

## **Standard No. CEA/Physiotherapy Centre- 023**

# Clinical Establishment Act Standard for Physiotherapy Centre

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## Introduction

**In 2010 Clinical Establishments (Registration and Regulation) Act, 2010** 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.

The Ministry has notified the “National Council for Clinical Establishments” and ‘The Clinical Establishments (Central Government) Rules, 2012” under this Act vide Gazette. *This Act is applicable to all kinds of clinical establishments from the public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception will be establishments run by the Armed forces.*

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## Physiotherapy Centre

### 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.

### 2. Scope (as applicable)

2.1 These set of common minimum standards framed shall be applicable to standalone physiotherapy centre with one or more physiotherapy practioners and physiotherapy sections attached to hospitals or polyclinic.

2.2 **Various therapies under the scope is as follows:**

#### 2.2.1 Electrotherapy (Adult / Paediatrics)

- a) Hydrocollator (Hot Packs).
- b) Paraffin Wax Bath Infrared/Ultra violet radiation lamps. (Cold) – Cryotherapy.
- c) Ultra sound Therapy(1 & 3 MHz).
- d) Electrical energy- TENS (Trans cutaneous Nerve Stimulator).
- e) Low and Medium frequency currents: IFT(Interferential Therapy)/
- f) Electrical muscle stimulator (with electro diagnostic facility).

#### 2.2.2 Exercise therapy

- a) Shoulder exercise unit
- b) Wrist and Hand exercise units
- c) Abduction ladder

- d) Over head Pulley system/ Multiple Pulley exercise unit
- e) De-Lorme's shoe/ weight cuffs
- f) Dumbbell exercise set, Mat exercise (floor) mat
- g) Parallel Bars and Wall bars
- h) Examination couches (number according to the patient load)
- i) Quadriceps table, Mobilization/Stabilizing belts, Patient evaluation kit (including Goniometer, Percussion Hammer, Measuring tape etc.), Walking aids(sticks, crutches, frames and wheel chairs etc.)

### **2.2.3 Mechano Therapy**

- a) Cervical and Lumber Traction systems(Intermittent and Constant) with traction table

### **2.2.4 Hydrotherapy**

### **2.2.5 Manual therapy**

- a) To deliver primary service in health education and health promotion.
- b) To deliver health care services of physiotherapy and rehabilitative nature.

## **3. Infrastructure Requirements**

- 3.1 The physical facility shall be developed and maintained to provide safe and secure environment for patients, their families, staff and visitors. It shall be situated in a place having clean surroundings and shall comply with local byelaws in force, if any from time to time.
- 3.2 The minimum space requirement for carrying out the basic functions of the facility shall be as per Annexure 1.
- 3.3 The area shall be well illuminated, ventilated and clean with adequate water supply.
- 3.4 The total area requirement can be broadly classified into two categories viz. Common Area and Treatment area. The common area shall include facilities

such as reception, waiting, toilet, consultation, etc. The treatment area shall include space requirements for main equipment and for ancillary services.

- 3.5 The facility shall be adequately provided with working space to allow orderly and logical placement of equipment, material and movement of personnel so as to maintain safe operations.
- 3.6 The space requirement in treatment area shall be as per as per the scope of service and workload. The ancillary area like facility for storage (cabinet etc), facility for backup equipment like UPS/generator etc. shall also be available, *please refer to Annexure 1.*
- 3.7 Common area can be shared between the different divisions/sections of the centre/HCO. Within the centre various work sections can also share the resources and space however not compromising the quality of work.
- 3.8 The physiotherapy centre shall have a prominent board/signage displaying the name of the centre in local language at the gate or on the building .
- 3.9 The following other signage shall be well displayed in the language understood by the local public in the area:
- a) Name of the physiotherapist with registration number.
  - b) Fee structure of the physiotherapist/ physical therapy services.
  - c) Timings (For ex – from 8am -2pm)
  - d) Services provided within the facility

#### 4. Furniture & Fixtures

- 4.1 Furniture and fixtures shall be available in accordance with the activities and workload of the physiotherapy centre.
- 4.2 The furniture and fixtures shall be functional all the time. *For indicative list of items refer to Annexure 2. (This list is indicative and not exhaustive).*

#### 5. Equipment/Instruments

- 5.1 The physiotherapy centre shall have essential equipments as per Annexure 4.

- 5.2 Other physiotherapy equipments as per the scope of service and work load requirement shall be available.
- 5.3 Adequate space for storage of equipments
- 5.4 All equipment shall be in good working condition at all times. Periodic inspection, cleaning, maintenance of equipments should be done.

## **6. Human Resource**

- 6.1 The physiotherapy practitioner as per the scope of the physiotherapy centre shall be registered with State Physiotherapy Council, wherever applicable.
- 6.2 The services provided by the physiotherapy professionals shall be in consonance with their qualifications, training and registration.
- 6.3 Personnel record containing personal and professional information shall be maintained for each staff.
- 6.4 Periodic skill enhancement/up gradation /refresher trainings shall be provided for all categories of the staff relevant to their job profile. *For Human resource requirement refer to Annexure 3.*

## **7. Support Service**

- 7.1 Support services like registration, billing, waste management, etc., can be shared with the hospital.
- 7.2 Support Staff: In a physiotherapy centre minimum one support staff shall be available to meet the care treatment and service needs of the patient. However number may depend upon the workload and scope of the service being provided by the clinical establishment.

## **8. Legal/statutory Requirements**

- 8.1 Every application must be accompanied with the documents confirming compliance with local regulations and law.

## **9. Record Maintenance and Reporting**

- 9.1 Copies of all records and statistics shall be kept with the clinical establishment concerned for at least 3 or 5 years or in accordance with the CEA act.



- 9.2 All clinical establishments shall be responsible for submission of information and statistics in time of emergency or disaster or epidemic situation or as required from time to time by National Council CEA 2010.

## 10. Process

- 10.1 **Registration:** Every patient visiting the physiotherapy centre shall be registered.

- 10.2 **Assessment and plan of care** 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.

### 10.3 Infection Control:

- a) The physiotherapy centre shall take all precautions to control infections like practicing hand hygiene etc.
- b) Availability of clean water for hand washing /liberal use of sanitizer shall be maintained throughout the working hours of the physiotherapy centre.
- c) Sanitation and hygiene of the toilets if available shall be maintained.
- d) Mopping of all patient care areas with disinfectant shall be done at least once a day.

### 10.4 Safety Considerations

- a) The establishment shall make effort shall to take care of patient safety aspects like patient fall, etc.
- b) The establishment shall make effort to keep the centre pest and termite free.

### 10.5 Biomedical waste Management

- a) Biomedical waste shall be managed in accordance with the BMW management and handling Rules, 1998.

**10.6.FirstAid**

- a) Provision shall be made for providing First Aid.
- b) Contact details of ambulance hospital etc shall be available.
- c) Staff shall be trained on BLS.

**Annexure – I**

**Minimum infrastructure requirements shall be as follows:**

| <b>S.No</b> |                                      | <b>Minimum Area</b>   |
|-------------|--------------------------------------|---|
| <b>1</b>    | Reception, Waiting & Consultation    | Reception, waiting, consultation room etc. shall be adequate as per the requirement and workload of the physiotherapy center  |
| <b>2</b>    | Ancillary area / space               | Ancillary area/space for storage of records, reagents, consumables, stationary etc including eating area for staff shall be available in accordance with the workload   |
| <b>3</b>    | Electrotherapy (Adult / Paediatrics) | Minimum one chamber of 10 ft.X7 ft for Diathermy unit and another chamber of same size for other electrotherapy modalities with examination couches, linen and electric fitting of required load, as per the specifications of the modalities. Separate space for Wax Bath and Hydrocollator as per the patient load and equipment specifications |
| <b>4</b>    | Exercise Therapy                     | Minimum one consultation room (15 ftX10 ft at least), Treatment rooms/cabins (at least three of 10ftX10ft each) and space for the Parallel bars, Gait training and Floor/mat exercises. The centre should have essential facilities like wash basins, wash rooms etc.   |
| <b>5</b>    | Mechano Therapy                      | Minimum one chamber of 10 ft.X7 ft to accommodate Cervical and Lumber Traction systems (Intermittent and Constant) with traction table and other material so as to provide adequate working space to carry out safe procedure.  |
| <b>6</b>    | Manual therapy                       | Manual therapy couch or the Examination couch. can be accommodated in the Exercise therapy space.   |
| <b>7</b>    | Hydrotherapy                         | Optional. If there, should be placed in the separate chamber of the size as per the equipment specifications. For example if Hubbard's equipment is used, it requires a chamber of not less than 15ftX15ft along with the facility of changing room and wash room.  |

**Annexure -2**

**Furniture and Fixtures**

| <b>S.N.</b> | <b>ARTICLES</b>                  |
|-------------|----------------------------------|
| 1.          | Table                            |
| 2.          | Chairs                           |
| 3.          | Examination Table/couch          |
| 4.          | Screens                          |
| 5.          | Foot Step                        |
| 6.          | Stools                           |
| 7.          | Storage Cabinet for records etc. |
| 8.          | BMW storage area                 |

**Annexure- 3**

Indicative list of minimum equipment/instrument required is as follows:

**I. Essential Equipment:**

| S. No. | Name of the equipment            | Minimum Specifications | No. of equipment |
|--------|----------------------------------|------------------------|------------------|
| 1      | Stethoscope                      |                        | 1                |
| 2      | Thermometer                      | Digital                | 1                |
| 3      | Torch (flash lights)             |                        | 1                |
| 4      | Sphygmomanometer(B.P. Apparatus) | Digital                | 1                |
| 5      | Weighing machine(Optional)       | Adult                  | 1                |

**II. Emergency Equipment:**

| S. No. | Name of the Equipment                       | Minimum Specifications | No. of Equipment |
|--------|---|------------------------|------------------|
| 1      | Resuscitation Equipment<br>Ambu Bag/Air Way | Adult / Pediatric      | 1<br>1           |
| 2      | Oxygen Concentrator/<br>Cylinder (Portable) |                        | 1                |
| 3      | Fire Extinguisher                           | -                      | 1                |

**III. PHYSIOTHERAPY EQUIPMENTS**

The physiotherapy equipment relevant to the scope and workload shall be available as follows:

| PHYSIOTHERAPY EQUIPMENTS DETAILS  |                      |
|-----------------------------------|----------------------|
| <b>Electrotherapy Equipment's</b> |                      |
| 1                                 | Short Wave Diathermy |
| 2                                 | Ultrasonic Therapy   |

|                                     |  |
|-------------------------------------|--|
| 3                                   | Interferential Therapy                               |
| 4                                   | Hot Pack Unit  |
| 5                                   | Paraffin Wax Bath                                    |
| 6                                   | TENS   |
| 7                                   | LASER  |
| 8                                   | Muscle Stimulator                                    |
| 9                                   | Muscle Stimulator (With Electro diagnostic Facility) |
| 10                                  | Cold Packs   |
| 11                                  | C.P.M.   |
| 12                                  | Any other electrotherapy equipment                   |
| <b>Exercise Therapy Equipment's</b> |  |
| 13                                  | Shoulder Wheel                                       |
| 14                                  | Over Head Pulley                                     |
| 15                                  | Wall Ladder  |
| 16                                  | Supinator Pronator Exerciser                         |
| 17                                  | Heel Exerciser                                       |
| 18                                  | Ankle Exerciser                                      |
| 19                                  | Tilt Table   |
| 20                                  | Walker / Crutches / Canes                            |
| 21                                  | Stationary Bicycle                                   |
| 22                                  | Treadmill (Optional)                                 |
| 23                                  | Vibrator for Chest Physiotherapy(Optional)           |
| 24                                  | Swiss Ball (Optional)                                |
| 25                                  | Dumbbells / Weight Cuffs                             |
| 26                                  | Gripper / Gel Balls (Optional)                       |
| 27                                  | Thera Bands / Thera Tubes (Optional)                 |
| 28                                  | Any Other Exercise Therapy Equipment                 |
| 29                                  | Spiro meter (Optional)                               |
| 30                                  | Peak flow meter(Optional)                            |
| 31                                  | Hydrotherapy (Optional)                              |
| <b>Mechano Therapy</b>              |  |
| 32                                  | Traction Unit (Cervical/ Lumbar)                     |
| <b>Manual therapy</b>               |  |
| 33                                  | Manual Therapy couch/Examination couch               |
| <b>Hydrotherapy</b>                 |  |
| 33                                  | Hydrotherapy pool or Hubberd tank                    |

**Annexure- 4**

Minimum human resource requirement shall be as follows:

| S. no. | Category          | Minimum Qualifications (from recognized university) | Registration with the concerned council (if applicable) | Remarks   |
|--------|-------------------|---|---|---|
| 1      | Physiotherapist-1 | BPT from a recognized university                    | State Physiotherapy council.                            | Where council registration is not applicable, registration shall be done with Indian association of physiotherapy |
|        |                   |   |   |   |