

American Society of Hand Therapists

A Position Paper on the Use of Physical Agents/Modalities in Hand Therapy

Revised October 2012

DISCLAIMER:

The American Society of Hand Therapists assumes no responsibility for the practice or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. The therapist functions within the limitations of licensure, state practice act and/or institutional policy.

DEFINITION:

Physical agents/modalities are treatment interventions, which use the physical properties of light, water, temperature, sound, and electricity, to produce a therapeutic response. Superficial thermal agents may include, but are not limited to, commercial hot packs, paraffin, Fluidotherapy TM, cryotherapy (commercial cold packs, ice massage, ice bags and vapocoolant sprays), contrast baths and whirlpools. Deep thermal agents may include, but are not limited to ultrasound and diathermy. Electrotherapeutic agents may include, but are not limited to, transcutaneous electrical stimulation (TENS), neuromuscular electrical stimulation (NMES), and electrical stimulation for tissue healing (ESTR). Other physical agents/modalities may include low-level laser therapy. Mechanical devices may include, but are not limited to continuous passive motion machines (CPM), traction and vasopneumatic compression devices¹. Although differing terminology may appear in the literature when referring to these treatment interventions (physical agent modalities, physical agents, modalities), for the remainder of this paper, the term modalities will be used.

BACKGROUND:

In 1985, the American Society of Hand Therapists' Role Delineation Study indicated that modalities were used in the practice of hand therapy. The Hand Therapy Certification Commission's Practice Analyses of 2001 and 2008 both confirm the use of modalities by

occupational and physical therapists, specializing in the treatment of the upper extremity^{2,3}. The Hand Therapy Certification Examination requires that candidates have knowledge of the use of modalities and includes material on the utilization of modalities in hand therapy. The ASHT recognizes that hand therapists, as occupational therapists and physical therapists, have diverse educational backgrounds. Whereas entry level educational curriculum for physical therapists has always included instruction in the therapeutic application of modalities as part of their scope of practice, occupational therapy entry level educational curriculum now includes instruction in modality use ^{4,5}. Changes in the educational requirements and the need for continued support of modality use within the occupational therapy profession, necessitated the revision of the 2002 position paper (which was based on the original position paper of 1991). This most recent edition of the position paper on the use of modalities in hand therapy supersedes the previous position papers. This edition addresses the use of modalities, the education, and the continued learning required for the use of modalities, based on the current clinical evidence, academic, and regulatory requirements.

The scope of practice for the American Occupational Therapy Association (AOTA), the American Physical Therapy Association (APTA), and the Hand Therapy Certification Commission (HTCC) includes the use of modalities by licensed occupational therapists and by physical therapists ^{4,6,7}. Likewise, the ASHT scope of practice supports safe, evidence-based, modality uses for treatment of individuals with upper extremity dysfunction⁸. While entry level educational standards are apparent in the requirements of current, accredited, occupational or physical therapy curriculum, the practitioner holds responsibility to stay current with the safe and effective uses of modalities. Therefore, along with licensure requirements and ethical considerations, the ASHT recognizes the importance of continued learning for safe and effective use of modalities by occupational therapists and physical therapists, practicing within the specialty of hand therapy.

POSITION:

The American Society of Hand Therapists (ASHT) endorses the safe and effective use of physical agents/modalities in upper extremity rehabilitation by certified hand therapists, occupational therapists and physical therapists. Physical agents/modalities must only be utilized in accordance with the parameters, established by the professional regulatory and licensing boards, of the occupational therapy and physical therapy professions.

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