

قرار وزاري رقم (33) لسنة 2026 م

بشأن اعتماد المعايير الوطنية لخدمة العلاج الطبيعي

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

- على القانون الاتحادي رقم (1) لسنة 1972 م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 في شأن المنشآت الصحية الخاصة وتعديلاته ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (5) لسنة 2019 في شأن تنظيم مزاوله مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023 بشأن مزاوله غير الأطباء والصيدالده لبعض المهن الصحية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 بشأن المسؤولية الطبية، وتعديلاته ولائحته التنفيذية،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 باعتماد المعايير الموحدة لترخيص مزاولي المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة...

قرّراً يلي:

المادة (1): تعتمد المعايير الوطنية لخدمة العلاج الطبيعي المرفقة بهذا القرار.

المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

أحمد بن علي الصايغ

وزير الصحة ووقاية المجتمع

صدر بتاريخ: 2026/03/25

مرفق القرار الوزاري رقم (33) لسنة 2026 م
في شأن اعتماد المعايير الوطنية لخدمة العلاج الطبيعي

National Standard of Physiotherapy Service

CONTENTS

PURPOSE

SCOPE

DEFINITIONS

ABBREVIATIONS

- 1. LICENSURE REQUIREMENTS**
- 2. HEALTH FACILITY REQUIREMENTS**
- 3. HEALTHCARE PROFESSIONAL REQUIREMENTS**
- 4. PATIENT- CENTERED CARE**
- 5. INDICATIONS FOR PHYSIOTHERAPY SERVICES**
- 6. EXCLUSIONS**
- 7. KEY PERFORMANCE INDICATORS (KPIs)**

PURPOSE

The standards define service specifications for physiotherapy in health facilities licensed by the concerned health authorities, aiming to provide the highest level of quality, effective and ethical care that promote health and well-being of patients, continuous evaluation and adaptation to meet the evolving needs of the health care environment in the United Arab Emirates.

SCOPE

This standard applies to:

- All healthcare facilities licensed by concerned health authorities to provide Physiotherapy services to all ages group.
- Healthcare Professionals licensed by concerned health authorities to implement Physiotherapy services.

DEFINITIONS

Community-Based Rehabilitation (CBR): is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from the different sectors within the community (education, employment, health and social services). CBR enhances the quality of life, meet their needs and may include people with disabilities, their families, communities, and relevant government and non-government entities.

Habilitation: is the process of helping individuals develop skills and abilities they have never acquired, often used paediatric care for children with developmental delays or disabilities. It focuses on teaching new skills and promoting independence.

Rehabilitation: is the process of helping individuals regain skills and abilities they have lost due to injury, illness, or disability. It aims to restore function and improve quality of life, often after events like surgery, stroke, or trauma.

People of Determination: An individual with a total or partial, permanent or temporary impairment in physical, sensory, mental, communicative, educational, or psychological abilities, to an extent that limits the ability to meet normal requirements in comparison with non-disabled peers.

Physiotherapy (Physical Therapy): is a healthcare profession concerned with human function and movement aiming to maximize physical potential and enhance quality of life within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, considering variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.

Physiotherapy Service: is a facility service where patients are assessed by physiotherapists to develop a treatment program that addresses functional limitations, impairments to maximize functional ability and reporting to various parties for the purposes of delivering patient care.

Quality Management System (QMS): is a structured framework that defines and documents an organization's processes, procedures, and responsibilities for achieving quality policies, practices, and objectives.

ABBREVIATIONS

CBR: Community Based Rehabilitation

KPIs: key performance indicators

MOHAP: Ministry of Health & Prevention

NICU: Neonatal Intensive Care Unit

QMS: Quality Management System

UAE: United Arab Emirates

1. LICENSURE REQUIREMENTS

- 1.1.** All facilities providing physiotherapy services must adhere to the laws and regulations of the United Arab Emirates (UAE).
- 1.2.** The facilities aiming to provide physiotherapy services must comply with the licensure procedures of the Concerned Health Authorities.
- 1.3.** The facilities providing physiotherapy services should be accredited according to the requirements for each health authority.
- 1.4.** Physiotherapy services can be provided in the following healthcare facility settings:

- Hospitals.
- Outpatient care facilities including polyclinics or specialty clinics or Day Surgical Centre.
- Long-Term health care facilities.
- Rehabilitation facilities.
- Specialized Unit.

2. HEALTH FACILITY REQUIREMENTS

2.1. The facilities providing physiotherapy services should comply with Health Facility Design requirements for each health authority. In addition to:

- 2.1.1.** The facility has designated rooms for individual physiotherapy sessions.
- 2.1.2.** The facility should ensure all patient groups have easy access to the health facility including people of determination.
- 2.1.3.** The facility should have the appropriate equipment to provide physiotherapy services and all equipment's should be registered with Emirates Drug Establishment.
- 2.1.4.** The facility shall have the appropriate equipment and trained physiotherapists to manage basic life support in emergency cases.
- 2.1.5.** A documented plan for monitoring the safety of electrical and mechanical appropriate equipment and comply with the specifications and requirements as per the manufacturer's including monthly visual inspections for apparent defects. (A logbook record of testing and electrical compliance approval should be readily available for audit and inspection).

- 2.1.6.** The facility utilities shall be adequate for service provision, including but not limited to lighting, water taps, medical gases, sinks and drains, lighting, temperature controls, and electrical outlets.
- 2.1.7.** If required, proper changing rooms before and after the therapy session, taking into consideration the privacy of each patient.
- 2.1.8.** All treatment and gym areas must provide enough wall and floor space to allow therapists to assist patients from two, three, or four sides depending on the equipment.
- 2.1.9.** The walls and floors need to be strong enough to take the load from equipment. As there will be a lot of movement, a hard, smooth, non-slip floor finish should be provided.
- 2.1.10.** The facility design shall provide assurance of patients and staff safety.
- 2.2.** The facility providing physiotherapy services must establish written policies and procedures concerning:
- Admission, referral, and discharge.
 - Staffing and qualifications.
 - Care outcomes and reviews.
 - Patient consent.
 - Patient consent for specific high-risk techniques.
 - Infection Control and Equipment Sterilization.
 - Quality Assurance.
 - Use of Restraints.

- Public Health and Emergency Preparedness.
- Feedback/Complaint Management.
- Physical Environment and Amenities.
- Step up and step down of patients to other specialized providers.
- Administrative Policies and Procedures.
- Operating Hours.
- Attendance Roster.
- Fee Schedule and Billing.
- Lost and found policy.
- Fall management policy.
- Sentinel event policy.
- Patient assessment policy.
- Medical record management and retention policy.
- Patient right, Responsibility and patient privacy policy.
- Safeguarding policy related to people of determination.
- Patient care plan and follow up.

3. HEALTHCARE PROFESSIONAL REQUIREMENTS

- 3.1.** Only licensed physiotherapists are permitted to operate the physiotherapy service in any facility that provides physiotherapy rehabilitation.
- 3.2.** Physiotherapist should adhere to a professional code of ethics including acting with integrity, respect and accountability.

3.3. Physiotherapy services must be provided by qualified physiotherapists or physical therapists, in accordance with the relevant health authority's Clinical Privileging Policy.

3.4. Physiotherapy technicians should work under the supervision of a qualified physiotherapist to ensure proper delivery of care.

3.5. All licensed Physiotherapists shall:

3.5.1. Have training and experience related to physiotherapy rehabilitation interventions and assessment.

3.5.2. Be able to provide comprehensive, contemporary programs of care to address impairments, activity limitations, and participation restrictions while considering patient's goals.

3.5.3. Physiotherapists must remain competent within their scope of practice with seeking continuous education to enhance their knowledge and update their clinical skills to keep up with the newly introduced technologies and evidence-based clinical practice.

3.6. Physiotherapists are qualified professionals whose duties are to:

3.6.1. Undertake a comprehensive assessment of the patient or needs of a while considering the patient's goals.

3.6.2. Evaluate the findings from the assessment to make clinical judgments regarding patients.

3.6.3. Formulate a Functional diagnosis, prognosis, and treatment plan. In addition to assess the effects of treatment at various stages by correlating patient outcomes with

the intervention and adjust the treatment as necessary to achieve the best possible results.

- 3.6.4.** Provide consultation within their expertise and determine when patients need to be referred to another professional.
- 3.6.5.** Implement a Physiotherapy treatment program and education in agreement with the patient/client, this may include procedures such as and not limited to manual therapy, dry needling, kinesiology and therapeutic modalities.
- 3.6.6.** A physiotherapist must complete an accredited, competency-based clinical training program and successfully pass a competency assessment to perform the specific treatment interventions listed below. including but not limited to the following: Dry needling, Dry cupping, spinal manipulation, Manual lymphatic drainage and management.
- 3.6.7.** Evaluate and re-evaluate the outcomes of any treatments.
- 3.6.8.** Make recommendations for self-management.
- 3.6.9.** Collaborate with health professionals and other key stakeholders.
- 3.6.10.** The physiotherapist shall complete comprehensive documentation of evaluation and management.
- 3.6.11.** Educate patients (or their carers) about the required treatment plan to provide home care instructions and Exercises in a clear and easy way.
- 3.6.12.** Encourage patients to maintain confidence throughout their recovery.

- 3.6.13.** Providing rehabilitation services to individuals with disabilities and encouraging social integration within their communities through the Community-Based Rehabilitation (CBR) strategy.
- 3.6.14.** Maximize opportunities to enhance quality of life.
- 3.6.15.** Ensure that care is tailored to patient needs and provided in a safe and friendly environment.
- 3.6.16.** Focus on ensuring that patients and their caregivers have a positive experience of care.
- 3.6.17.** Establish and practice an effective multidisciplinary team-based approach to service delivery.
- 3.6.18.** Provide and modify treatment plans to restore the integrity of body systems crucial for movement, maximize function and recovery, minimize disability, and enhance quality of life, independent living, and workability.
- 3.6.19.** Adopt appropriate communications techniques and aids to suit the patient.

4. PATIENT- CENTERED CARE

4.1. Patient Health Information

- 4.1.1.** In accordance with Article (5) of Federal Law No. (4) of 2016 regarding Medical Liability, healthcare professionals must secure informed consent from patients. This consent should include information about the therapy, alternative options, the types of equipment used, contraindications, and the associated risks of the therapy.

- 4.1.2.** Medical records must be kept confidential and held securely whether in paper or electronic format.
- 4.1.3.** All physiotherapists should maintain an up-to-date log of treatment, patient outcomes using validated tools.
- 4.1.4.** Adverse events must be recorded and reported.
- 4.1.5.** Regular audits of patient records should be conducted to ensure compliance with confidentiality and documentation standard.
- 4.1.6.** Clear protocols should be established for data sharing and communication with other healthcare professionals while maintaining patient confidentiality.

4.2. Patient management

- 4.2.1.** Patients should be evaluated and informed about the treatment plan and key milestones prior to treatment.
- 4.2.2.** The timeframe from physician referral to assessment should not exceed (10) days.
- 4.2.3.** Regular assessments should be undertaken to review progress against the treatment plan, the patient's needs.
- 4.2.4.** Inpatients referred for physiotherapy should have a treatment plan that ensures timely discharge to home or transitions to an ongoing outpatient care plan. In other settings, a management plan should be established to facilitate discharge and include a home program.
- 4.2.5.** Ensure that only scientifically validated tools and functional scores are used for assessing and evaluating patients.

4.2.6. Provide a treatment plan based on physician referrals, patient needs and evidence-based practice.

4.3. Patient Safety & Quality

4.3.1. The licensed physiotherapist must have a quality and safety plan to manage risk and ensure quality control.

4.3.2. An action plan for improvement should be readily available for inspection.

4.3.3. The plan should include different parts of QMS and be reviewed regularly to ensure the identified actions are implemented with the recommended timeframe.

4.3.4. Evidence-based protocols and clinical rehabilitation guidelines should be applied and adjusted to address the patient's specific needs including utilizing established interventions, discussing patient concerns, educating patients, motivating them to maintain confidence during recovery, and counselling patients who lack motivation for treatment, referring them to an expert counsellor when necessary.

4.3.5. Risk identification, assessment and reporting procedures are applied.

4.3.6. Referrals are made to other service providers where clinical presentation is not consistent with the diagnosis, where the client is not progressing as expected or is unexpectedly or significantly deteriorating.

4.3.7. Advised to establish partnerships with external agencies for quality assurance and benchmarking best practices.

4.3.8. Collaboration with multidisciplinary teams to enhance patient safety and care quality.

5. INDICATIONS FOR PHYSIOTHERAPY SERVICES

5.1. The health facility should have a clear and defined clinical program that includes indications for referrals, care plan, pain management, follow up and discharge.

5.2. The service should provide comprehensive, contemporary programs of care to address identified impairments, activity limitations, and participation restrictions with consideration of biopsychosocial model and social determination factor.

5.3. A physiotherapy program must be developed individually for each patient based on their condition needs, goals, and functional capabilities.

5.4. Conditions that the physiotherapy service must handle include but are not limited to:

- Aged Care/Geriatric Medicine.
- Brain Injuries and other neurological disorders.
- Burns.
- Cancer.
- Cardiovascular Disease.
- Cerebrovascular accidents.
- Neuro-Muscular Disorders.
- Peripheral Nerve Disorders.
- Headache.
- Lymphedema.
- Multiple trauma injuries.
- Orthopaedic and musculoskeletal disorders.

- Women Health.
- Pre- and post-surgical care.
- Respiratory conditions.
- Spinal cord injuries.
- Sports injuries.
- Occupational related musculoskeletal disorders.
- Vestibular disorders.
- Pelvic Floor Disorders.
- Diabetes patients.
- Medical surgical conditions.
- Respiratory disorders.
- Early identification and intervention in Neonatal Intensive Care Unit (NICU).
- Neuro Developmental screening and follow up of high-risk infants.
- Paediatric neurodevelopmental, neuromuscular, musculoskeletal conditions.

6. EXCLUSIONS

6.1. Contraindication cases, Unstable and emergent conditions outside the scope of practice.

6.2. Not permitted to order radiology or laboratory test.

7. KEY PERFORMANCE INDICATORS (KPIs)

7.1. A record of key performance indicators (KPIs) report must be maintained. This includes

tracking metrics such as:

- **Patient satisfaction.**
- **Functional Improvement rate.**
- **Treatment Session Utilization rate.**
- **Complication rate.**
- **Treatment Adherence Rate.**
- **Patient Retention Rate.**
- **Equipment Utilization Rate.**
- **Re-referral Rate.**
- **Patient Engagement.**
- **Discharge Outcomes.**
- **Average Length of Treatment.**