



**ENGAGEMENT OF PHYSICAL THERAPIES
PROVIDERS ON A SHORT TERM
BASIS VIA A SERVICE AGREEMENT /
CONTRACTOR ARRANGEMENT**

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BACKGROUND

In the Australian High Performance (HP) Sport System, there is a wide variation across National Sporting Organisations (NSOs) regarding how they engage physical therapy providers. Some NSOs have sufficient resources to employ physical therapists on a full-time basis while others may only contract providers on short-term agreements to support specific events. It is not uncommon for physical therapists to be engaged as the sole performance support team member for camps and tours, particularly when an NSOs resources are limited.

With such variation in practice across the HP system, these guidelines have been developed to:

- Assist sporting organisations to support quality practice when engaging physical therapy providers on a short term basis via a service agreement/ contractor arrangement; and
- Encourage consistency of practice across the HP sport system

They may also be used as a reference for the development of processes and policies. It is recommended that NSOs and National Institute Network (NIN) partners consider adopting these guidelines or using them to review current the current policies and practices they might already have in place.

The guidelines include considerations for Physiotherapy and Soft Tissue Therapy, the professions most commonly engaged on a short term basis by sporting organisations. The engagement and practice of any other Sports Science Sports Medicine (SSSM) staff members and contractors should be guided by the [AIS SSSM Best Practice Principles](#) which outline further information about staff integrity and capability.

RECRUITMENT

The [AIS SSSM Practitioner Minimum Standards](#) represent the mandatory minimum standards for SSSM staff and contractors engaged to deliver services in these disciplines of practice by NSOs that are subject to the AIS SSSM Best Practice Principles via their Sport Investment Agreement.

These standards also guide the minimum SSSM personnel requirements of the National Institute Network (NIN).

The Minimum Standards should be referenced prior to commencing any recruitment. NSOs and the NIN are encouraged to establish personnel standards over and above the Minimum Standards.

For transparency, employment of SSSM staff and engagement of SSSM contractors should be by an open and competitive process with high selection standards. Advertising could occur via online recruitment sites, social media and through professional bodies such as the Australian Physiotherapy Association (APA) or Massage & Myotherapy Australia (MMA).

Qualifications and registration in physical therapies professions can vary and organisations should confirm the following:

| | Qualifications [minimum] | Registration / accreditation [minimum] | Indicators of quality practice [optional] |
|---------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physiotherapists | Bachelor of Physiotherapy | Australian Health Practitioner Regulation Authority registration as a physiotherapist | Masters of Physiotherapy (Sports and Exercise Physiotherapy or Musculoskeletal Physiotherapy) APA Titled Sports and Exercise Physiotherapist Fellow of the Australian College of Physiotherapy |
| Massage Therapists | Diploma of Remedial Massage | Relevant accreditations include: <ul style="list-style-type: none"> - Massage & Myotherapy Australia - Association of Massage Therapists - Myotherapy Association Australia - Australian Natural Therapies Association | |

In addition to qualifications and accreditation/registration, organisations should request evidence of the following in advance of engagement:

- Current First Aid and CPR accreditation from recognised Australian authority
- Working with Children and Vulnerable People Check in their home jurisdiction (these are state-specific) when relevant. Note that a Police Check is not the same level of clearance.
- Current Public and Products Liability Insurance as well as Professional Indemnity Insurance, appropriate to their practice. A minimum level of cover could be outlined in a services agreement. The [Physiotherapy Board of Australia](#) does not make any recommendations outlining minimum level of cover. See below for further detail regarding insurances.
- Completion of Sport Integrity Australia's [online learning modules](#):
 - Level 1 Anti-Doping course
 - Anti-Doping Annual Update course (previously named Level 2 Anti-Doping)
 - Ethical Decision Making
 - Introduction to Match Fixing
- Referee contacts, including a current and recent previous employers

The organisations should conduct adequate reference checks with previous and/or current employer about to exclude individuals with current or past anti-doping rule violations, any history of inappropriate conduct and to identify any concerns relating to the suitability of individual working with young and vulnerable athletes.

The organisation should consider additional information that they may require from a physical therapist if travelling with a team, including;

- Do they hold a current driver's licence?
- Can they drive a manual vehicle?
- Do they hold a current passport? What is the expiry date?
- Do they hold an Australian passport? This may be relevant for visa applications.
- Is there anything limiting their access to a visa? Is travel to any nation restricted?
- Do they have any limitations to practice (e.g. are there any health issues that require alteration to hours of work or nature of practice?)
- Have they provided a next of kin or emergency contact details and is there any important medical information worth being aware of in case of an emergency?

A payment model should be established early and included in a written services agreement. Fee structures often include either hourly, daily, or weekly rates of pay or an agreed fixed retainer. It is common practice for the organisation to support costs associated with travel, meals and certain tools and equipment (kit, massage table), while the practitioner is often responsible for professional insurances and IT equipment (phone and laptop); however each of these aspects of an agreement is dependent upon organisational process and what is mutually agreed upon by both the organisation and the practitioner.

An example of information included within a services agreement can be found in [Appendix A](#).

Insurance

It is the individual physical therapist's role, in consultation with their insurer, to assess the risk involved with their practice and to specify a level of cover that is appropriate to that risk.

Therapists in Australia must have Professional Indemnity Insurance (PII) and Public Liability Insurance (PLI). Common practice is for physical therapists to hold cover for each of PII and PLI in respect of liability of at least \$20 million per claim. Both the Australian Physiotherapy Association and the Australian Massage Association provide their members with the option to insure via the respective professional membership bodies with insurance plans covering liability for \$20 million per claim for PII and PLI.

If international travel is required as a part of their engagement, therapists should ensure they have clearly communicated with their insurer as some insurance companies may require extra premiums to be paid to cover international incidents.

Physiotherapists must declare they have PII in order to register as practicing physiotherapists with the Australian Health Practitioner Regulation Agency.

RESPONSIBILITIES OF THE TEAM PHYSIOTHERAPIST

The key goals of the team can be summarised as relating to (a) the health, safety, security, and wellbeing of all team members and (b) team performance. As physical therapists can contribute to both, they often need to have a line of communication to team operations (e.g. Team Manager) and other performance staff (e.g. Team Coach). Having role clarity and clear communication streams will have a positive team impact.

Clear protocols should be outlined for “medical” situations, including the expectations on the role of a physical therapist in the event of medical emergencies, and what other medical support will be available (e.g. having a doctor also on tour, a Chief Medical Officer on phone support, paramedics at competition etc).

Though a physical therapist is engaged for their specific professional expertise including, but not limited to injury assessment, management and prevention (physiotherapists) and manual massage skills (massage therapists), they are often required to undertake duties outside of their skill set and it can help to document these. For example, a physical therapist might:

- Liaise with hotel or restaurant regarding meals, under the direction of a Sports Dietitian
- Drive a minibus / team vehicle
- Supermarket shopping
- Triage athletes to hospital/doctor if needed
- Equipment care and logistics
- Supervise pool recovery sessions
- Accompany an athlete during anti-doping sample collection processes

It is also helpful to document whether the therapist is required to supervise or manage other team members and who they need to report to.

SCOPE OF PRACTICE

It is important for all parties to be aware of what falls within and outside of a physical therapist’s scope of practice. This is of particular importance when a physical therapist is accompanying a team in the absence of a doctor. Physical therapists should not be working outside their professional scope to reduce risk (to athletes, the organisation and to the therapist’s registration). Organisations can support this by addressing considerations outlined in these guidelines well in advance of any planned team travel.

Medication

It is out of the scope of a physical therapist to carry and dispense medication. Each state in Australia has slightly differing legislation regarding physiotherapists recommending or dispensing medication. To be safe, physical therapists should keep abreast of the legislation in their local state and the state they are practicing in on tour. The APA provide accessible information regarding [Physiotherapy and Medicine](#) in the members section of their website.

The [AIS Medication Policy](#) includes the guidance that:

“athletes, coaches, managers and therapists should receive education on the role of the therapist in the absence of a doctor. In particular, such education should remind staff that the team therapist;

- *Is not a doctor and should not be put in the position of having to behave as a ‘pseudo-doctor’*
- *Will not carry or supply medication for athletes*
- *Should communicate with appropriate medical staff (e.g. NSO’s Chief Medical Officer), if medical matters of a more serious nature arise”*

In addition to this, physical therapists should:

- Support athletes to access medical treatment from reputable local medical providers where access to NSO or other agreed medical contact is not possible
- Ensure athletes source prescription medication from reputable local medical providers, in collaboration with NSO/AIS medical staff, in situations where prescription medications are unexpectedly required
- Be aware of resources to refer to regarding medication and anti-doping (see Sport Integrity Australia's information on [Global Dro](#))

The AIS Medication Policy outlines guidelines for accessing medication without the physical therapist (or team manager or any other non-medical staff member) carrying medication in their kit.

INDUCTION & ON-BOARDING

Organisations should consider developing induction information that can be modified to suit different events. The purpose is to ensure that expectations and support are clear in advance of a trip and to provide a reference if required later. An example of an induction manual for physical therapies is available [here](#). Helpful contents might include:

- Team/event staffing structure
- Performance support contacts (physical therapies, medicine, recovery, nutrition, psychology, etc)
- This event (team goals, location, accommodation, facilities, medical support, classification if relevant, etc)
- Records management (including completion of the [AMS Injury Record](#) or [AMS for Massage Therapists](#) course as appropriate), post-event reporting, communication during the event
- Travel/transport and meals
- Kit and equipment (see link for an example of a physical therapy kit packing list and [Appendix B](#) for a list of common practices around kit responsibility)
- Relevant policies and procedures (e.g. anti-doping, supplement policy, no needle policy, medical record keeping/injury surveillance)
- Invoicing
- Safety and incident reporting
- Critical incidents (definition, first responder checklist, Critical Incident Management Team info)
- Insurances

In the instance that the organisation has a designated Lead Physiotherapist, the physical therapist and Lead Physiotherapist should be connected prior to the commencement of the engagement to allow the Lead to provide guidance and support for the therapist prior, during and after the event. Ensuring the physical therapist has been connected with the performance support team members prior to the event will food relationships and a smooth flow of information across the performance support team.

It is also worth adding to this list any additional requirements that may be relevant for the specific cohort the physical therapist is supporting (e.g. pressure care for athletes with sensation and circulation issues such as occurs with spinal cord injuries).

BUILDING THE COACH/PRACTITIONER RELATIONSHIP

It is well recognised that a coach/practitioner relationship based on trust and professional respect is an advantage to the team dynamic. One disadvantage of engaging a physical therapist on a short-term agreement is the challenge of building this relationship quickly. The organisation can assist by appointing the therapist early and encouraging conversations in advance of the event. It helps if the coach can share performance goals, expectations and communication preferences. Encouraging feedback during an event can be beneficial.

Experiences shared by organisations suggest that the most frequent causes of coach/practitioner relationship breakdown are preventable. Examples include the therapist failing to communicate proactively or prioritising their need to exercise over the needs of the team.

PLANNING FOR CRITICAL INCIDENTS

Physical therapists supporting a team should be prepared in advance for critical incidents. A critical incident is any event that:

- results in immediate serious harm (physical or psychological) to personnel and/or event attendees
- results in one or more fatalities to personnel and/or event attendees
- materially threatens the integrity and reputation of the organisation
- materially threatens the financial/property assets of the organisation
- exposes the organisation to material liability or threatens its business continuity

A critical incident may include, without limitation:

- A serious illness or injury
- A serious wellbeing incident
- A security issue
- A natural disaster

In the event of a critical incident, the therapist may be in the position of a first responder. This role is important in providing support at the time of the event but also a key conduit of information to the critical incident management team (CIMT). Organisations should be well prepared in order to provide physical therapists with the appropriate information relating to critical incident management. The AIS has developed a **Critical Incident Management Framework**, which outlines those systems, processes and responsibilities that guide the planning and response of a critical incident.

POST EVENT REPORTING AND PROVISION OF FEEDBACK

On conclusion of an event, organisations should seek **post-event feedback** from the therapist in order to:

- hand-over relevant information about athlete injury, illness and performance. This can be done in a very specific way when handing over to an athlete's support team (with their consent) and then in a general and de-identified way to the organisation to help guide support for future events. It is helpful for the NSO to understand how many injury presentations occurred each day, how many referrals were made to a local medical centre, etc. This might guide engagement of performance support providers for future events.
- provide organisation-wide feedback that will guide future planning. This might include comments on travel, accommodation, meals, etc.
- ensure accountability regarding record keeping and knowledge transfer on transition of the athlete back to their home environment. Post-event reports can prompt effective practice and ensure that the handover role is completed before the engagement is concluded and the invoice is issued.

Potential questions for a post-event survey can be found in **Appendix C**, but organisations should consider the outcomes they are after when developing their own sport-specific reporting template. A report template should be provided in the induction information to allow a physical therapist to plan ahead.

It is helpful if the coach and manager (or appropriate representatives) provide feedback to the therapist and high performance leadership evaluating the physical therapist in order to assist growth and development and guide future engagement.

APPENDICES

Appendix A – Service agreement example

A service agreement should cover the following aspects:

- Services – what are the roles and responsibilities?
- Commencement date
- Contract period
- Requirements – e.g. qualifications, Working With Children Check, first aid (refer to above list), insurance
- Fees – this might be an hourly, daily, weekly rate, or an honorarium
- Payment terms – invoicing requirements etc
- Contact person within the NSO
- Conditions – any legal requirements from the organisation covering, e.g. disputed invoices, insurances, intellectual property, termination.

Organisations should seek their own advice from the appropriate legal and human resource experts to assist in development of a service agreement.

Appendix B – Kit bag packing list example and considerations

Arrangements regarding physical therapies supplies may include:

- the NSO provides a kit bag, supplied with appropriate equipment and consumables for the tour
- the physical therapist is responsible for sourcing their own kit bag and appropriate consumables
- a hybrid approach where the NSO might provide essential equipment or consumables and the physical therapist is expected to contribute any other additional consumables according to their usual practice and preference

It is important that this is made clear and agreed upon in discussions regarding engagement to ensure adequate time to prepare an appropriately resourced kit.

It is common practice for the organisation to cover the costs of consumables used. The therapist should keep evidence of any purchases made (or consumables used in the case of them providing their own kit) for reimbursement in line with the services agreement.

Sample Water Polo Physio Kit Inventory

| Items | Pool deck | Large bag | Items used |
|--------------------------------|-----------|-----------|------------|
| Tape/bandages | | | |
| Adhesive spray | 1 | | |
| Coban 2cm | 1 | 5 | |
| Coban 5cm | | 3 | |
| Coban 7.5cm | | 2 | |
| Fixomull 10cm | | 1 | |
| Fixomull 5cm | 1 | 2 | |
| Kinesio tape | 2 | 4 | |
| Leukoband lite 5cm | 1 | 2 | |
| Leukoband lite 7.5cm | 1 | 3 | 2 |
| Rigid tape 2.5cm | 1 | 4 | |
| Rigid tape 3.8cm | 2 | 6 | |
| Rigid tape 5cm | | 2 | |
| Superwrap bandage 7.5cm x 1.5m | | 1 | |
| Superwrap bandage 7.5cm x 3m | | 1 | |
| Tubigrip size A | | 1 | |
| Tubigrip size B | | 1 | |
| Tubigrip size C | | 1 | |
| Tubigrip size D | | 1 | |
| Tubigrip size E | | 1 | |
| Tubigrip size F | | 1 | |
| Tubigrip size G | | 1 | |
| Waterproof tape 2.5cm | 1 | 4 | |
| Waterproof tape 5cm | 2 | 6 | |
| Physio & Rehab | | | |
| Muscle mates / back balls | | 4 | |
| Premax cream 250g | | 2 | |
| Seatbelt | | 1 | |
| Theraband - black | | 1 | |
| Theraband - blue | | 2 | |
| Theraband - green | 1 | 1 | |
| Theraband - red | 1 | 1 | |
| Braces & Splints | | | |
| Finger splints | 4 | | |
| Groin strap [S/M/L] | | 3 | |
| Lumbar thermoskin L | | 1 | |
| Sling | | 1 | |
| Splinting material | 1 | 2 | |
| Swedo ankle brace M | | 1 | |
| Thumb brace left M | | 1 | |
| Thumb brace right M | | 1 | |
| Wrist brace left M | | 1 | |
| Wrist brace right M | | 1 | |

| Items | Small bag | Large bag | Items used |
|---------------------------|-----------|-----------|------------|
| Miscellaneous | | | |
| Aerogard | 1 | | |
| Band aids - assorted | 30 | | |
| Blu Tack | | | |
| Contact lenses | 3 | | |
| Disposable heat packs | | 2 | |
| Door stop | | 1 | |
| Elastoplast spray plaster | 1 | 2 | |
| Eye drops | 1 | | |
| Freezer bags | multiple | | |
| Friars balsalm | 1 | | |
| Gloves | multiple | | |
| Hand sanitiser | 1 | | |
| Ice n Ezy | | 2 | |
| Ice wrap | | 1 | |
| Inclinometer | | 1 | |
| Inventory | | 1 | |
| Leukofoam | | 1m | |
| Nail clippers | 2 | | |
| Nail polish | | | |
| Needling kit [lrg] | | 1 | |
| Needling kit [sml] | 1 | | |
| Pen | 1 | | |
| Permanent marker | | 1 | |
| Skin prep spray | 1 | 1 | |
| Speedo "shorts" bathers | | 1 | |
| Stop itch 50g | | 1 | |
| Sunscreen | 2 | | |
| Tampons | 6 | 8 | |
| Tape scissors | 1 | 1 | |
| Tissues | 1 | 1 | |
| Vaseline | 1 | | |
| Wet ones | 1 | | |

Sample Water Polo Physio Kit Inventory (continued)

| Items | Small bag | Large bag | Items used |
|-------------------------------------|-----------|-----------|------------|
| Wound Care Kit | | | |
| Bluies | 2 | | |
| Basic dressing pack | 1 | | |
| Sterile scissors | 1 | | |
| Disposable razor | 1 | | |
| Gloves | 5 | | |
| Waste bags | 1 | | |
| Hand sanitiser | 1 | | |
| Wound cleaning - step 1 | | | |
| Iodine solution 30ml | 2 | | |
| Iodine prep pads | 7 | | |
| Iodine prep swabstick packs | 3 | | |
| Wound cleaning - step 2 | | | |
| Saline solution 30ml | 4 | | |
| Syringe 10cc | 2 | | |
| BD Needle 1.1mm | 4 | | |
| Sharps container | 1 | | |
| Steri strips 12mm x 100mm | 1 | | |
| Band-aids - regular | 9 | | |
| Band-aids - finger | 8 | | |
| Wound cleaning - step 3 | | | |
| Sterile combine dressing | 2 | | |
| Gauze swabs 7.5 x 7.5cms | 3 | | |
| Wound dressing - step 1 | | | |
| Skin prep swabs | 4 | | |
| Wound dressing - non-exuding wounds | | | |
| Tegaderm 6 x 7cm | 5 | | |
| Wound dressing - sutured wounds | | | |
| Primapore 5 x 7.2cm | 1 | | |
| Tegaderm + Pad 5 x 7cm | 1 | | |
| Wound dressing - scabbed wounds | | | |
| Cutinova hydro 5 x 6cm | 2 | | |
| Cutinova hydro 10 x 10cm | 1 | | |
| Wound dressing - high exudate | | | |
| Allevyn adhesive 7.5 x 7.5cm | 2 | | |
| Wound dressing - min exudate | | | |
| Allevyn 5 x 6cm | 3 | | |
| Allevyn thin 10 x 10cm | 1 | | |

Appendix C – Post event reporting recommendations

Post event reporting of medical information between NTE and DPE physiotherapy staff is best achieved using the AMS, which allows secure transmission of this confidential information. A survey of the touring physiotherapist's experiences relating to the tour should also be requested as a means of improving conditions for athletes and staff for future events. Some NSOs use an online survey to collect this post-event feedback, others use a Word-based template that is to be submitted within a pre-negotiated timeframe post event (most sports use a 1 to 2-week timeframe).

Aspects of the tour operations that could be investigated include (but are not limited to):

- Pre-event communication
 - From organising parties regarding tour logistics
 - From DPE physiotherapists regarding athletes coming on tour (including detailing if AMS notes were up to date and useful)
- Travel logistics
 - Provision and stocking of physiotherapy kit / massage equipment
 - Appropriate baggage allowances for equipment
 - Scheduling of flights and transfers (including comments regarding athlete recovery, time prior to competition, etc)
- Workload and expectations of physiotherapy staff while on tour
 - General information regarding number of injuries, injury burden and number of treatments
 - Comments regarding athlete booking systems, time available for treatment
 - Adequate time for medicolegal note taking and therapist self-care
- Staff working relationships
 - Within Performance Support staff
 - As part of the broader NTE staff
 - With external providers (if applicable)
- Appropriateness of training, competition, and recovery facilities
 - Availability of treatment and first aid areas and equipment at these venues
 - Safety consideration if appropriate
- Accommodation
 - Were treatment areas easy to set up and access?
 - Standard and hygiene
 - Nutrition options
 - Distance from training / competition venue
- Challenging aspects of competition not within NSO's control (e.g. competition schedule) whose impact could be mitigated in future with appropriate planning
- If physiotherapist is appropriately experienced and/or qualified, thoughts on athlete preparation and performance in competition



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