The American Occupational Therapy Association, Inc. (AOTA) asserts that physical agent modalities may be used by occupational therapists and occupational therapy assistants as an adjunct to or in preparation for intervention that ultimately enhances engagement in occupation (AOTA, 1997, 2002a). The AOTA further stipulates that physical agent modalities may only be applied by occupational therapists and occupational therapy assistants who have documented evidence of possessing the theoretical background and technical skills for safe and competent integration of the modality into an occupational therapy intervention plan (AOTA, 1997). The purpose of this paper is to clarify the appropriate context for use of physical agent modalities in occupational therapy.

Physical agent modalities are defined as those modalities that produce a biophysiological response through the use of light, water, temperature, sound, electricity, or mechanical devices.

• Superficial thermal agents include, but are not limited to, hydrotherapy/whirlpool, cryotherapy (cold packs, ice), Fluidotherapy™, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.

• Deep thermal agents include, but are not limited to, therapeutic ultrasound, phonophoresis, and other commercially available technologies.

• Electrotherapeutic agents include, but are not limited to, biofeedback, neuromuscular electrical stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulation for tissue repair, high-voltage galvanic stimulation, and iontophoresis and other commercially available technologies (Bracciano, 2000).

• Mechanical devices include, but are not limited to, vasopneumatic devices and CPM (continuous passive motion).

Physical agent modalities are categorized as preparatory and adjunctive methods (AOTA, 2002a). A preparatory or adjunctive method is one that is used in conjunction with or in preparation for client involvement in purposeful activity and desired areas of occupation (Pedretti & Early, 2001). Preparatory methods support and promote the acquisition of the performance skills necessary to enable an individual to resume or assume habits, routines, and roles for engagement in occupation. The exclusive use of physical agent modalities as a therapeutic intervention without application to occupational performance is not considered occupational therapy. Physical agent modalities, when used, are always integrated into a broader occupational therapy program as a preparatory method for the therapeutic use of occupations or purposeful activities (AOTA, 2002a).

Occupational therapists and occupational therapy assistants must have demonstrated verifiable competence in order to use physical agent modalities in occupational therapy practice. The foundational knowledge necessary for proper use of these modalities requires appropriate documented professional education, such as continuing education, in-service training, or accredited higher education programs. Integration of physical agent modalities in occupational therapy practice must include foundational education and training in biological and physical sciences. Modality-specific education consists of biophysiological, neurophysiological, and electrophysiological changes that occur as a result of the application of the selected modality. Education in the application of physical agent modalities must also include indications, contraindications, and precautions; safe and efficacious administration of the modalities; and patient preparation including the process and outcomes of treatment (i.e., risks and benefits). Education should also include essential elements related to documentation including parameters of intervention, subjective and objective criteria, efficacy, and the relationship between the physical agent and occupational performance. Supervised use of the physical agent modality should continue until service competency and professional judgment in selection, modification, and integration into an occupational therapy intervention plan is demonstrated and documented (AOTA, 2002a).

The occupational therapist makes decisions and assumes responsibility for use of physical agent modalities as part of the intervention plan. The occupational therapy assistant delivers occupational therapy services under the supervision of the occupational therapist. Services delivered by the occupational therapy assistant are specifically selected and delegated by the occupational therapist (AOTA,
When an occupational therapist delegates the use of a physical agent modality to an occupational therapy assistant, both must comply with appropriate supervision and regulatory requirements and ensure that preparation, application, and documentation are based on service competency. That is, only occupational therapists with service competency in this area may supervise the use of physical agent modalities by occupational therapy assistants.

The *Occupational Therapy Code of Ethics* (AOTA, 2000) mandates a safe and competent practice in the profession and provides guiding principles that must be applied to physical agent modality use. Principle 4 states that “occupational therapy personnel shall achieve and continually maintain high standards of competence.” Principle 4D states that “occupational therapy practitioners shall critically examine and keep current with emerging knowledge relevant to their practice so they may perform their duties on the basis of accurate information,” which obliges practitioners to maintain competency by involvement in lifelong learning. In addition, Principle 5 states that “occupational therapy personnel shall comply with laws and Association policies guiding the profession of occupational therapy” and requires practitioners to remain abreast of any revisions to rules, regulations, and laws as they relate to physical agent modalities. All state laws and regulations related to physical agent modality use have precedence over AOTA policies and positions.

**References**


**Authors**

Scott D. McPhee, DrPH, OT, FAOTA
Alfred G. Bracciano, EdD, OTR, FAOTA
Barbara Winthrop Rose, OTR, CVE, CHT, FAOTA
for The Commission on Practice
Sara Jane Brayman, PhD, OTR/L, FAOTA—Chairperson

*Adopted by the Representative Assembly 2003M37*

*Note:* This document replaces the 1997 position paper of the same name.