review and re-prescription from the treating medical doctor is required for continuing physical therapy services.”

Comments: The entire definition has to be deleted and new definition need to be framed. The entire definition contradicts and violates the state clinical establishment acts definition on Physiotherapy Establishments as stated that “**Physiotherapy establishment means an establishment where massaging, electrotherapy, hydrotherapy, remedial gymnastic or similar processes are usually carried on, for the purpose of treatment of diseases or of infirmity or for improvement of health or for the purpose of relaxation or for any other purpose whatsoever**”

Reference: State Establishment acts:-

1. Clauses 1 sub clause (o) in Karnataka Private Medical Establishments Act, 2007 /The Karnataka Private Medical Establishments (amendment) act, 2012 ;
2. Clauses 2 sub clause (j) in The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002;
3. Clauses 2 sub clause (j) in The Arunachal Pradesh Health and Establishment Act, 2002;
4. Clauses 2 sub clause (b) in The Orissa Clinical Establishments (Control and Regulation) Act, 1990;
5. Clauses 2 sub clause (e) in The Tripura Clinical Establishment Act, 1976;
6. Clauses 2 sub clause (l) The West Bengal Clinical Establishments Act, 1950;
7. Clauses 2 sub clause (f) in The Jammu and Kashmir Nursing Homes and Clinical Establishments (registration and licensing) act, 1963.

The definition is about to amend in

8. Madhya Pradesh Clinical Rules, 1973 / Madhya Pradesh Upcharya Griha Tatha Rajupchar Sanbabdu Sthapana Adhiniyam, 1973;
9. The Punjab State Nursing Home Registration Act, 1991;
10. Bombay Nursing Homes Registration Act, 1949;
11. Delhi Nursing Homes Registration Act, 1953;
12. Orissa Clinical Establishment (Control and Regulation) Act, 1991;
13. Manipur Nursing Home and Clinics Registration Act, 1992;
14. Sikkim Clinical Establishments, Act 1995;
15. Nagaland Health Care Establishments Act, 1997;
16. Tamilnadu private clinical establishment Act 1997,
17. The Kerala Clinical Establishments Bill, 2013.

Objections on:

- a. The use of the word “Physiotherapy Centre”
- b. The use of the word “paraclinical establishment”
- c. The statement “physical therapy services by a physiotherapist to patients with a recent prescription or referral from a licensed medical doctor (physician/surgeon)”
- d. The statement “after three weeks or earlier if indicated a review and re-prescription from the treating medical doctor is required for continuing physical therapy services.”

The proposed definition on Physiotherapy Centre may lead to confusion to follow under existing state clinical establishment acts as per (the clause 8. Legal/statutory Requirements- subclause 8.1. Every application must be accompanied with the documents confirming compliance with local regulations and law) the Clinical Establishment Act Standard for Physiotherapy Centre Standard No. CEA/Physiotherapy Centre- 023.

Explanation:

a. The state establishment acts used the term “Physiotherapy establishment” to define not as “Physiotherapy Centre”. In some state acts to define it is also mentioned the term “Physiotherapy Clinic”. Therefore in the proposed minimum standards draft it is necessary to change the term ‘Physiotherapy Centre’ to “Physiotherapy Establishment” by considering the state Clinical establishment acts that seems appropriate.

b. The word “paraclinical” (in case if used as paramedical) not related to Physiotherapy profession or Physiotherapy establishment. Professional Practice of Physiotherapy involves direct involvement with the patients. The paraclinical means “Relating to the branches of medicine, especially the laboratory sciences that provide a service for patients without direct involvement in care.” Ref: from Oxford Dictionary. Therefore Physiotherapy cannot practice without direct involvement with the patient.

c. To Practice Physiotherapy there is no requirement of referral system. Physiotherapists operate as independent practitioners– the term practitioner encompasses all roles that a Physiotherapist may assume such as patient/client care, management, research, policy maker, educator, and consultant, as well as members of health service provider teams, and are subject to the ethical principles of World Confederation of Physical Therapy (WCPT). They are able to act as first contact practitioners, and patients/clients may seek direct services without referral from another health care professional. (Ref: www.wcpt.org)

Physiotherapy profession and Education is developed from Diploma to doctorate programs in various Universities in India recognized by University Grant Commission. The Diploma program has been stopped, the Bachelor degree in Physiotherapy is considered as primary degree to practice Physiotherapy in India. No University Physiotherapy course curriculum states that the Physiotherapy has to be practiced under referral system. More over for multidisplinary approach in rehabilitation of patient, a referral system is necessary and it has been followed by all health care professional. When patient with self referral consult Physiotherapist, a Physiotherapist have an ability to make decision through his examination skills, if necessary refers patient to another health professional who could be a Physician/Surgeon, or Super specialist or Ayurveda, Homoeopathy, Unani, Naturopathy practitioners etc, similarly these professionals also refers

patients to Physiotherapy when needed. As Physiotherapy is an Independent fraternity, it has its own role in rehabilitation of patient without any referral system or supervision.

d. A licensed medical doctor (physician/surgeon) who are not trained in physiotherapy then in what capacity they can plan, execute or modify physiotherapy treatment or expecting that physiotherapist should follow their commands in relation to physiotherapy treatment. In such case if physiotherapy treatment is followed on referral based, the effective treatment required for the patient might be limited by physiotherapist. This will harm the patient by incomplete/injustice treatment required to be given by the Physiotherapist affecting ethical practice.

During the course curriculum of medical course, some contents might have included about Physiotherapy, however a graduated medical student may be unaware about physiotherapy subjects and independent physiotherapy practice. Even they learn physiotherapy treatments; legally they are not allowed to do supervise and prescribe the Physiotherapy treatment. They are prohibited to do so by laws of exciting State Physiotherapy councils in India.

As per Maharashtra State Occupational and Physiotherapy Council, (MHACT II OF 2004) and also “The Delhi State Council for Physiotherapy and Occupational Therapy” only a registered Physiotherapist of state council has right to plan, modify, execute and terminate Physiotherapy treatment in respective states. Other than registered physiotherapist no one is allowed to plan, modify, dictate and execute physiotherapy treatment. If any other health care professional is planning, modifying or dictating physiotherapy treatment to a physiotherapist then it is recorded as malpractice and it is a punishable offence; the action will be taken on such members under penalty section provisions of Maharashtra state OT PT council act and Delhi state PT OT Council.

States like Delhi, Maharashtra, and Tamilnadu have independent councils to regulate physiotherapy profession in their states. Gujarat State assembly already passed the Gujarat Physiotherapy council Bill 2010 and is in process for constitution of council. Karnataka State Physiotherapists submitted a sample copy on constitution of “Karnataka State Physiotherapy Council bill” to Government of Karnataka. Similarly in states such as Rajasthan, West Bengal, Bihar, and Kerala had proposed for state Council.

Already the Bill for the Establishment of Central Physiotherapy Council of India is under process in Rajaya Sabha that remains status quo. (*Reference: 1. Standing Committee Report Summary: The Paramedical and Physiotherapy Central Councils Bill, 2007 dated January 15th 2009. Reference:2. Legislative Brief: The Paramedical and Physiotherapy Central Councils Bill, 2007, dated June 27th 2008. <http://www.prsindia.org>*)

At present the Physiotherapy education, practice and services are regularized by state physiotherapy councils in three major states of country i.e. Delhi, Maharashtra, Tamilnadu. Gujarat State assembly already passed the Gujarat Physiotherapy council Bill 2010. I would like to bring to your kind notice that “The Delhi State Council for Physiotherapy & Occupational Therapy” (NO.F.-17 (75)/ 99—MED/ DHS), Maharashtra State Council for Occupational & Physiotherapy” (II OF 2004), Tamilnadu State Council for Physiotherapy” (G.O. (MS) NO.338 TN) already awarded independent status to physiotherapy profession.

Prognosis (including plan of care/intervention) begins with determining the need for care/intervention and normally leads to the development of a plan of care/intervention, including

measurable outcome goals negotiated in collaboration with the patient/client, family or care giver. Alternatively it may lead to referral to another agency or health professional in cases which are inappropriate for Physiotherapy. Physiotherapist follows inter-disciplinary approach in rehabilitation of patient. During practice Physiotherapist by themselves whenever necessary take opinion by other professionals based on referral system. Hence the duration of treatment cannot limit and even some cases after three weeks or earlier if indicated a review and re-prescription from the treating medical doctor is not required for continuing physical therapy services

The Various Universities providing degree in Physiotherapy in India mentioned about Physiotherapist professional practice involves as below:

Physiotherapy is concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being. Physiotherapy involves the interaction between Physiotherapist, patients/clients, other health professionals, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to Physiotherapists.

Physiotherapists are qualified and professionally required to:

- Undertake a comprehensive examination/assessment/evaluation of the patient/client or needs of a client group
- Formulate a diagnosis, prognosis, and plan
- Provide consultation within their expertise and determine when patients/clients need to be referred to another healthcare professional
- Implement a Physiotherapist intervention/treatment programme
- Determine the outcomes of any interventions/treatments
- Make recommendations for self management

The Physiotherapist's has extensive knowledge about body, its movement needs and has potential to determining strategies for diagnosis and intervention. The practice settings will vary according to whether the Physiotherapy is concerned with health promotion, prevention, treatment/intervention, habilitation or rehabilitation.

The Physiotherapy profession is advanced in its health delivery systems. The WHO defined and awarded same status to physiotherapy Professionals as "Physiotherapists assess, plan and implement rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments. They apply a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques. They may develop and implement programmes for screening and prevention of common physical ailments and disorders."

The World Health Organization (WHO) has classified physiotherapists as an independent health professional i.e. **(ISCO CODE: 2264)** on the International Standard Classification of Health Workers (**ISCO's**) and paramedical professionals has classified in a separate entity (**ISCO code 2240**). (Reference -WHO: http://www.who.int/hrh/statistics/Health_workers_classification.pdf)

According to ISCO's : Physiotherapists and related associate professionals treat disorders of bones, muscles and parts of the circulatory or the nervous system by manipulative methods, and ultrasound, heating, laser or similar techniques, or apply physiotherapy and related therapies as part of the treatment for the physically disabled, mentally ill or unbalanced. Their tasks include -

- (a) Advising communities and individuals on correct body postures, for work or otherwise, to avoid injuries and strain and to strengthen muscles;
- (b) Conducting examinations to make diagnoses of disorders of bones, muscles and parts of the circulatory or the nervous system to determine proper treatment or refer to Medical doctors, if necessary;
- (c) Treating disorders of bones, muscles and parts of the circulatory or the nervous system by manipulative methods, and the use of ultrasound, heating, laser or similar techniques;
- (d) Massaging client or patient to improve circulation, soothe or stimulate nerves, facilitate elimination of waste matter, stretch contracted tendons and produce other therapeutic effects;
- (e) Examining body deformities and disorders to determine and write specifications for artificial limbs or other appliances, helping to fit them and explaining their use;
- (f) Applying physiotherapy and related techniques as part of the treatment of the mentally ill or unbalanced;
- (g) Performing related tasks;
- (h) Supervising other workers.

(Reference WHO: <http://www.ilo.org/public/english/bureau/stat/isco/isco88/3226.htm>)

World Confederation of Physical Therapy (WCPT) states that Physical therapists are qualified and professionally required to:

- undertake a comprehensive examination/assessment of the patient/client or needs of a client group
- evaluate the findings from the examination/assessment to make clinical judgments regarding patients/clients
- formulate a diagnosis, prognosis and plan
- provide consultation within their expertise and determine when patients/clients need to be referred to another healthcare professional
- implement a physical therapist intervention/treatment programme
- determine the outcomes of any interventions/treatments
- make recommendations for self-management.

(Reference: <http://www.wcpt.org/what-is-physical-therapy>)

Delhi Council for Physiotherapy & Occupational Therapy Act 1997 : defines "Physiotherapy means physiotherapeutic system of medicine which includes examination, treatment, advice and instructions to any persons preparatory to or for the purpose of or in connection with movement dysfunction, bodily malfunction, physical disorder, disability, healing and pain from trauma and disease, physical and mental conditions using physical agents including exercise, mobilization, manipulation, mechanical and electrotherapy, activity and devices or diagnosis, treatment and prevention." (Reference: <http://delhiassembly.nic.in/aspfile/billspassed/141997.htm>)

Maharashtra State Occupational therapy & Physiotherapy Council, Mumbai (MH ACT II of 2001): "Physiotherapy means a branch of modern medical science which includes examination,

assessment, interpretation, physical diagnosis, planning and execution of treatment and advice to any person for the purpose of preventing, correcting, alleviating and limiting dysfunction, acute and chronic bodily malfunction including life saving measures via chest physiotherapy in the intensive care units, curing physical disorders or disability, promoting physical fitness, facilitating healing and pain relief and treatment of physical and psychosomatic disorders through modulating physiological and physical response using physical agents, activities and devices including exercise, mobilization, manipulations, therapeutic ultrasound, electrical and thermal agents and electrotherapy for diagnosis , treatment and prevention.” (Reference: <http://www.msotptcouncil.com/OTPTActs.aspx>)

Government of India- Quality Council of India, Survey Report & Recommendations of Clinical Establishments: Physiotherapy Definition: The treatment of disease, bodily defects, or bodily weaknesses by physical remedies, as massage, special exercises, etc., rather than by drugs.

(Reference: <http://clinicalestablishments.nic.in/WriteReadData/384.pdf> Page 11)

Therefore, Physiotherapy is not a Paramedical or Paraclinical profession/ practice/ Establishment; it's an independent health profession.

Deletions: Deletion of entire definition is necessary.

Suggestions: Recommended definition:

“Physiotherapy Establishment” means

- (i). a facility or premises for the purpose of carrying out the practice of physiotherapy by whatever name called that offers physiotherapy services requiring physiotherapy diagnosis and treatment established and administered or maintained by any person or body of persons , whether incorporated or not; or
- (ii). A place established as an independent entity or a part of an establishment referred to in sub-clause (i) in connection with physiotherapy diagnosis and treatment established and administered or maintained by any person or body of persons , whether incorporated or not; or

and shall include a clinical establishment owned, controlled or managed by

- A. The government or a department of the government
- B. A trust, whether public or private
- C. A corporation (including a society) registered under a Central, Provincial or state Act, whether or not owned by the Government;
- D. A local authority; and
- E. A single Physiotherapist,

but does not include the clinical establishment owned, controlled or managed by armed forces.

Explanation – for the purpose of this clause “ Armed Forces” means the forces constituted under the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957;

Physiotherapy practice/ Services are provided by a qualified physiotherapist involves but not limited to in performing assessment, examination, interpretation, diagnosis, planning, and implementing rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, prevent and treat physical challenges associated with injuries, diseases and other impairments using broad range of physical therapies and techniques,

but not limited to exercises, mobilization, manipulation, mechanical and electrotherapy modalities, activities and devices.

Ref to :- Clauses 2: Sub clause 2.1 -These set of common minimum standards framed shall be applicable to stand alone physiotherapy centre with one or more physiotherapy practioners and physiotherapy sections attached to hospitals or polyclinic.

Comments: The scope of physiotherapy is not limited to as per the clauses 2 of subclause 2.1. Therefore deletion and reformation of the Clauses 2 Subclause 2.1 is necessary.

Objections on:

- a. The statement “minimum standards framed shall be applicable to stand alone physiotherapy centre with one or more physiotherapy practioners”
- b. The statement “physiotherapy sections attached to hospitals or polyclinic.”

Explanation:

The scope of Physiotherapy services are extended but not limited to:

Physiotherapy is an essential part of the health and community/welfare services delivery system. Physiotherapists practice independently of other health care/service providers and also within interdisciplinary rehabilitation/habilitation programmes to prevent, gain, maintain or restore optimal function and quality of life in individuals with loss and disorders of movement etc.

Physiotherapists are guided by their own code of ethical principles. Thus, they may be concerned with any of the following purposes:

- promoting the health and well being of individuals and the general public/society, emphasising the importance of physical activity and exercise
- preventing impairments, activity limitations, participatory restrictions and disabilities in individuals at risk of altered movement behaviours due to health or medically related factors, socio-economic stressors, environmental factors and lifestyle factors
- providing interventions/treatment to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life, independent living and workability in individuals and groups of individuals with altered movement behaviours resulting from impairments, activity limitations, participatory restrictions and disabilities
- modifying environmental, home and work access and barriers to ensure full participation in one’s normal and expected social roles.

Physiotherapists may also contribute to the development of local, national and international health policies and public health strategies.

Physiotherapy is delivered in a variety of settings which allow it to achieve its purpose. Prevention, health promotion, treatment/intervention, habilitation and rehabilitation take place in multiple settings that may include, but are not confined to, the following:

- community based rehabilitation programmes
- community settings including primary health care centres, individual homes, and field settings
- education and research centres
- fitness clubs, health clubs, gymnasias and spas
- hospices
- hospitals –Primary, Secondary and Tertiary care
- nursing homes
- occupational health centres
- out-patient clinics
- Physiotherapist private offices, practices, clinics
- prisons
- public settings (e.g., shopping malls) for health promotion
- rehabilitation centres, residential homes, old age homes, and day care centres etc.
- schools, including pre-schools and special schools
- senior citizen centres
- sports centres/clubs
- workplaces/companies/industries
- domiciliary physiotherapy
- governmental and non-governmental rehabilitation/ disability organisations etc.

Therefore, Physiotherapy sections are not limited to either alone physiotherapy centre or attached to hospitals or polyclinic.

Suggestions: Recommended statements for scope of Physiotherapy:

Scope of Physiotherapy included in minimum standards act shall applicable to all kinds of setup where Physiotherapy services are provided:

In reference to Physiotherapy Course Curriculum from Various Universities in India:

Physiotherapy includes the following but not limited to

- ✓ Initial Examination/Assessment, Evaluation, Diagnosis, and Prognosis
- ✓ Plan of Care/Interventions/Treatments
- ✓ Interventions/Treatment
- ✓ Re-examination/Evaluation of Progress
- ✓ Discharge/Discontinuation of Intervention/Treatment

Physiotherapy assessment may includes but not limited to :

- ✓ Subjective - chief complaints, history taking, history of present illness personal, past and present medical and socioeconomic history, informed consent, Pain assessment, Intensity, character, aggravating and relieving factors of various signs and symptoms.
- ✓ Objective examination includes observation, palpation, inspection, examination, special test and investigations.
- ✓ Subjects and objective Examination includes in various areas of assessment includes but not limited to :

- Orthopaedic/ Musculoskeletal examination and investigations, Cardio-respiratory and Cardiopulmonary examination and investigations, Neurological and neurosurgical examination and investigations, Burns, Plastic surgery, Pediatric, Sports, Obstetric and gynecology physiotherapy/ Women health, Oncology, Obesity and weight control, intensive care unit, Industrial/Ergonomics and Various systemic examination and investigations, Veterinary physiotherapy , Community physiotherapy etc.
- ✓ Problems listing and goal setting, clinical decision making, Prescription of home program. Documentation of case records, and follow-up.
 - ✓ Developmental assessment and diagnosis, Developmental screening.
 - ✓ Anthropometric measurements. Functional Capacity Evaluation (FCE).
 - ✓ Investigations interpretation includes: Blood Investigations, Biochemical Investigations, Radiological Investigations, Cardiovascular Investigations, Cardio-respiratory Investigations, Neuro-physiological Investigations, Electro-diagnosis and other relevant investigations etc.

Physiotherapy Intervention/Treatment method may includes but not limited to:

- Exercise Therapy - Aerobic capacity/endurance conditioning or reconditioning, Balance, coordination and agility training, Body mechanics and postural stabilisation, Flexibility exercises, Gait and locomotion training, Neuromotor development training, Relaxation, Resistant/ Weight/Strength, power, and endurance speed training, Progressive resistance training, Functional training in self-care and home management, Barrier accommodations or modifications, Device and equipment use and training, Isokinetic training, body Support systems, Decompression traction, manual and mechanical traction, treadmill and exercise training using various equipments, Plyometrics, Pilates, Range of motion exercises. Proprioceptive Neuromuscular Facilitation technique, Soft tissue Massage calisthetics, Manual therapy techniques, Frenkel's Exercises, suspension therapy, Aquatic therapy, Functional training programs, Activities of Daily Living[ADL] training, Instrumental activities of daily living [IADL] training, Injury prevention or reduction, Functional training in work (job/school/play), community, and leisure integration or reintegration. Prescription and training of orthotics and prosthetics, Gait training, Postural training, Transfer Training, Wheelchair Training, A.D.L training, occupational work Antenatal and postnatal exercises etc.
- ✓ Electrotherapy – Neuromuscular Electrical stimulation- faradic and Galvanic currents, Functional Electrical Stimulation (FES), Interferential Current (IFC), Russian Current, High Voltage Pulsed Galvanic Stimulation, Transcutaneous Electrical Nerve Stimulation (TENS), Iontophoresis, Plain direct current, Ultrasound, Phonophoresis, Cryotherapy, Physical agents – light, sound, heat, cryotherapy, hydrotherapy, Infrared therapy, ultraviolet therapy, PUVA therapy, Rebox current, Shortwave diathermy therapy, Microwave diathermy therapy, Shockwave therapy, Microcurrent, Long wave diathermy, LASER, COLD LASER, Accupuncture Needle LASER, Faradic foot bath, fluidotherapy, Moist heat, Wax therapy, Magentron, Magnetotherapy, Cyclotheram, and EMG Biofeedback.
 - ✓ Orthopaedic physiotherapy techniques: Neuromuscular Taping Techniques, Myofascial Release technique and Muscle Energy technique, Manual therapy: soft tissue manipulations and mobilization, neural mobilization, acupressure, Cyriax, Maitland, Butler, McKenzie, Kaltenborn, Mulligan, Joint manipulation – peripheral joints and vertebral joints,

acupressure, acupuncture, dryneedling, Positional release technique, Integrated manual therapy, Functional manual therapy. Implementation of various exercise therapy and electrotherapy techniques in rehabilitation of orthopaedic conditions etc.

- ✓ Physiotherapy management following general Medical & Surgical conditions. Physiotherapy management of peripheral vascular disorders etc.
- ✓ Neurological and Neurosurgical Physiotherapy: Treatment approaches in neurological rehabilitation: Brunnstrom Movement therapy, Bobath technique, Motor Relearning program(MRP), Neuro Developmental Therapy (NDT) Sensory Integration (SI), PNF techniques, Roods approach, Vojta Therapy, Facilitation & Inhibition techniques, EMG Biofeedback training, Motor training & retraining, Sensory training & retraining , Neuro-Psychological training, Perception training, Psychosomatic disorders rehabilitation, Coma Stimulation, Cognitive Rehabilitation, Vestibular Rehabilitation, Bladder & bowel rehabilitation, Gait training & Rehabilitation, Balance training, Postural control training, Co-ordination training, Proprioceptive training, Cranial & Peripheral nerve Rehabilitation, Neural mobilization, Activities of Daily Living(ADL) & Instrumental Activities of Daily Living(IADL) rehabilitation, Functional Electrical Stimulation (FES), Neuro Muscular Electrical Stimulation (NMES), Transcutaneous Electrical Nerve Stimulation (TENS), Interferential Current (IFC), Galvanic Stimulation, Faradic Stimulation, Russian Current, Pre and post neuro surgical rehabilitation and Neurological physiotherapy protocols etc.
- ✓ Industrial Therapy, Occupational Health and ergonomics: Work Conditioning and Work Hardening Programs, Ergonomics. Monitoring at-risk employees and work processes. Ergonomics. Education and training, Health promotion, Return-to-work case management, Occupational health committee/team development. Functional Capacity Evaluation (FCE) etc.
- ✓ Cardiopulmonary Physiotherapy: Physiotherapy techniques to increase lung volume – controlled mobilization, positioning, breathing exercises, Neurophysiological Facilitation of Respiration, Mechanical aids -Incentive Spirometry, CPAP,IPPB. Physiotherapy techniques to decrease the work of breathing – Measures to optimize the balance between energy supply and demand, positioning, Breathing re-education – Breathing control techniques, mechanical aids – IPPB, CPAP, BiPAP and oxygen therapy. Physiotherapy techniques to clear secretions – Hydration, Humidification & Nebulisation, Mobilisation and Breathing exercises, Postural Drainage, Manual techniques – Percussion, Vibration and Shaking, Rib Springing, ACBT, Autogenic Drainage, Mechanical Aids – PEP, Flutter, IPPB, Facilitation of Cough and Huff, Nasopharyngeal Suctioning.
- ✓ Physiotherapy assessment and management in intensive care unit such as Medical ICU, Post Surgical ICU, Neurological ICU, Neurosurgical ICU, Neonatal ICU, Paediatric ICU, Burns and Plastic Surgery ICU, Oncology ICU, Cardio ICU, Cardiothoracic surgical ICU, Renal and Nephro ICU etc.
- ✓ Physiotherapy treatment techniques in Cardiac and Pulmonary Rehabilitation.
- ✓ Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR).
- ✓ Exercise ECG testing and monitoring.
- ✓ Physical fitness testing and training.

- ✓ Physiotherapy Rehabilitations Protocols: Postural Stability Training, Mobility and Flexibility Training, Aerobic Training, Training Strategies to Develop Pulmonary, Endurance Training, Specific Exercise Regimens, Sports Physiotherapy, ortho-physiotherapy rehabilitative protocols, Neurorehabilitation protocol, Cardiopulmonary rehabilitation protocol, Paediatric physiotherapy rehabilitation protocol, Community Rehabilitation.
- ✓ Management of wound ulcers- Care of ulcers and wounds - Care of surgical scars-U.V.R and other electro therapeutics for healing of wounds, prevention of Hypergranulated Scars Keoloids, Electrotherapeutics measures for relief of pain during mobilization of scars tissues.
- ✓ Integumentary repair and protection techniques – Debridement (non-selective, selective), Dressings, Topical agents,
- ✓ Physiotherapy in dermatology -Documentation of assessment, treatment and follow up of skin conditions. U.V.R therapy in various skin conditions.
- ✓ Maternal and child care physiotherapy.
- ✓ Mechanical modalities – Acupuncture, dry needling, Compression therapies, Gravity – assisted compression devices, Mechanical motion devices, Traction devices, Instrumental assisted soft tissue mobilization.
- ✓ Early intervention of high risk babies, Neonatal care and management, Management of Neuro-paediatric patients, Paediatric surgeries and its post-operative management, Adaptive equipment for physically challenged children, Sports and fitness in paediatrics.
- ✓ Cardiac rehabilitation – Conservative and post-operative management. Pulmonary Rehabilitation, Exercise Prescription for health promotion and fitness for special populations. Exercise testing, planning and prescription: aerobic and anaerobic exercise training.
- ✓ Community Physiotherapy- Disability Screening, Disability evaluation and diagnosis and prescription, Health Education and health promotion.
- ✓ Branches:
Orthopaedic/ Musculoskeletal physiotherapy, Neurology and neurosurgery physiotherapy, Sports physiotherapy, Cardio-respiratory physiotherapy, Physiotherapy in intensive care unit, community based rehabilitation, physiotherapy in post burns, Obstetrics and Gynaecology physiotherapy/ Women health, Exercise prescription and physical fitness, Sports Physiotherapy, Ergonomics, ENT-physiotherapy, General physiotherapy, Geriatric physiotherapy, Industrial physiotherapy, Obesity and weight control, Oncology physiotherapy, Paediatric physiotherapy, , Veterinary physiotherapy, and Community physiotherapy.
- ✓ What so ever the advanced techniques implemented in Physiotherapy Practice.

Ref to :- Clauses 2: Subclause 2.2 Various therapies under the scope is as follows: – Under subclauses: 2.2.1 Electrotherapy (Adult / Paediatrics), 2.2.2 Exercise therapy; 2.2.3 Mechano Therapy; 2.2.4 Hydrotherapy 2.2.5 Manual therapy

Comments: Clauses 2 subclause 2.2 “Various therapies under the scope is as follows” need to be deleted and reformed. The word ‘therapies’ and the therapies that mentioned in the sub clauses provide insufficient information on ‘therapies and treatment techniques’ used by Physiotherapist. Because the therapies that mentioned under subclauses 2.2.1; 2.2.2; 2.2.3; 2.2.4 and 2.2.5 are limited as per the Physiotherapy practice concerned.

Under sub-clause 2.2.5 Manual therapy the meaning of this therapy mentioned in (a) and (b) is not define about Manual Therapy, therefore need to be changed.

Recommended statement for various therapies shall include:

Orthopaedic/ Musculoskeletal physiotherapy, Neurology and neurosurgery physiotherapy, Sports physiotherapy, Cardio-respiratory physiotherapy, Physiotherapy in intensive care unit, community based rehabilitation, physiotherapy in post burns, Obstetrics and Gynaecology physiotherapy/ Women health, Exercise prescription and physical fitness, Sports Physiotherapy, Ergonomics, ENT-physiotherapy, General physiotherapy, Geriatric physiotherapy, Industrial physiotherapy, Obesity and weight control, Oncology physiotherapy, Paediatric physiotherapy, Veterinary physiotherapy, and Community physiotherapy etc.

Ref to: - the clauses 3. Infrastructure Requirements sub clause 3.2
The minimum space requirement for carrying out the basic functions of the facility shall be as per Annexure 1. Minimum infrastructure requirements shall be as follows:

Comments: The Minimum infrastructure requirements mentioned in Annexure-1 need be remodify because already Physiotherapy Establishment in many states formed as per the State Clinical establishment act and the infrastructure requirements for physiotherapy Establishment various from state to state Clinical Establishment act.

The recommendations for space, furniture, storage and basic infrastructure are mentioned well in this draft. However, at some places it sounds slightly irrational and impractical to implement. The items listed in annexure not apply to the type of set ups and location of set ups.

The draft recommends same space, furniture; support staff requirement for all type of clinical establishments i.e. the criteria is same for hospital and private clinics. The generalization of format is not sufficient to describe the requirement. On other hand, the criteria should be specified for various type of set ups and also for hospitals depending upon number of beds.

No clear cut mention of furniture and instrument/ equipments clause 4 and 5 respectively. In annexure 2 and 3 the equipment/ instrument and furniture is mentioned however the quantity is no where reflected. In clause 4 and 5 repeatedly it's mentioned that other equipments are as per scope of service and as per work load. The use of words like "As per work load" sounds subjective one and interpretation of this silent word in future will vary from person to person.

Suggestion:

As per the *Karnataka Private Medical Establishments Act. 2007*, Rules – Chapter-2- Clauses 8 and 9 and Schedule A, B, C, E, provides the information on infrastructure requirements for various clinical establishment. In similar line re-modification of minimum infrastructure requirement for Physiotherapy Establishment is necessary. Hence, in order to prevent future misinterpretation, this word has to be reframed taking the physiotherapy stakeholder's opinion in

consideration to frame minimum infrastructure based on area and criteria for different types of physiotherapy establishments.

The metro cities have the basic problem of space for residential purpose and commercial use too. Hence the same criteria for area of common area and treatment area can't be recommended to all types of physiotherapy establishments. There is need to reframe the criteria as per the types of cities and types of clinical establishments. By observing availability of space & cost of space, the type A and B cities deserves slight concession in this regard. Also for departments of hospitals specific recommendations can be given on the basis of number of beds in the hospital. It's not appropriate to put a single physiotherapist's clinic, polyclinic, 100 / 500 / 800/ above 800 bedded hospital departments in same platform, under same criteria and on same scale. Kindly reframe the criteria. The current criterion is too less for departments of 500 and above 500 bedded hospitals where as it will be injustice with physiotherapist running clinics single handed.

[Ref to :- Annexure- 3; subsection III. PHYSIOTHERAPY EQUIPMENTS](#)

[The physiotherapy equipment relevant to the scope and workload shall be available as follows:](#)

Comments: Physiotherapy equipments listed in the Annexure -3 shall remodify.

Explanation:

A physiotherapy service provided by Physiotherapist depends on types of Physiotherapy Establishments/setup. Various establishments provides various kinds of services such as Orthopaedic/ Musculoskeletal physiotherapy, Neurology and neurosurgery physiotherapy, Sports physiotherapy, Cardio-respiratory physiotherapy, Physiotherapy in intensive care unit, community based rehabilitation, physiotherapy in post burns, Obstetrics and Gynaecology physiotherapy/ Women health, Exercise prescription and physical fitness, Sports Physiotherapy, Ergonomics, ENT-physiotherapy, General physiotherapy, Geriatric physiotherapy, Industrial physiotherapy, Obesity and weight control, Oncology physiotherapy, Paediatric physiotherapy, Veterinary physiotherapy, and Community physiotherapy etc.

Therefore minimum requirements shall be made for different kind of Physiotherapy Establishments.

Recommendations:

Minimum requirements shall be made for different kind of Physiotherapy Establishments. The equipment required shall be categorized into Essential (Compulsorly required) and optional (If

required and not mandatory) based on the types of facilities and scope of practice provided by the Physiotherapy Establishments.

Ref to :- Clause 6 subclause 6.2 The services provided by the physiotherapy professionals shall be in consonance with their qualifications, training and registration.

Comments: This clause is implying confused meaning. Need to be elaborated or restate to provided specification of the statement.

Ref to: Clause 10 sub clause 10.2 Assessment and plan of care: as per proposed draft, the physiotherapist card/slip of every registered patient must bear the minimum following legibly at every visit: Working diagnosis as provided by the treating medical doctor who has referred the patient, Relevant history and examination findings, Plan of care listing the exercises and physical modalities, Signature and date of the physical therapist, A review and re-prescription from the treating medical doctor after three weeks for continuing plan of care.

Comments: The treatment is determined by the Physiotherapist who is a qualified Professional according to the current Clinical Establishment Acts and the existing state Councils of India. 3 Weeks is not sufficient duration in case of patients with Paraplegia, hemiplegia, Cerebral palsy etc.

In reference to the Ministry of Social Justice & Empowerment's letter No. 9-3/CCD/2007 dated 15/05/2008 , Subject: Handling of Children with disabilities and referral which states that "Most of the doctors are not trained for rehabilitation of Persons with disabilities, they often try to treat their disabilities even when medical or surgical interventions are not required. In the process, most critical period of six years of life is lost which is most important period to train and rehabilitate the child with disability to utilize the residual capacity of the impaired organs. Consequently, it is too late for such children to respond to the rehabilitation therapies even by most qualified & skilled rehabilitation professionals like Physiotherapists etc.

Chief Commissioner has taken notice of the complaints from parents, Rehabilitation professionals, NGO's etc. and has directed that appropriate instructions may be issued by Medical Council of India and Indian Medical Association through print and electronic media to the effect that the doctors not trained on rehabilitation should restrict their treatment of children with disabilities to their medical illness/disease or else action be initiated against such practices under relevant section of MCI. They should refer such children to the qualified rehabilitation Professionals to ensure that they get appropriate rehabilitation/therapeutic assistance well in time. The court of the Chief Commissioner for persons with disabilities shall be constrained to

initiate action under Section 59 of the Persons with Disabilities Act, 1995 against the Doctors who may persist with such practices. <http://www.mciindia.org/circulars/Circular-disabled-children.pdf>)

From above report, it's quite clear that the medical doctors are not trained in Physiotherapy rehabilitation. If they are not trained in rehabilitation review and re-prescription from the treating medical doctor after three weeks for continuing plan of care by Physiotherapist results in injustice and unethical practice by the physiotherapist causing harmful to the patients.

Suggestion: Based on the explanation and observing all the references discussed above, it proves that physiotherapy services are independent and don't require prescription and reference. Hence the unjustified words "prescription" and "referral" shall be deleted from the draft as a registered medical practitioner is legally not allowed to supervise or practice physiotherapy.

[Ref to :- Annexure- 4 Minimum human resource requirement shall be as follows: Minimum Qualifications \(from recognized university\)](#)

In the clause 6 and also annexure 4 it's mentioned that the minimum qualification for Physiotherapist shall be **B.P.T from recognized university**.

Comments and Suggestions:

Minimum Qualifications from recognized university needs to be reframed as there are many universities which are recognized by UGC but they were not having the permission to start physiotherapy courses.

Many open universities in India providing Physiotherapy education under distance Education.

Holding that subjects with large component of practical teaching should be taught in face-to-face mode, higher education regulator UGC has issued a ban on offering physiotherapy courses in distance mode. The University Grants Commission has said physiotherapy course involves large component of practical teaching and cannot be properly imparted in distance mode. In a notice issued to registrars of all the universities, the UGC has said that some universities are conducting certificate, diploma, graduation and masters programmes in physiotherapy in distance mode. "The UGC has taken a serious view of this practice of conducting distance education programme in subjects with large component of practical teaching," the notice said. The issue of whether the varsities can offer courses in physiotherapy in distance mode has been referred to the Delhi High Court. Citing an earlier order of Delhi High Court, UGC said the court had held that professional courses should not be imparted through distance mode.

There were academic programmes ranging from three-month certificate courses to postgraduate certificate courses throughout India under distance education from recognized universities. In the absence of a regulatory body, individuals who did these courses were referred to as physiotherapists. An individual who has done certificate course was only sufficient to qualify one as a physiotherapy assistant. A majority of course time was spent in acquiring skills under the supervision of teachers. Professional full time education prepare Physiotherapy professionals

for independent careers, despite this certain centres were offering short-term undergraduate and postgraduate certificate courses through distance education across India. This could not be an alternative to hands-on, skill-based course with a major practical component. People undergoing short-term certificate courses had begun to practice physiotherapy at several places India, though the government had authorized them only to assist physiotherapists with bachelor degrees. “This profession is in jeopardy when unqualified personnel with no basic knowledge of physiotherapy start practicing it, moreover this Quack practice is more harmful to the patients.” They are prescribing medicines, investigations instead of referrals causing harmful and economic burden to patients. To Prevent Quackery under clinical establishment it is necessary to mentioned that Physiotherapist courses under distance education shall not be permitted to practice under any of the clinical establishment act.

As per the available sources there are open universities still providing Physiotherapy courses under distance education:

1. Karnataka State Open Univesity: [http://ksou-india.com/container.aspx?pagename=dismsbsc4.aspx&title=Bachelor%20in%20%20Physiothera%20py%20\(BPT\)](http://ksou-india.com/container.aspx?pagename=dismsbsc4.aspx&title=Bachelor%20in%20%20Physiothera%20py%20(BPT))

2. Many open Universities in the name of alternative medicine courses under distance education providing Physiotherapy as one of the elective subject. Ref: 1. Indian Board of alternative Medicine: <http://altmedworld.net/courses5.htm> ;2. <http://openuniversitymumbai.webs.com/> ; <http://www.altmedstudiesmumbai.com>

3. “Vinayaka Missions University - Distance Education” providing BSc PT under Distance Education with Program code U161 and program name BACHELOR OF SCIENCE IN PHYSIOTHERAPY <http://vmrf.edu.in/vmude/>

So instead of just “Recognized University” it shall be changed to “Recognized University but not under Universities with distance Education and with recognized full time Physiotherapy Course”. The recognized qualification should be as per prescribed by state councils or the state / central government/ UGC.

The degree which is mentioned in annexure 4 as “B.P.T” degree is nomenclature by only some university physiotherapy qualification. The Bachelor of physiotherapy degree is also nomenclature as B.P.T/ B.Ph.T/ B.P.Th/ BSc PT from various recognized universities in India.

Suggestions Recommended: In annexure 4 additions of bachelor degrees Physiotherapy qualifications that has difference nomenclature by various universities such as Bachelor of physiotherapy / Bachelor of Science in Physiotherapy or as B.PT / B.Ph.T / B.P.Th / BSC (PT) shall be added.

Specifying the term “recognized University” by reframe it as recommend “Recognized University but not under Universities with distance Education and with recognized full time Physiotherapy Course”. To specify the statement “courses done under distance education are not eligible to practice Physiotherapy.”

Ref to :- Annexure- 4 Minimum human resource requirement shall be as follows: Remarks -Where council registration is not applicable, registration shall be done with Indian association of physiotherapy.

Comments: Shall remove the “registration shall be done with Indian Association of Physiotherapy”

Explanation:

Indian Association of Physiotherapy (Correction: Physiotherapist) (IAP) is a voluntary association registered under Society act. It is not a legal entity/ governing body for Physiotherapy professional formed by the Government to monitor the Physiotherapist and Physiotherapy professionals. IAP is providing only the membership enrollment not any registration that legally applicable to practice. It is not mandatory that a Physiotherapist shall get a membership from IAP; it is the physiotherapist who may or may not register voluntarily to IAP. IAP represents only a group of Physiotherapist members forming an Association for Professional development activities.

In India where there is no Central Physiotherapy Council and in some states where there is no State Physiotherapy Council, Physiotherapy degree awarded by recognized University is considered sufficient to practice physiotherapy in many private and government appointed Hospitals. To open a Physiotherapy Establishment even the local byelaws or Municipal or government registration authorities of the state or State Clinical Establishment act or Government recruitment rules (RR rules for Physiotherapy) not made any requirement of State Physiotherapy Associations/ Federation or Indian Association of Physiotherapist membership for a Physiotherapist to Practice in their states or India.

In India to practice Physiotherapy no law or legal entity has made the mandatory to register with IAP. Even the Universities either government or deemed providing education in Physiotherapy not ask for any requirement or registration from IAP. As per IAP byelaw no clauses states that they have legally rights to monitor the Physiotherapist practitioners or any clinical establishment acts under any Indian law. IAP is providing only voluntary recognition to college/ institutions providing Physiotherapy Education, which is not mandatory for any Institutions/Colleges to get affiliation in any UGC recognized Universities that provide courses for physiotherapy.

According to the definition of Karnataka private medical establishments act, 2007, [point number 2. Definition- (n)] ,“Private Medical Establishment” means a hospital or dispensary with beds or without beds, a Nursing Home, Clinical Laboratory, Diagnostic Centre, Maternity Home, Blood Bank, Radiological Centre, Scanning Centre, Physiotherapy Centre, Clinic, Polyclinic, Consultation Centre.

Through this act Physiotherapy has been regulated to promote quality health care monitor by law the running of Private Medical Establishments in the State by stipulating minimum standards for quality of service in keeping with the principles of medical ethics. Moreover there is a State Councils such as Karnataka Medical Council, Dental Council, Nursing Council, Pharmacy Council and Central rehabilitation council for paramedical courses to monitor the respective professional in the state, but there is no State council for Physiotherapy to monitor Physiotherapy

Professionals such state acts not asked for any requirements for a Physiotherapist to be registered with Indian association of Physiotherapist.

Recommendations: Under Remarks registration for “Physiotherapist shall be made compulsory registration either state or central Council or by state clinical establishment act if applicable”. It shall not include any Association membership registrations. In such case many states has it’s own registered Physiotherapy Associations providing membership registrations. Similarly Central Clinical establishment act ask for IAP registration, then every state clinical establishment act might ask for state Associations membership registration where there is no state council those states.

[Ref to: Clauses 10. Process -subclauses 10.6.FirstAid c\) Staff shall be trained on BLS.](#)

Comments: Shall not make mandatory that staff to be trained on BLS.

Explanations: The physiotherapy Course curriculum in many universities providing education in Physiotherapy contains training in CPR and BLS. It will be an economical burden for Physiotherapist to get additional training even though when they are trained during their graduation.

**COMMENTS, SUGGESTIONS, OBJECTIONS, INCLUDING DELETIONS
/ADDITIONS REQUIRED IN THE DRAFT:**

1. Clinical Establishment Act Standard for Hospital (level 1) Standard No – CEA/Hospital 001. { [Hospital \(Level 1\)](#) }
2. Clinical Establishment Act Standard for Hospital (level 2) Standard No.CEA/Hospital- 002. {[Hospital\(Level 2\)](#)}
3. Clinical Establishment Act Standard for Hospital (level 3) Standard No.CEA/Hospital- 003. {[Hospital\(Level 3\)](#)}

[Ref to: Clauses 1. Definition](#)

Hospital Level 1 is the clinical establishment that provides primary healthcare services. Primary health care is a diverse field involving many different types of health professionals such as doctors, nurses, allied health workers, dentists, pharmacists, and pathology and imaging professionals. Primary health care encompasses services provided by public and private health care organisations, and may be delivered through a range of different access points such as a clinic, hospital, PHC, at home, in the community or at school. These hospitals may provide following services as per the requirement of the community: General Medicine, Paediatrics, Obstetrics & Gynaecology (Non- surgical), First aid to Emergency patients and Out Patient Services and Minor Surgery.

Hospital Level 2 is the clinical establishment that provide secondary healthcare services by various health professionals such as doctors, nurses, allied health workers, dentists, pharmacists, and pathology and imaging professionals. It can be a general hospital providing multi-speciality services having facility for surgery, anaesthesia, and emergency management. Secondary health care is provided by public and private health care organisations both. These hospitals may provide following services as per the requirement of the community viz. General Medicine, General Paediatrics, General Surgery, Obstetrics & Gynaecology, Orthopaedics, Emergency Medicine, Critical Care Medicine (e.g. HDU, ICU), ENT, Ophthalmology, Dermatology, Community Health, Palliative Medicine, Geriatric Care, Family Medicine, Dentistry including sub specialities, Blood Storage Centre/Blood Bank etc.

Hospital Level 3 is the clinical establishment that provide tertiary healthcare services by advanced specialists, laboratory and radiology along with the general surgery, paediatrics, general medicine, obstetrics and gynaecology services, emergency, intensive care unit etc. Tertiary health care is provided by public and private health care organisations both. These hospitals may provide following specialized services Cardiology, Cardiothoracic surgery, Neuro medicine, Neurosurgery, Nephrology, Joint replacement, Plastic and reconstructive surgery, Rheumatology, Endocrinology, Respiratory Medicine, Oncology, Nuclear Medicine, Paediatric Surgery, Gastroenterology, GI surgery, Transplantation Services, Blood Storage Centre/Blood Bank etc.

[Ref to clause 2- Scope in act Hospital 001,002 and 003.](#)

[Ref to ANNEXURE-5 HUMAN RESOURCE](#)

Comments: There are missing of other services provided in the Hospital especially Physiotherapy establishment/ Services in all the above clauses and acts

Explanation:

The entire definition contradicts and violates the state clinical establishment acts definition on clinic or clinical establishment as stated that “Clinical establishments “means a Medical Laboratory, **a physio-establishment**, a clinical, or an establishment analogous to any of them, by whatever means called” {Ref: Clauses 2 sub clause (a) in The Jammu and Kashmir Nursing Homes and Clinical Establishments (registration and licensing) act, 1963}. Another act stated that “Private Medical Establishment” means a hospital or dispensary with beds or without beds, a Nursing Home, Clinical Laboratory, Diagnostic Centre, Maternity Home, Blood Bank, Radiological Centre, Scanning Centre, **Physiotherapy Centre**, Clinic, Polyclinic, Consultation Centre and such other establishments by whatever name called where investigation, diagnosis and preventive or curative or rehabilitative medical treatment facilities are provided to the public and includes Voluntary or Private Establishments but does not include Medical Establishments run or maintained or sponsored by,-

- (i) the State Government or a Local Authority or other Statutory body;
- (ii) the Public Sector undertakings owned or controlled by the State or Central Government;
- (iii) autonomous institutions owned or controlled by the State or Central Government;
- (iv) a Co-operative Society registered under the Karnataka Co-operative Societies Act, 1959 in which more than fifty per cent of shares are held by the State or Central Government or both;

- (v) a Society registered under the Karnataka Societies Registration Act, 1960 and which is owned or controlled by the State or Central Government;
- (vi) a trust owned or managed by the State or Central Government or any Local Authority.

Similar definition also included Physiotherapy establishment/ Services in the definition.

Ref-1: 1. Clauses 1 sub clause (n) in Karnataka Private Medical Establishments Act,2007 /The Karnataka Private Medical Establishments (amendment) act, 2012 ; 2. Clauses 2 sub clause (k) in The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002; 3. Clauses 2 sub clause (c) in The Arunachal Pradesh Health and Establishment Act, 2002; 4. Clauses 2 sub clause (b) in The Orissa Clinical Establishments (Control and Regulation) Act, 1990; 5. Clauses 2 sub clause (a) in The Tripura Clinical Establishment Act, 1976; 6. Clauses 2 sub clause (c) The West Bengal Clinical Establishments Act, 1950; 7. Clauses 2 sub clause (a) in The Jammu and Kashmir Nursing Homes and Clinical Establishments (registration and licensing) act, 1963.

The definition is about to amend in Madhya Pradesh Clinical Rules, 1973 / Madhya Pradesh Upcharya Griha Tatha Rajupchar Sanbabdu Sthapana Adhinyam, 1973 ; The Punjab State Nursing Home Registration Act, 1991; Bombay Nursing Homes Registration Act, 1949; Delhi Nursing Homes Registration Act, 1953; Orissa Clinical Establishment (Control and Regulation) Act, 1991; Manipur Nursing Home and Clinics Registration Act, 1992; Sikkim Clinical Establishments, Act 1995; Nagaland Health Care Establishments Act, 1997; Tamilnadu private clinical establishment Act 1997, The Kerala Clinical Establishments Bill, 2013.

Recommended addition: Addition of word “Physiotherapy Services” with definition of Hospital level 1,2 &3 need to be considered. Addition of Clinical Service “Physiotherapy” into sub clause under clauses 2 –Scope need to be considered.

**COMMENTS, SUGGESTIONS, OBJECTIONS, INCLUDING DELETIONS
/ADDITIONS REQUIRED IN THE DRAFT:**

1. Clinical Establishment Act Standard for Clinic / Polyclinic only Consultation
Standard No.CEA/Clinic- 008 { [Polyclinic Only Consultation](#) }
2. Clinical Establishment Act Standard for Clinic / Polyclinic with Dispensary
Standard No.CEA/Clinic- 009 { [Polyclinic With Dispensary](#) }
3. Clinical Establishment Act Standard for Clinic / Polyclinic with Observation /
Short Stay Standard No.CEA/Clinic- 010 { [Polyclinic With Observation](#) }
4. Clinical Establishment Act Standard for Clinic / Polyclinic with Diagnostic
Support Services : Standard No.CEA/Clinic- 011 { [Polyclinic With Diagnostic Support](#) }

Ref to: Clauses1. Definition sub clauses 1.1 A clinic may be defined as a clinical establishment providing examination, consultation, prescription to outpatients including dispensing of medicines by a single / general practitioner/ specialist doctor /super-specialist doctor.

Comments: The entire definition has to be reframed. There are missing of other services provided in clinic especially Physiotherapy establishment/ Services.

Explanation:

The entire definition contradicts and violates the state clinical establishment acts definition on clinic or clinical establishment as stated that “Clinical establishments “means a Medical Laboratory, a **physio-establishment**, a clinical, or an establishment analogous to any of them, by whatever means called” {Ref: Clauses 2 sub clause (a) in The Jammu and Kashmir Nursing Homes and Clinical Establishments (registration and licensing) act, 1963}. Another act stated that “Private Medical Establishment” means a hospital or dispensary with beds or without beds, a Nursing Home, Clinical Laboratory, Diagnostic Centre, Maternity Home, Blood Bank, Radiological Centre, Scanning Centre, **Physiotherapy Centre**, Clinic, Polyclinic, Consultation Centre and such other establishments by whatever name called where investigation, diagnosis and preventive or curative or rehabilitative medical treatment facilities are provided to the public and includes Voluntary or Private Establishments but does not include Medical Establishments run or maintained or sponsored by,-

- (i) the State Government or a Local Authority or other Statutory body;
- (ii) the Public Sector undertakings owned or controlled by the State or Central Government;
- (iii) autonomous institutions owned or controlled by the State or Central Government;
- (iv) a Co-operative Society registered under the Karnataka Co-operative Societies Act, 1959 in which more than fifty per cent of shares are held by the State or Central Government or both;
- (v) a Society registered under the Karnataka Societies Registration Act, 1960 and which is owned or controlled by the State or Central Government;
- (vi) a trust owned or managed by the State or Central Government or any Local Authority.

Similar definition also included Physiotherapy establishment/ Services in the definition.

Ref-1: 1. Clauses 1 sub clause (n) in Karnataka Private Medical Establishments Act,2007 /The Karnataka Private Medical Establishments (amendment) act, 2012 ; 2. Clauses 2 sub clause (k) in The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002; 3. Clauses 2 sub clause (c) in The Arunachal Pradesh Health and Establishment Act, 2002; 4. Clauses 2 sub clause (b) in The Orissa Clinical Establishments (Control and Regulation) Act, 1990; 5. Clauses 2 sub clause (a) in The Tripura Clinical Establishment Act, 1976; 6. Clauses 2 sub clause (c) The West Bengal Clinical Establishments Act, 1950; 7. Clauses 2 sub clause (a) in The Jammu and Kashmir Nursing Homes and Clinical Establishments (registration and licensing) act, 1963.

The definition is about to amend in Madhya Pradesh Clinical Rules, 1973 / Madhya Pradesh Upcharya Griha Tatha Rajupchar Sanbabdu Sthapana Adhiniyam, 1973 ; The Punjab State Nursing Home Registration Act, 1991; Bombay Nursing Homes Registration Act, 1949; Delhi Nursing Homes Registration Act, 1953; Orissa Clinical Establishment (Control and Regulation) Act, 1991; Manipur Nursing Home and Clinics Registration Act, 1992; Sikkim Clinical Establishments, Act 1995; Nagaland Health Care Establishments Act, 1997; Tamilnadu private clinical establishment Act 1997, The Kerala Clinical Establishments Bill, 2013.

Recommended addition: Addition of word “Physiotherapy Establishment/ Clinic/ Services” need to be added.

Ref to:

Clinical Establishment Act Standard for Clinic / Polyclinic with Observation / Short Stay Standard No.CEA/Clinic- 010 { Polyclinic With Observation} ;Clinical Establishment Act Standard for Clinic / Polyclinic with Diagnostic Support Services : Standard No.CEA/Clinic-011}{Polyclinic With Diagnostic Support }

Clinic/ Polyclinic with Diagnostic Support Services Clauses: 1. Definition and subclauses

1.1 A clinic with support services may be defined as a healthcare facility providing examination, consultation, prescription to outpatients by a single / general practitioner/ specialist doctor /super-specialist doctor. In addition also have the support services like pharmacy, injections, family planning facility, dressing room, sample collection facility, basic laboratory, X- ray, USG with or without color Doppler, ECG or any other.

1.2 A polyclinic with observation/short stay may be defined as a healthcare facility providing consultation to outpatients by more than one doctor/ general practitioner/ specialist doctor /super-specialist doctor. In addition also have the support services like pharmacy, injections, family planning facility, dressing room, sample collection facility, basic laboratory, X- ray, USG with or without colour Doppler, ECG or any other.

Ref to :Clauses: 2. Scope (as applicable) Clauses: 2.1;2.2;2.3;2.4;2.5.

Comments: The entire definition has to be reframed. There are missing of other services provided in clinic especially Physiotherapy establishment/ Services.

Recommended addition: Addition of word “Physiotherapy Services” with definition of Hospital level 1,2 &3 need to be considered. Addition of Clinical Service “Physiotherapy” into sub clause under clauses 2 –Scope need to be considered.

**COMMENTS, SUGGESTIONS, OBJECTIONS, INCLUDING DELETIONS
/ADDITIONS REQUIRED IN THE DRAFT:**

1. Clinical Establishment Act Standard for Wellness Centre- Executive Health Check up Standard No. CEA/Wellness Centre- 018

2. Clinical Establishment Act Standard for Wellness Centre Standard No.CEA/Wellness Centre- 017

Ref to: 2. Scope (as applicable) 2.1A centre can address all or at least two of the below mentioned services (for detail services of each refer to relevant standard as below).

a) Gymnasium CEA /Wellness Centre- 019

b) SPAS CEA /Wellness Centre- 018

- c) Skin hair and cosmetic care centre CEA /Wellness centre- 022
- d) Beauty salon CEA /Wellness centre- 022
- e) Fitness centre CEA /Wellness Centre- 019
- f) AYUSH CEA /Wellness Centre- 020
- g) Naturopathy CEA /Wellness Centre- 020
- h) Nutritional therapy and weight CEA /Wellness centre- 021

Ref to: Annexure 2: Human Resource Requirement

This includes the Designation, minimum qualification & number of people required in the facility as per the scope of services.

Suggestions: Wellness Centre shall include physical fitness testing and testing performed along with Physiotherapist. Physiotherapists are well trained in fitness testing and fitness training during their graduation. Therefore for Physiotherapy also play a major role in wellness centres. It is suggested that Physiotherapy shall include in the act.

**COMMENTS, SUGGESTIONS, OBJECTIONS, INCLUDING
DELETIONS /ADDITIONS REQUIRED IN THE DRAFT:**

**Clinical Establishment Act Standard for Mobile Clinic with
Procedures in Local / Regional Anesthesia Standard No. CEA/Mobile
Clinic with Procedures in Local/ Regional Anaesthesia- 016**

Ref to: Clauses 1. Definition

The Mobile Clinic may be defined as a facility specially fabricated on a vehicle providing examination, consultation, prescription to outpatients including dispensing of medicines, basic laboratory services, vaccination facilities and procedures by a general practitioner/ specialist /super-specialist doctor to those in remote / specified areas who have access to little or no medical facilities.

A Mobile clinic is a facility providing general / basic examination, consultation, prescription to outpatients by a General Practitioner(s) / Specialist / Super-Specialist Doctor(s) in a mobile vehicle.

Comments and Suggestions: Physiotherapist in India also provides services in mobile units. The course curriculum of Physiotherapy Education involves the Practical subject Community Based Rehabilitation (Ref: Rajiv Gandhi University of Health Sciences, Karnataka- 41/2 years course BPT Curriculum under subject: Community Based Rehabilitation). They are been trained to provide services at community level.

Suggestion to add Physiotherapy services by qualified Physiotherapist in the definition of Mobile Clinic.

Ref to: clauses 4. Human Resource

Suggestion: Physiotherapist and minimum qualification need to be added.

We request you to strongly consider all the above mentioned comments and suggestion to implement in the Clinical Establishments Act for the betterment of Physiotherapist and Physiotherapy profession and for better quality treatment to the patient by physiotherapy fraternity.

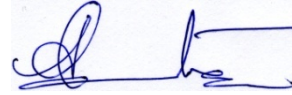
A copy of this letter also emailed to dr.anilkumar@nic.in and same copy is endorsed to nsdharmshaktu@yahoo.com.

We will be waiting for your acknowledgement for our suggestion.

Kindly do the needful and oblige.

Thanking you,

Your sincerely



On behalf of all the members of KSPF,
General Secretary and Committee Members,
Karnataka State Physiotherapy Federation®,
Bangalore, Karnataka
Contact: 9060934046; 9036042471
Email: kspinfo@karnatakaphysio.org;
karnatakaphysio@gmail.com