

Information paper

Practice Guidance for Physiotherapists using Point of Care Ultrasound (POCUS) in physiotherapy practice

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Introduction

Ultrasound imaging (UI) allows for the real-time imaging of a wide range of tissues, organ systems and pathologies. UI is used by a range of regulated healthcare professionals and UI may be used for screening, diagnostic, interventional, treatment monitoring and/or biofeedback purposes. The use of UI is rapidly expanding across a wide range of healthcare applications and increasingly physiotherapists are using this technology as part of their own practice.

The physiotherapy profession does not hold a monopoly on any single modality and/or intervention within any of the pillars of practice. What distinguishes the use of UI use in physiotherapy practice is that it is used at the point of care. Point of Care Ultrasound (POCUS) use is selected, amongst other things, based on autonomous practice, the exercise of professional judgment, the use of appropriate knowledge and skills to inform practice, and an assurance of quality and efficacious practice.

The CSP recognises POCUS as being within the scope of physiotherapy practice. We believe this Practice Guidance for Physiotherapists using POCUS will help members who follow it demonstrate that they are delivering high quality, safe and effective POCUS services, and that the public can be assured that practitioners are highly trained and competent professionals.

This Practice Guidance should be read in conjunction with the Information Paper PD0138 Context of Physiotherapists using Point of Care Ultrasound (POCUS) in physiotherapy practice

This document is 'guidance'. 'Guidance' is information which a physiotherapist has a duty to consider and is expected to take into account as part of their decision making process. Each section of this guidance carries equal weight and the document is not ordered in any priority order.

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SECTION 1 - PRINCIPLES OF GOOD POCUS PRACTICE

Practice Guidance 1: Scope of Physiotherapy Practice

- 1.1 You must understand how POCUS fits within the overall scope of physiotherapy practice and how this is different from practice as a sonographer.
- 1.2 You must ensure your patients understand that you are a physiotherapist using POCUS as a technology to support your overall physiotherapy management of their condition/presentation.

Practice Guidance 2: Scope of individual practice

- 2.1 You must ensure that you are able to describe your individual scope of POCUS practice, and whether you have a narrow or broad focus to POCUS.
- 2.2 You must ensure that your individual POCUS practice remains within the overall scope of physiotherapy practice.
- 2.3 You must ensure that you are educated, trained and competent in those areas of POCUS practice that you include within your physiotherapy practice.

Practice Guidance 3: Role identification

- 3.1 You must ensure that your role is identified as a physiotherapy role within which POCUS is a required modality to support effective physiotherapy services
- 3.2 You should ensure that you have an accurate and up to date job description that accurately reflects your physiotherapy role and describes how the use of POCUS fits within the role.

Practice Guidance 4: Assessment

- 4.1 You must undertake an appropriate physiotherapy assessment of your patient, relevant to your personal scope of POCUS practice focus, in

order to determine that POCUS is an appropriate technology to assist with your physiotherapy diagnosis, decision-making and/or treatment planning.

- 4.2 You must ensure that your use of POCUS supports your physiotherapy practice and is used to inform your physiotherapy management of your patient.
- 4.3 You must demonstrate independent judgment in order to determine for yourself the type of scan that is to be performed, which is based on your own clinical reasoning and professional judgement as a physiotherapist.
- 4.4 You must demonstrate independent judgment in order to determine for yourself the purpose of the scan, the structures to be scanned and the clinical questions to be addressed by the scan, which are based on your own clinical reasoning and professional judgement as a physiotherapist
- 4.5 You must have the ability to refer your patient for specialist medical and/or imaging services if you determine it is clinically indicated.

Practice Guidance 5: Image Interpretation.

- 5.1 You must only interpret images which you yourself have scanned from a patient. You should not be asked to interpret images scanned by other professionals.
- 5.2 You must demonstrate independent judgment in order to interpret the POCUS images you obtain to provide an imaging opinion which is based on your own clinical reasoning and professional judgement as a physiotherapist.
- 5.3 You must be clear on the clinical reasoning you have identified that necessitates a physiotherapy POCUS scan in order to provide a relevant clinical imaging report that is related to the rationale for the scan.

- 5.4 Your imaging report must be a complete and accurate account of your imaging findings.
- 5.6 Your imaging opinion must be based on a proper consideration of the scan you perform. Your opinion may include ruling-in and/or ruling-out a range of differential diagnosis established via clinical examination, depending on whether you have a narrow or broad personal scope of practice POCUS practice.
- 5.7 You must include in your report a statement that sets out the nature of your scan and the purpose for which it was performed.

Practice Guidance 6: Escalation of Image Findings.

- 6.1 You must refer your patient to an appropriate service if you detect imaging findings that may indicate a serious and/or urgent pathology is present that requires review by another registered practitioner.
- 6.2 You must refer your patient to an appropriate practitioner if you detect imaging findings that are outside your personal scope of imaging practice to interpret and/or understand the clinical significance of.

Practice Guidance 7: Scanning on the request of other professionals.

- 7.1 You must review referrals received from other professionals to undertake a POCUS scan and make your own decision as to whether a scan is indicated as part of your own physiotherapy assessment and treatment planning process.
- 7.2 You must only scan within your own scanning responsibilities as a physiotherapist. You must not scan because someone else tells you to do so on their authority and/or to address shortages in the sonography workforce.

Practice Guidance 8: Consent

- 8.1 You must act in accordance with local, national and/or employer guidance on the obtaining and documenting of consent of your patient to physiotherapy treatment that includes POCUS.
- 8.2 You must obtain the informed consent of your patient to undertake POCUS

- 8.3 You must inform the patient of the purpose of the POCUS scan and the risks, benefits and alternatives to using POCUS to support your physiotherapy practice.

Note

The CSP publishes more comprehensive guidance on Consent for Physiotherapy Intervention in our information paper PD078

<https://www.csp.org.uk/publications/consent-physiotherapy-practice>

Practice Guidance 9: Communication

- 9.1 You should share your image results and interpretation with other clinicians directly involved in the direct care of your patient.
- 9.2 You should share with those directly involved in the patient's care the nature of your scan and the purpose for which it was performed.
- 9.3 You should share with those directly involved in the patient's care details of the image quality of the scan and whether you believe that impacts upon any clinical decision you ask another healthcare provider to make.
- 9.4 You must ensure that you communicate the scan results securely, and that the risk of data loss and data misdirection is minimized.

Practice Guidance 10: Image Storage

- 10.1 You must follow your local information and governance policy pertaining to image storage and retrieval.
- 10.2 You should ensure, where it is possible to do so, images are integrated with the radiology department Picture Archiving and Communication System (PACS) where possible.

Note:

You should refer to other standards and guidance for information relating to clinical record keeping in general. Visit

<https://www.csp.org.uk/publications/record-keeping-guidance>

Practice Guidance 11: Delegation

11.1 You must not delegate your scanning responsibilities to anyone else.

Practice Guidance 12: Equipment

12.1 You must ensure that there is a service agreement in place to ensure that the probes and machine calibration are serviced regularly.

12.2 You must ensure that the probes and machine you use are designated for healthcare professional use and carry the relevant CE / UKCA assurance marks for medical devices.

12.3 You must ensure that machine and probes are maintained according to the manufacturer specification and any organisational policies that are in place.

12.4 You should ensure you have undertaken an ergonomic workstation assessment and risk assessment to address your working postures, working patterns and repetitive activities that may be undertaken whilst undertaking POCUS.

12.5 You must ensure you follow the manufacture's and your organisation's infection prevention and control guidance when using POCUS.

SECTION 2 – CLINICAL GOVERNANCE

Patient safety is of paramount importance within all aspects of practice. The guidance in this section will apply alongside any organisational policies and/or procedures that the organisation may have in place.

Practice Guidance 13: Local Service Delivery

- 13.1 You must understand your local POCUS physiotherapy service specification, who manages the service and who the accountable officer is.
- 13.2 You should ensure you have appropriate specialist support available to you, which may include access to a radiologist or dedicated sonographer.
- 13.3 You must understand the local lines of responsibility and accountability for overall quality of clinical care in POCUS services
- 13.4 You must be aware of the systems and procedure in place to identify and remedy poor performance.
- 13.5 You should raise any concerns you have relating to the performance of POCUS within your role to the service manager.

Practice Guidance 14: Clinical Audit and Evidence Based Practice

- 14.1 You should have a system in place to monitor the clinical effectiveness of POCUS in the care pathways you use it in.
- 14.2 You should have a system in place to gather relevant data to review the use of POCUS in your practice.
- 14.3 You must keep up to date with relevant UK guidance on the use of POCUS and ensure your practice remains within accepted physiotherapy practice.
- 14.4 You should have a system in place to capture service user information including compliments, complaints and other feedback.

Practice Guidance 15: Risk Management

- 15.1 You should ensure that you have an appropriate Risk Management programme in place for POCUS use.
- 15.2 You must record all incidents and/or errors using POCUS with your local reporting systems.
- 15.3 You should review incidents within your local team and/or management structures to enable learning and where necessary change practice.
- 15.4 You must have a system in place to manage complaints relating to POCUS.
- 15.5 You must have a system in place to manage claims relating to POCUS use and you should participate in the claims process as directed.

Practice Guidance 16: Continuing Professional Development

- 16.1 You must remain up-to-date with appropriate knowledge and skills to enable you to use POCUS competently and safely within your scope of practice.
- 16.2 You should ensure that your POCUS CPD is in line with your current POCUS practice.
- 16.3 You should record your CPD in a format that easily enables you to demonstrate your fitness to practise as a POCUS user.
- 16.4 You should ensure that you set aside sufficient time to access programmes and resources to meet your POCUS CPD needs.
- 16.5 You should have access to a POCUS peer review and/or support network.
- 16.6 You should have access to appropriate specialist supervision to maintain your ongoing competency in POCUS, which may include access to a radiologist or dedicated sonographer.