

MODEL STANDARDS OF PRACTICE

**For
CANADIAN PHYSIOTHERAPY
REGULATORS**

And

EXAM PREPARATION

Updated October 2024

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Preamble

Background:

Standards of practice are one component of a continuum of documents including codes of ethics, position statements, practice guidelines, essential competencies, and entry-to practice milestones which direct the practice of professionals to provide quality care. In the physiotherapy profession, each regulatory organization in Canada historically had its own set of standards and code of ethics, even though physiotherapy practice is more similar than dissimilar across the country.¹ In 2016, a set of Core Standards of Practice were developed to reflect current and future practice trends and to be generally applicable to all physiotherapists in Canada.

Standards of Practice are living documents. They change as practice evolves. Physiotherapy regulators committed to reviewing the Core Standards on a regular schedule. In 2022 - 2023 Canadian physiotherapy regulators engaged in the review, revision and validation of the Core Standards using a risk-based and data-driven approach.

It is up to each provincial or territorial regulator to determine the extent to which it will adopt these Standards of Practice. Each regulator may utilize, reject or modify any standard to reflect the context, jurisdictional needs and legislation of their jurisdiction. Because of this potential variability, the name of this document was changed in 2024 to Model Standards of Practice for greater clarity.

Intended Uses:

1. In 2022-23, the Core Standards of Practice were reviewed and updated to serve as a foundation for physiotherapy regulators in Canada as they develop standards of practice in each jurisdiction. By starting from a standardized document, regulators aim to harmonize practice expectations across Canada to the greatest extent possible.
2. In 2024, physiotherapy regulators identified that this document also serves as a reference for the development of, and preparation for, the national physiotherapy licencing exams. The now-named Model Standards of Practice provide exam developers with a single source upon which to base exam questions relating to physiotherapy practice expectations. A vetting process is in place to ensure that any expectations that are not standardized across the country will not appear on the exam. Examination candidates may use the Model Standards of Practice as a reference to study for licensure exams.

This document is NOT intended for use by individual, registered physiotherapists. Physiotherapists who have completed their exams and have obtained a licence to practice should refer to the standards of practice specific to the jurisdiction within which they practice and which have been approved by their regulator.

Purpose of Standards of Practice:

Once approved, Standards of Practice in each jurisdiction serve several purposes, including:¹

- Defining the minimum performance expectations that regulated members of the profession must meet. Standards inform physiotherapists of the expectations, obligations, and requirements of their professional role.
- Fulfilling the requirements for self-regulation and providing a frame of reference for regulatory organizations against which actual performance can be compared for quality practice.
- Providing a reference to the public related to expectations for quality care delivered by professionals.

Assumptions:

The Model Standards of Practice are based on assumptions which frame the context for the Standards. The assumptions underpinning the Standards are listed with reference to the professional physiotherapist, the regulatory organization, and the Standards themselves as follows:¹

- Physiotherapists
 - Are typically autonomous self-regulated health-care professionals bound by a code of ethics.
 - Act in the best interests of clients and are committed to providing quality client-centered services.
 - Are expected to be knowledgeable of and comply with all standards at all times.
- The regulatory organization
 - Develops/adopts Standards as a basis for monitoring registrants' performance.
 - Is committed to serving and protecting the interests of the public.
- The Standards
 - Outline minimum, mandatory performance requirements.
 - Are interpreted within the context of the regional jurisdiction.
 - Are one component of a continuum of professional documents outlining professionals' practice.
 - Are to be applied as a comprehensive unit that physiotherapists must comply with to direct their practice at all times.

How the Model Standards of Practice are organized:

The Model Standards of Practice are organized alphabetically for ease of access. Each standard includes the following:

- A standard statement that outlines the expected performance of the regulated member.
- An expected outcome that describes what clients can expect from services when the Standard is met by the physiotherapist.

- Performance expectations that outline the actions that must be demonstrated by the physiotherapist to indicate how the Standard is met in practice. The expectations are not all inclusive nor are they listed in order of importance.
- Related standards that provide complementary and/or additional information related to the specific standard.
- Legislation in place in each provincial/territorial jurisdiction related to each standard should also be considered when implementing into practice. In [province/territory] this includes, but is not limited to: [names of practice act, workers compensation legislation, privacy legislation, etc.].

Notes:

End users are reminded that these standards of practice represent a template from which each jurisdiction may develop jurisdiction specific standards of practice.

Alternate wording and additional optional wording are included throughout the document (in text boxes) reflecting instances where no clear consensus could be reached by project contributors on specific matters. Alternate wording represents a second of two options for language, whereas additional optional wording represents additional performance expectations that not all jurisdictions were agreeable to.

This wording is provided to support the greatest possible consistency between jurisdictions in instances where consensus could not be achieved.

Footnotes draw attention to areas where regulators may wish to consider additional actions or further review of legislative requirements prior to adopting the standards as presented.

Advertising and Marketing

Standard

The physiotherapist engages in **advertising, marketing** and **promotional activities** in a manner that is truthful, accurate, and verifiable and does not engage in or allow advertising, marketing, and promotional activities that are deceptive or misleading.

Expected outcome

Clients can expect that the advertising, marketing and promotion of **physiotherapy services** and products is not deceptive or misleading and enables the client to make informed choices.

Performance expectations

The physiotherapist:

- Advertises only the physiotherapy services that they are competent to provide.
- Does not state or imply a practice focus or area of interest in their advertising, marketing or promotional activities unless:
 - The area of interest is a demonstrated significant focus of their practice, and
 - The physiotherapist can demonstrate ongoing professional development or continuing education in the area of interest.
- Does not refer to themselves as a specialist or employ other language that implies specialization in an area of practice or physiotherapy service provision unless authorized by the jurisdiction's regulatory body to use the designation "Clinical Specialist."
- Confirms that all marketing of physiotherapy services and products is truthful, accurate, and verifiable.
- Reviews and approves all advertisements, marketing and promotional activities prepared by a third party to ensure compliance with the Standards of Practice.
- Does not use advertisements, marketing or promotional activities that:
 - Promote or encourage unnecessary use of physiotherapy services.
 - Make unsubstantiated claims, foster unrealistic expectations, or provide guarantees of successful outcomes.
 - Include claims of uniqueness or special advantage of products, physiotherapy services or providers, unless supported by **credible** evidence that can be readily verified.

- Make comparative or superlative statements about service quality, health providers, and products and/or endorses products for financial gain.
- Discredit, disparage or undermine the skills of other providers or the physiotherapy services of other clinics or facilities.
- Does not advertise, market or promote physiotherapy services using incentives or other inducements, including but not limited to:
 - Offering discounts that vary from the practice setting's fee schedule, including discount coupons,
 - Gift certificates,
 - Time-limited pricing for physiotherapy services or products, or
 - Prizes or gifts of a physiotherapy service or product.
- Does not advertise free physiotherapy services. This includes offers of free consultations, screening appointments, assessments, or free trials of physiotherapy treatments.

Free physiotherapy services may be provided for the purposes of:

- Providing general education or health promotion.
- Informing the public about physiotherapy services offered.
- Providing pro-bono services to clients experiencing financial hardship.

No paid physiotherapy services to the same client can occur on the same day as the free services. When providing free services, physiotherapists must comply with all of the Standards of Practice.

Related Standards

- **Titles, Credentials, and Specialty Designations**
- **Evidence-Informed Practice**
- **Provision of Non-Physiotherapy Services**

Definitions

Advertising - *the action of calling something to the attention of the public especially by paid announcements.*

Clients *are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances, clients/patients may be represented by their substitute decision-makers.*

Credible - means any evidence that reasonably would be viewed as reliable, accurate, and having basis in fact.

Marketing - the process or technique of promoting, selling, and distributing a product or service.

Physiotherapy services are "services provided by or under the direction of a physiotherapist. This includes client assessment and intervention, and related communication with and reporting to various parties for the purposes of delivering client care."

Promotional Activities - include any effort made by an individual or business to communicate with potential customers. Promotional activities serve to inform customers about available products, prices and services, and to persuade customers to buy the products and services. Includes personal selling, direct marketing, advertising, sales promotion, publicity and public relations.

Superlative - "an expression of abundant praise."²⁸ "Excessive or exaggerated; of the highest order, quality, or degree; surpassing or superior to all others."²⁹ In physiotherapy practice, statements such as "expert", "best" or "number 1" are examples of superlative statements.

Assessment, Diagnosis, Treatment

Standard

The physiotherapist demonstrates **proficiency** in client assessment, diagnosis, and treatments to deliver **quality, safe,** client-centered physiotherapy services.

Expected outcome

Clients can expect the physiotherapist to select appropriate assessment techniques, make an informed diagnosis,ⁱ and apply treatment procedures that are carried out proficiently for quality delivery of safe, effective physiotherapy services.

Performance expectations

The physiotherapist:

- Obtains clients' ongoing **informed consent** to proposed physiotherapy services.
- Applies professional judgment to select and apply appropriate assessment procedures to evaluate clients' health status. Appropriate assessment includes taking a history and completing a physical examination relevant to presenting symptoms.
- Uses **standardized measures** as available to assess and reassess the client's condition and progress.
- Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the scope of practice of the physiotherapy profession and the physiotherapist's individual competence.

• **ALTERNATE WORDING:** Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the physiotherapy profession and the physiotherapist's individual competence.

- Addresses client's physiotherapy needs and goals by employing professional judgment to develop sensible and practical treatment plans that are consistent with the assessment findings.
- Applies treatment procedures safely and effectively.
- Assigns appropriate tasks to **supervisees** with clients' consent.

ⁱ Jurisdictions may need to insert "physiotherapy" before "diagnosis" depending on local legislation related to authority to render a diagnosis.

- Re-evaluates, monitors, and documents clients' responses throughout the course of treatment.
- Makes adjustments and/or discontinues physiotherapy services that are no longer required or effective.
- Makes appropriate referrals when clients' needs are best addressed in **collaboration** with or by another provider.
- Employs professional judgment to plan and implement discharge plans appropriate for the client's need, goals and progress.
- Provides client education to enable and optimize clients' transition to self-management.
- Promotes continuity in service by collaborating and facilitating clients' transition from one health sector or provider to another.
- Delivers only those physiotherapy services that are clinically indicated for clients and that they are competently able to provide.

Related Standards

- Informed Consent
- Supervision

Definitions

Collaborate means to work jointly with others or together, especially in an intellectual endeavor.

Informed Consent refers to "receiving client or their legally authorized representative's permission to proceed with an agreed course of physiotherapy service. Consent may be revoked at any time...Consent can be written or oral and may be expressed or implied. Having a written consent form does not mean there is informed consent. Informed consent involves ongoing communication between the parties involved."

Proficiency means performance consistent with the established standards in the profession.

Quality is the degree to which a product or service satisfies a specified set of attributes or requirements.

Safe means free from harm or risk; secure from threat or danger.

Standardized Measures refers to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.

Supervisee means an individual who is working under supervision. In physiotherapy practice this may include physiotherapist support workers, physiotherapy students, or physiotherapist interns/residents.

Boundary Violations

Standard

The physiotherapist acts with integrity and maintains appropriate professional **boundaries** with clients, colleagues, students and others.

Expected outcome

Clients can expect to be treated with dignity and respect, and that the physiotherapist will maintain boundaries appropriate to the **therapeutic relationship** in all interactions.

Colleagues, students and others can expect to be treated with respect and that the physiotherapist will maintain professional boundaries in all interactions.

Performance expectations

In regard to therapeutic relationships with clients, the physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with clients.
- Treats clients with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:
 - Unprofessional,
 - In violation of human rights,
 - Discriminatory.
- Does not enter into or continue therapeutic relationships with individuals with whom professional boundaries, judgment and objectivity cannot be established and maintained.
- Does not make abusive, sexually suggestive or harassing comments or engage in inappropriate physical contact with clients.
- Establishes and maintains a professional physical environment that supports the maintenance of therapeutic boundaries during client assessment, treatment, and education in both formal and informal practice environments. Including but not limited to:
 - Proactively provides options for draping.
 - Providing **privacy** while the client is undressing or dressing.

- Explains to clients beforehand any procedures that could be misinterpreted and obtains ongoing informed consent.
- Does not attempt to persuade clients to a personal view related to politics or religionⁱⁱ in the context of a therapeutic relationship.
- Does not enter a **close personal relationship** with a client or a person who is a caregiver for a client (e.g., parent of a minor receiving physiotherapy services, client's spouse).
- Does not use their professional role as a means of pursuing personal relationships beyond the therapeutic relationship with clients and former clients.
- Identifies, documents, and addresses boundary violations, whether initiated by the physiotherapist or the client, by discussing inappropriate behaviour and attempting to resolve issues.
- Ends the therapeutic relationship by appropriately discontinuing treatment or transferring care as required in instances where:
 - The physiotherapist is unable to maintain their objectivity,
 - Professional boundaries cannot be maintained or re-established,
 - A positive, respectful therapeutic relationship cannot be established.

In regard to relationships with colleagues and students whom the physiotherapist supervises or has authority over, the physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with colleagues, students, and others.
- Conducts oneself professionally in the work environment, treating colleagues, students and others with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:
 - Unprofessional,
 - In violation of human rights,
 - Discriminatory.
- Establishes and maintains professional boundaries with students.
- Does not engage in sexual advances, sexual relationships or inappropriate physical contact with students.

ⁱⁱ Each jurisdiction to determine if the qualifier "related to politics or religion" is retained in the performance expectation.

Related Standards

- Sexual Abuse and Sexual Misconduct
- Informed Consent
- Conflict of Interest

Definitions

Boundaries refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physiotherapist and another individual and clarify their respective roles and expectations.

Close personal relationship is one where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

Privacy refers to "a person's desire to control the access of others to themselves. Privacy protects access to the person, whereas confidentiality protects access to the data."

Therapeutic Relationship refers to the relationship that exists between a physiotherapist and a client during the course of physiotherapy treatment. The relationship is based on trust, respect, and the expectation that the physiotherapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.

Communication

Standard

The physiotherapist communicates professionally, clearly, effectively, and in a **timely** manner to support and promote quality physiotherapy services.

Expected outcome

Clients, potential clients, colleagues, members of the public, and others can expect that communication with and by the physiotherapist will be respectful and professional and will contribute to their understanding and/or participation in their health management.

Performance expectations

The physiotherapist:

- Does not engage in communication that is disrespectful, dishonest, misleading or lacking in transparency.
- Identifies potential barriers to effective communication and makes a reasonable effort to address these barriers.
- Engages in **active listening** to ensure that the client's perspective, needs, and preferences are heard and understood.
- Communicates with clients, team members, and others to facilitate collaboration and coordinate care.
- When sharing information with the client, team members and others regarding the client and physiotherapy services:
 - Obtains client consent when required by privacy legislation, and
 - Maintains client **confidentiality** by selecting secure methods of communication.
- Documents all communications accurately, clearly, professionally, and in a timely manner.
- Confirms that any exchanges using electronic communications are appropriate for therapeutic relationships established with clients.
- When using social media platforms, communicates with clients, potential clients, members of the public, and others honestly, **transparently**, and professionally:
 - Obtains explicit informed consent if using client images or personal information in social media posts.

- Conveys scientifically sound, evidence-based information.
- Does not share private, disrespectful, dishonest or misleading information.
- Does not provide client specific treatment recommendations via social media platforms.

Related Standards

- Collaboration
- Informed Consent
- Privacy

Definitions

Active Listening is a process of attending to what the speaker is saying and repeating back to the speaker what has been heard, to confirm that the listener has correctly understood the speaker.

Communication is “the imparting and exchanging information” and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using **plain language** and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener’s understanding.

Confidentiality “is the assurance that certain information that may include a subject’s identity, health, behavior, or lifestyle information, or a sponsor’s proprietary information would not be disclosed without permission from the subject (or sponsor).”

Plain language refers to “communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find
- Use what they find to meet their needs”

Timely refers to “happening at the correct or most useful time: not happening too late.”

Transparent (transparently) refers to the quality of being easy to perceive, obvious, clear and unambiguous.

Concurrent Care

Standard

The physiotherapist collaborates with health-care providers and others to provide safe, effective, quality, **concurrent** care, when indicated by the client's health-care needs and preferences.

Expected outcome

Clients can expect that the physiotherapist collaborates effectively with others to promote integrated client-centered care.

Performance expectations

The physiotherapist:

- Inquires about situations where clients may be receiving or considering concurrent treatment from another health-care provider for the same or a related condition.
- Consults with/refers to the appropriate health-care provider when the client's interests and aspects of clients' goals are best addressed by another provider.
- Clearly explains funding implications of concurrent treatment to the client.
- Only participates in concurrent treatment of the same or a related condition when approaches are complementary, clinically indicated, of benefit to clients, and an appropriate use of human/financial resources.
- Identifies, documents, **communicates** and manages **risks** of concurrent treatment of the same or related condition, discontinuing concurrent services and documenting when:
 - Approaches conflict,
 - There is inefficient use of resources, and/or
 - The risks outweigh the benefits to clients.
- Communicates the decision to decline or discontinue concurrent treatment to the client providing their rationale for the decision and documents this discussion.

Related Standards

- Communication
- Funding, Fees and Billing
- Risk Management and Safety

Definitions

Concurrent treatment or care refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a client for the same or related disease or injury.”

Risk refers to something that may cause injury or harm or the state of not being protected from injury or harm. Clients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.

Conflict of Interest

Standard

The physiotherapist must identify, disclose, and avoid or otherwise **mitigate** any real, potential, or perceived **conflicts of interest**.

Expected outcome

Clients can expect that the physiotherapist delivers physiotherapy services that are in clients' best interests and that real, potential, or perceived conflicts of interest are avoided or disclosed and mitigated.

Performance expectations

The physiotherapist:

- Identifies situations of real, potential or perceived conflicts of interest involving themselves or someone with whom they have a close personal relationship.
- Does not enter into any agreement or arrangement that prevents or could prevent the physiotherapist from putting the needs and interests of the client first.
- Does not use professional status and the credibility afforded by professional status for purposes unrelated to physiotherapy.
- Does not participate in any activity which could compromise professional judgment or which is for personal gain. Examples include, but are not limited to:
 - Paying for or providing other benefits to other parties in return for referrals.
 - Providing referrals to other parties in return for payment or **other benefits**.
 - Contract terms which incentivize the sale of physiotherapy products or non-physiotherapy services by the physiotherapist, by providing financial or other benefits to the physiotherapist for doing so.
 - Contract terms which incentivize the physiotherapist to discharge clients following a specified number of visits in return for financial or other benefits.
 - Contract terms which include financial or other benefits if the physiotherapist provides more than a specified number of treatment sessions to a client.
 - Self-referring clients for personal or **financial gain**.
- Avoids participating in other activities that a reasonable person would conclude pose a real, potential, or perceived conflict of interest. In situations where a conflict of interest cannot be avoided, the physiotherapist must:

- Provide full disclosure of the conflict of interest to clients and others as appropriate and
- Document in a complete, transparent, and timely manner how the conflict was managed.
- Avoids providing physiotherapy services to individuals with whom they have a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., in emergency situations or when no other professional with the skills and competencies needed to provide the physiotherapy services that the client needs is available) the physiotherapist must:
 - Identify the risks related to providing the physiotherapy services and the measures they can adopt to limit these risks.
 - Document and disclose the conflict of interest to the client and others, including third-party payers, indicating how the relationship is to the client's benefit and complies with regulatory requirements.
 - Follow formal processes for obtaining free and informed consent and conducting assessment, documentation, communication, and billing of all physiotherapy services provided.

Related Standards:

- Title, Credentials, and Specialty Designations

Definitions:

Conflict of Interest *exists when a reasonable person could conclude that the physiotherapist's duty to act in the client's best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.*

A conflict-of-interest may be actual, potential or perceived and can exist even if the physiotherapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.

Financial gain: *in the context of physiotherapy practice and conflict of interest, financial gain refers to instances where physiotherapists receive financial benefits beyond their customary reimbursement in return for specific actions or activities. Examples include reimbursement in return for providing referrals to others, receiving a portion of profits from product or non-PT service sales, financial bonuses in return for achieving specific billing targets.*

Mitigate *To make less harsh or severe. Physiotherapists mitigate real, perceived or potential conflicts of interest in a way that protects the client's interests by avoiding, accepting and disclosing, transferring or reducing conflicts of interest. Physiotherapists are expected to proactively mitigate conflicts of interest to the greatest extent possible.*

Other benefit: *Includes but is not limited to gifts of materials or equipment (beyond gifts of a token or cultural nature that are of insignificant monetary value), preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist, that have the potential to harm or affect client care, professional judgment and/or trust in the profession.*

Continuing Competence

Standard

The physiotherapist practices within their level of competence and actively pursues continuous lifelong learning to maintain competence in existing and emerging areas of their physiotherapy practice.

Expected outcome

Clients can expect that the physiotherapy services they receive are delivered by a physiotherapist who practices within the scope of practice of the profession and actively maintains their individual skills and competencies.

Performance expectations

The physiotherapist:

- Maintains the essential competencies reflected in the competency profile for physiotherapists in Canada.
- Actively participates in self-directed learning to maintain competence in existing practice areas and to acquire competence relevant to their practice setting and client population served.

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| <ul style="list-style-type: none">• ADDITIONAL OPTIONAL WORDING: Is aware of and complies with the Continuing Competence Program Rules approved by Council. |
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Related Standards:

- Evidence-Informed Practice

Documentation

Standard

The physiotherapist maintains client records that are accurate, legible and complete, written in a timely manner.

Expected outcome

Clients can expect that their physiotherapy records are confidential, accurate, complete, and reflect the physiotherapy services provided.

Performance expectations

The physiotherapist:

- Maintains legible, accurate, complete and **contemporaneous** client records for all aspects of client care in either French or English.
- Completes documentation as soon as reasonably possible to promote client safety and effective clinical care.

Components of a Complete Client Record

- Confirms that the following information is retained as part of a complete client record:
 - Details of clinical care.
 - Records of client attendance, including declined, missed or cancelled appointments.
 - Financial records, in situations where fees for services or products have been charged.
 - Details or copies of all incoming or outgoing verbal or written communication with or regarding the client.

Details of Clinical Care

- Includes in the client record detailed chronological information including:
 - Unique client identifier on each discrete part (each page) of the client record.
 - Client's reason for attendance.
 - Client's relevant health, family, and social history.

- Date of each treatment session or professional interaction including declined, missed or cancelled appointments, telephone or electronic contact.
 - Date of chart entry if different from date of treatment session or professional interaction.
 - Assessment findings.
 - Treatment plan and goals.
 - Documentation of informed consent and relevant details of the consent process reasonable for the clinical situation.
 - Details of treatment provided and client response to treatment, including results of reassessments, in sufficient detail to allow the client to be managed by another physiotherapist.
 - Details of tasks assigned to physiotherapist support workers.
 - Details of all client education, advice provided and communication with or regarding the client.
- Ensures that the individual delivering physiotherapy services is clearly identified in all documentation.
 - Retains, or ensures ongoing access to copies of care pathways or protocols in addition to client records in circumstances where client care delivery and documentation is according to a protocol.

Quality of Documentation

- Confirms that documentation entered into the treatment record accurately reflects the assessment, treatment, advice and client encounter that occurred.
- May reference rather than duplicate information collected by another regulated health-care provider that the physiotherapist has verified as current and accurate.
- Avoids use of abbreviations and acronyms. If acronyms must be used, writes out the full word or phrase followed by the abbreviation in parenthesis the first time it is used in the document or component of the chart.

- **ALTERNATE WORDING:** Uses terms, abbreviations, acronyms, and diagrams which are defined or described to promote understanding for others who may access a client's record.

- Clearly documents changes or additions made to the client record clearly identifying who made the change and the date of the change.

Financial Records

- Maintains accurate and complete financial records related to fees charged for the provision of physiotherapy services and sales of products.
- Financial records must include:
 - Identification of all service providers and the organization, date of service, and physiotherapy service or product provided.
 - Client's unique identification.
 - Fee for a physiotherapy service or product, including any interest charges or discounts provided.
 - Method of payment, date payment was received, and identity of the payer.
 - Any balance owing.

Electronic Medical Records

- Employs appropriate safeguards when using an electronic medical record to protect the confidentiality and security of information, including but not limited to, ensuring:
 - An unauthorized person cannot access identifiable health information on electronic devices.
 - Screen lock features are employed so that confidential information is not displayed indefinitely.
 - Each authorized user can be uniquely identified.
 - Each authorized user has a documented access level based on their role.
 - Appropriate password controls and data encryption are used.
 - Audit logging is always enabled such that access and alterations made to the client record clearly identify the date of access or change, the change or addition made, and the identity of the individual accessing or changing the record.
 - Where electronic signatures are employed, the authorized user can be authenticated.
 - Identifiable health information is transmitted or remotely accessed as securely as possible with consideration given to the risks of non-secured structures.
 - Secure backup of data occurs consistently.
 - Data recovery protocols are in place and regularly tested.

- Data integrity is protected such that information is accessible.
- Practice continuity protocols are in place in the event that information cannot be accessed electronically.
- When hardware is disposed of that contains identifiable health information, all data is removed and cannot be reconstructed.

- **ALTERNATE WORDING:** Knows that use of an EMR does not alter the physiotherapist's obligations to ensure users are uniquely identified, entries and corrections are identified and traceable to a user, and data recovery/contingency plans are in place to ensure continuity of care.

Related Standards:

- Privacy
- Assessment, Diagnosis, Treatment
- Funding, Fees and Billing

Definitions:

Contemporaneous - *occurring or originating during the same time period. In the physiotherapy context, contemporaneous is determined by the practice context, other expected or predictable uses of the record. In the PT context, documentation that does not occur during the same time-period poses risk to the client and is generally seen to be less accurate and more likely to be questioned.*

Dual Practice

Standard

The physiotherapist clearly identifies instances when they are providing non-physiotherapy services.

Expected outcome

Clients can expect that the physiotherapist will clearly identify instances where the services provided do not constitute physiotherapy.

Performance expectations

The physiotherapist:

- Does not represent non-physiotherapy services as physiotherapy or use protected titles when providing non-physiotherapy services.
- If offering non-physiotherapy services, establishes each service as a distinct entity, maintaining:
 - Separate billing and financial records for each service, issuing invoices that clearly, transparently, accurately indicate the service provided.
 - Separate client records for each service or separate entries in a shared client record that clearly identify which professional role/service was provided at each client visit.
 - Separate appointment books and/or distinct days and times for providing each service.
 - Separate advertising, marketing and promotional activities for each service.
- Provides physiotherapy services, if the client sought physiotherapy services, unless the physiotherapy services sought are not in the client's best interests.
- Clearly communicates with clients and others when the services proposed do not constitute physiotherapy services.
- Advises the client of the implications of receiving non-physiotherapy services, including potential funding implications, obtaining client informed consent for non-physiotherapy services.

Related Standards:

- Title, Credentials, and Specialty Designations
- Evidence-Informed Practice

- Communication
- Conflict of Interest

Duty of Care

Standard

The physiotherapist has a duty of care to their clients, and an obligation to provide for continuity of care whenever a therapeutic relationship with a client has been established.

Expected outcome

Clients can expect that their interests will be the primary consideration when receiving physiotherapy services and that they will be provided with the information needed to manage their physiotherapy needs and to access ongoing care if their physiotherapist is unavailable or unable to continue the therapeutic relationship.

Performance expectations

The physiotherapist:

- Takes responsibility for maintaining an effective therapeutic relationship.
- Facilitates shared decision-making by taking the time to provide education regarding the client's condition, supporting health literacy and facilitating the transition to self-management.
- Does not provide a physiotherapy service when the client's condition indicates that commencing or continuing the physiotherapy service is not warranted or is contraindicated.
- Recognizes that clients have the right to make informed decisions about their own care, even when the physiotherapist believes the decisions may put the client's health at risk.
- Does not allow their personal judgments about a client, the client's lifestyle or health choices to compromise the client's physiotherapy care. The physiotherapist does not withdraw from or refuse to provide care due to the physiotherapist's judgements about a client, the client's lifestyle or health choices.
- Employs respectful conflict resolution strategies when conflict arises.
- Makes appropriate arrangements for continuity of care during planned absences.
- When discharging a client in need of ongoing care, the physiotherapist:
 - Must not abandon clients.
 - Must document their reasons for discontinuing care.
 - Must advise the client of their decision to discontinue care and rationale.
 - Ensures continuity of care, making appropriate arrangements for transfer of care to another physiotherapist or providing the client with information regarding other physiotherapy service options. And
 - Provides care until transfer to another physiotherapist can be arranged or provides a reasonable opportunity for the client to arrange alternate physiotherapy services.
- May discharge a client without providing for continuity of care if:
 - The client, or providing care to the client, poses a safety risk to the physiotherapist or others within the practice setting.

- The client is abusive (physically, verbally, emotionally or sexually) towards the physiotherapist or others within the practice setting.

Related Standards

- Communication
- Informed Consent
- Assessment, Diagnosis, Treatment

Evidence-Informed Practice

Standard

The physiotherapist engages in **evidence-informed practice** in physiotherapy service delivery.

Expected outcome

Clients can expect that the physiotherapy services they receive are informed by the best available, credible evidence, the personal knowledge, training, and experience of the physiotherapist, and the client's perspective.

Performance expectations

The physiotherapist:

- Before incorporating new or emerging therapies into the physiotherapy services they provide, is aware of:
 - Related legislative and regulatory considerations.
 - The evolution of the physiotherapy profession.
 - The training, knowledge, skills and judgement necessary to enable the new or emerging practice.
- Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options before integrating evidence into practice.
- Incorporates **critically appraised** physiotherapy-related evidence into assessment and treatment plans.
- Clearly communicates with clients and others when the services proposed are **emerging** or **complementary therapies**.
- Advises the client of the current evidence, and implications of receiving emerging or complementary therapies, including potential funding implications, and the physiotherapist's training in the performance of the services proposed, obtaining client informed consent for emerging or complementary services.
- Integrates critical thinking and professional judgment into client-centered care, evaluating their practice in terms of client outcomes, and modifying approaches based on this self-reflective process.
- Shares information related to evidence and best practices and does not promote information, treatment options or products, that are not grounded in scientific, peer-reviewed and physiologically plausible evidence.

- Offers, or confirms that the client has received evidence-informed, best practice physiotherapy approaches before offering emerging treatments that are outside of established evidence-informed physiotherapy.

Related Standards:

- Competence
- Assessment, Diagnosis, Treatment

Definitions

Complementary therapies refer to non-conventional practices used in conjunction with **conventional physiotherapy**.

Conventional physiotherapy refers to the type of assessment, diagnosis, treatment, and conceptualization of illness or injury that is considered "mainstream" physiotherapy. It is sometimes referred to as "evidence-informed".

Critically appraised - means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.

Emerging therapies refers to treatments developed within mainstream physiotherapy with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.

Evidence-informed practice is "derived from evidence-based practice and involves clinical problem solving and decision making informed by integrating best available evidence, client context and the personal knowledge and experience of the physiotherapist."

Funding, Fees and Billing

Standard

The physiotherapist is responsible for ensuring that the fees charged for physiotherapy services and products are transparent and justifiable, to enable clients to make informed choices.

Expected outcome

Clients can expect that fee schedules and billing practices for physiotherapy services and products are transparent, justifiable, and clearly communicated and that they will be made aware of the fees and billing practices of the physiotherapist before they become subject to them.

Performance expectations

The physiotherapist:

- Maintains current knowledge of relevant funding sources for physiotherapy services and complies with funding requirements, policies and procedures.
- Prior to the client being subject to any fee, confirms the client or payor has been provided) a **comprehensive** fee schedule that includes transparent and accurate information about billing policies and all potential charges, including but not limited to:
 - Assessment and treatment fees.
 - Reports and fees for copies of client records.
 - Equipment and any additional fees.
 - Fees and policies related to **bundled physiotherapy services**.
 - Cancellation or late fees and interest charges.
 - Refund policies.
- Makes a reasonable effort to ensure that clients understand the fees and billing practices of the physiotherapist before they become subject to them
- Establishes fees for access to client records that are
 - consistent with the requirements of applicable legislation,
 - reflect the costs of providing a copy of the client record and
 - are consistent regardless of the party requesting access.

- **Promptly** provides clients and/or payers with clear, transparent, accurate and comprehensive invoices or receipts and all explanations required so that the client understands the fees charged, service providers and terms of payment.
- Does not represent non-physiotherapy services as physiotherapy on invoices or receipts.
- Is responsible for all billing under their registration number, and to identify and correct any errors promptly.

• **ADDITIONAL OPTIONAL WORDING:** Employs policies and measures to mitigate the risks related to pre-payment of physiotherapy services before accepting pre-payment or engaging in bundled physiotherapy service provision, including but not limited to:

- Providing the client with the option to purchase one service at a time.
- Providing refunds for unused physiotherapy services.
- Issuing physiotherapy receipts only after physiotherapy services are delivered.

- Resolves issues arising from billing disputes.
- If selling products,ⁱⁱⁱ

○ **ADDITIONAL OPTIONAL WORDING:** Must not sell the product at a price in excess of fair market price paid by the physiotherapist plus a reasonable handling cost.

- Must inform the client that they have the option to purchase the product from another supplier, and that their choice to do so will not affect their physiotherapy services.

Related Standards:

- **Communication**
- **Title, Credentials, and Specialty Designations**
- **Conflict of Interest**
- **Provision of Non-Physiotherapy Services**

ⁱⁱⁱ No consensus reached regarding price regulation. If a jurisdiction chooses to regulate price, the Additional Optional Wording is the suggested to support consistency to the extent possible.

Definitions

Bundled physiotherapy services means a program of treatment or set of physiotherapy services intended to be delivered as a comprehensive plan of care over a course of several physiotherapy interactions.

Comprehensive refers to "complete; including all or nearly all elements or aspects of something."

Promptly means with little or no delay.

Infection Control

Standard

The physiotherapist complies with current **infection prevention and control** best practices to support the health and safety of clients, health-care providers, themselves, and others.

Expected outcome

Clients can expect that the measures in place for infection prevention and control during the provision of physiotherapy services comply with applicable legislation, regulatory requirements, standards, guidelines and best practices.

Performance expectations

The physiotherapist:

- Acquires education, training, and proficiency regarding best practices of infection prevention and control relevant to their practice.
- Applies infection prevention and control techniques and current best practices relevant to their physiotherapy practice consistently and effectively. This includes:
 - Conducting a **Point of Care Risk Assessment** prior to each client interaction.
 - Employing the **personal protective equipment** indicated by the Point of Care Risk Assessment.
 - Completing effective hand hygiene before and after each client interaction.
 - Practicing effective respiratory hygiene.
- Ensures all physiotherapy spaces and equipment are cleaned and disinfected prior to client use.
- Disposes of devices and materials according to best practices and established protocols.
- Follows manufacturer's specifications, relevant legislation, and Provincial/Territorial Department of Health standards and policies for the use, cleaning, disinfection and reprocessing of equipment and devices.
- Documents details of reprocessing and sterilization of reusable critical and semi-critical medical equipment including parameters used. Retains this documentation for ##### (X) years.
- Is aware of and fulfills their legislated responsibilities regarding worksite safety, in accordance with occupational health and safety legislation.

Related Standards:

- Assessment, Diagnosis, Treatment
- Risk Management and Safety

Definitions

Infection prevention and control refers to “measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between clients, from health-care workers to clients, and from clients to health-care workers in the health-care setting.”

Personal protective equipment (PPE) refers to items in place for infection prevention and control, such as masks, gloves, gowns and goggles.

Point of Care Risk Assessment (PoCRA) is a routine practice that should be conducted by a physiotherapist before every client interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist’s use of PPE and other infection control measures.

Informed Consent

Standard

The physiotherapist obtains clients' ongoing informed consent for the delivery of physiotherapy services.

Expected outcome

Clients can expect that they will be informed of the options, risks, and benefits of proposed physiotherapy services, asked to provide their consent, and that the physiotherapist will respect their right to question, refuse options, rescind consent and/or withdraw from physiotherapy services at any time.

Performance expectations

The physiotherapist:

- Explains to clients the risks and benefits of physiotherapy assessment and treatment options and the consequences of participating or not in the proposed assessment or treatment. This includes, but is not limited to:
 - Seeking to understand the client's perspective, concerns, values and goals.
 - Adapting the approach to the consent discussion according to the client's needs.
 - Providing treatment option(s) to address the client's needs.
 - Disclosing **material** and **special** risks relevant to the client's perspective, concerns, values and goals.
 - Facilitating and answering the client's questions. And
 - Making a reasonable effort to ensure the client understands the risks and benefits of the proposed assessment and treatment.
- Obtains the client's consent following a discussion of the proposed assessment or treatment and prior to the assessment, treatment or provision of a plan of care.
- Obtains informed consent from the client in writing or verbally, in a manner reasonable and consistent with the frequency, nature and severity of rare and common risks of the proposed physiotherapy services.
- Documents that consent was obtained and relevant details of the consent process reasonable for the clinical situation.
- Re-establishes and documents consent in instances where treatment plans change.

- Respects the autonomy of clients to question, decline options, refuse, rescind consent and/or withdraw from physiotherapy services at any time.
- Obtains informed consent from the appropriate individual, according to applicable legislation and regulatory requirements, in cases when clients are incompetent, incapacitated, and/or unable to provide consent.
- Acts in accordance with ethical principles of beneficence and least harm in instances where urgent or emergent care is required for a client who is incompetent, incapacitated and/or unable to provide consent, if consent cannot be obtained from the appropriate alternate decisionmaker.
- In situations of physiotherapy research, obtains informed consent from clients prior to their participation in studies consistent with the requirements of the appropriate research ethics authority.

Related Standards:

- Communication
- Assessment, Diagnosis, Treatment

Definitions

Material Risk *includes risks that occur frequently as well as those that are rare but very serious, such as death or permanent disability.*

Special Risk *are those that are particularly relevant to the specific client, when typically these may not be seen as material. Consents discussions and requirements extend to what the physiotherapist knows or ought reasonably know their client would deem relevant to making a decision about whether or not to undergo a treatment.*

Privacy and Record Retention

Standard

The physiotherapist maintains client privacy and confidentiality in compliance with the requirements of the privacy legislation relevant to their practice.

Expected outcome

Clients can expect that:

- The physiotherapist will limit their collection of personal information to that which is needed to provide physiotherapy services.
- Their physiotherapy records are confidential, and their private information will be collected, used and shared with the highest degree of anonymity possible.
- They will know when their private information is collected, who will have access to it, how it is used, how it is protected, and conditions for its disclosure.
- Their consent for information collection, access, use and disclosure will be sought when required by applicable privacy legislation.

Performance expectations

The physiotherapist:

Confidentiality

- Protects the privacy of private client information in all environments, regardless of the format of information collection (written, verbal, photo, video).
- Is attentive to the physical environment during client assessment, treatment, and education and proactively addresses privacy risks including the risk of being overheard when discussing private health information.

Collection:

- Collects only the relevant and necessary individually identifying health information required to provide physiotherapy services.

Consent

- Obtains client consent for collection, use and disclosure of health information unless authorized by relevant legislation to do so without consent.
- Clearly discloses instances where audio or video recordings are generated in the practice setting and obtains client consent for audio or video recording of physiotherapy treatment sessions.

Access and Amendment

- Accesses only relevant individually identifying health information when providing physiotherapy services for the client.
- Grants clients access to their own individually identifying health information within the time period specified by relevant legislation.
- Has clear processes for making corrections to health information.
- Provides a copy of the complete clinical and financial record to the client or their authorized representative upon request.

- **ALTERNATE WORDING:** Provides a copy of the complete clinical and financial record to the client or their authorized representative, and to third parties with client consent or when required by relevant legislation.

- Establishes fees for access to client health records that are consistent with the requirements of applicable legislation, reflect the costs of providing the record, and which are consistent regardless of the party requesting access.

Use and Disclosure:

- Uses individually identifying health information only for the purposes for which the information was collected.
- Makes a reasonable effort to confirm that all correspondence with or regarding clients is sent to the intended recipient.

Security, Retention and Disposition

- Prevents unauthorized access or use of client information while in use, storage or during transfer, through the appropriate use of physical, technical and electronic security mechanisms.
- Reports privacy breaches (*e.g. unauthorized access or use or private information*) to the appropriate individual(s), and contributes to privacy breach investigation, mitigation and remediation in accordance with organization policies, role-based responsibilities, and legislative requirements.
- Retains client clinical and financial records for XXX (##) years after the last date of service.
 - Clinical and financial records for minors are retained for XXX (##) years past the minor's XXth birthday.
- Retains records in a manner that enables a complete copy, or any component of the record to be retrieved and copied upon request, regardless of the media (paper or electronic) used to create the record.
- Ensures contractual agreements are in place any time a third party is engaged to process, store, retrieve or dispose of health information or provide information technology

services, and that the terms of the agreements address ongoing access, security, use and destruction of client information for the duration of the required retention period.

- Disposes of records (e.g., electronic, paper) in a manner that maintains privacy and confidentiality of personal information.
- Takes action to prevent abandonment of client records.
- Ensures the retention, accessibility and security of client records in the event that the physiotherapist is unable to continue as custodian of client records (e.g., in the case of retirement, closing a practice).^{iv}

Related Standards:

- Documentation

Definitions

Abandonment of records - *the act of leaving behind records without providing for their ongoing security and protection for the duration of the mandatory retention period. This occurs in instances where the physiotherapist fails to actively provide for the secure retention, ongoing access and appropriate destruction of records when leaving a practice or retiring, or fails to have contingency plans in place to address records management when faced with unexpected illness.*

^{iv} Each jurisdiction will need to determine whether to specify in the performance expectation that physiotherapists must designate “a trustee”, an “identifiable individual”, or an “Information Manager”, or not depending on local legislation and jurisdiction considerations.

Risk Management and Safety

Standard

The physiotherapist promotes and maintains a safe environment for clients, health-care providers, themselves, and others.

Expected outcome

Clients can expect to be safe in the care of the physiotherapist and in the practice environment, and that any **patient safety incidents** will be appropriately addressed and disclosed promptly and transparently.

Performance expectations

Related to Risk Identification and Mitigation

The physiotherapist:

- Identifies potential client safety risks relevant to the practice setting, method of service delivery, and client population served.
- Verifies that there are policies and procedures in place related to risk and crisis management and is knowledgeable about these procedures.
- Incorporates appropriate measures to mitigate/manage identified risks and adheres to safety best practices.

Related to Physiotherapist Training

The physiotherapist:

- Maintains their competency in safety protocols, procedures and risk mitigation measures relevant to their practice.
- Participates in emergency preparedness and response training appropriate to the practice setting, method of service delivery, client population served, and identified safety risks.

Related to Client Interactions

The physiotherapist:

- Provides a clean and safe physiotherapy practice environment.
- Confirms that all equipment and electrophysical modalities are clean, safe, and maintained and calibrated in accordance with manufacturer specifications, and retains documentation of equipment calibration and maintenance for X years.
- Verifies clients' identities to confirm that the correct physiotherapy services are provided.
- Applies appropriate safety procedures when using equipment or electrophysical modalities.

Related to Responding to Patient Safety Incidents

The physiotherapist:

- Recognizes the occurrence of patient safety incidents and near misses.
- Responds immediately to patient safety incidents to minimize the impact on the client.
- Documents patient safety incidents and near misses in the client's treatment record and completes reports appropriate to the practice setting in accordance with the practice setting's policies and procedures.
- Contributes to the collection of data to identify, manage, remediate and prevent potential risks and patient safety incidents relevant to the practice setting and population served.
- Discloses details of patient safety incidents related to physiotherapy services to the client and appropriate parties promptly and transparently.^v

- **ADDITIONAL OPTIONAL WORDING:** Confirms that the appropriate party has disclosed patient safety incidents not related to physiotherapy services.

Related Standards:

- Assessment, Diagnosis, Treatment
- Infection Control

Definitions:

Patient Safety Incident refers to any event or circumstance which could have resulted or did result in unnecessary harm to a client. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents.

^v The working group came to no clear consensus as to the extent of physiotherapist disclosure responsibilities to be enshrined in the Standards of Practice. While affirming the importance of disclosure of patient safety incidents that are unrelated to physiotherapy services, there are concerns of regulatory over-reach if physiotherapy regulators direct that physiotherapists disclose or ensure disclosure of patient safety incidents arising from non-physiotherapy services.

Sexual Abuse and Sexual Misconduct

Standard

Physiotherapists do not engage in behaviour that constitutes **sexual abuse** or **sexual misconduct**.

Expected outcome

Clients can expect that any interaction with a physiotherapist will be free from conduct, behaviour or remarks of a **sexual nature**, sexual abuse or sexual misconduct.

Physiotherapy students, physiotherapist support workers and others whom the physiotherapist has authority over (supervisees) can expect that any interaction with the physiotherapist will be free from conduct, behaviour or remarks of a sexual nature, sexual abuse or sexual misconduct.

Performance expectations

In regard to interactions with clients, the physiotherapist:

- Does not commence an intimate or sexual relationship with a client for the duration of the therapeutic relationship, even if the client agrees to or seeks to initiate an intimate or sexual relationship.
 - Knows that due to the inherent power imbalance between client and PT, clients cannot offer valid consent to commencing a sexual relationship.
- Knows that the duration of the therapeutic relationship extends beyond the duration of active treatment and may be enduring, depending on:
 - The nature of the client-physiotherapist relationship,
 - The risk of enduring power imbalance between client and physiotherapist, and
 - Dependence of the client on the physiotherapist.
- Does not enter into a sexual relationship with a former client unless sufficient time has passed that the imbalance of power inherent in the therapeutic relationship and/or client dependence on the physiotherapist no longer exists.
- Abstains from all forms of conduct, behaviour or remarks directed towards a client that constitute sexual abuse for the duration of the therapeutic relationship.
- Abstains from conduct, behaviour or remarks directed towards a client that constitute sexual misconduct for the duration of the therapeutic relationship.
- Must not end a therapeutic relationship for the purpose of pursuing a personal relationship.
- Clearly and thoroughly explains any physiotherapy service which could be perceived to be sexual in nature, taking all reasonable steps to confirm the client's understanding of the service and its rationale, and obtaining informed consent prior to engaging in the service.
- Reports all instances where the physiotherapist has reasonable grounds to believe that the conduct of another regulated member of any health profession regulatory

organization constitutes sexual abuse or sexual misconduct to the Complaints Director/Registrar of the other regulated member's regulatory organization.^{vii}

ADDITIONAL OPTIONAL WORDING: In regard to interactions with physiotherapy students, physiotherapist support workers and others whom the physiotherapist has authority over (collectively referred to as supervisees), the physiotherapist:

- Abstains from all forms of conduct, behaviour or remarks directed towards a supervisee that constitute sexual abuse for the duration of the professional relationship.
- Abstains from conduct, behaviour or remarks directed towards a supervisee that constitute sexual misconduct for the duration of the professional relationship.
- Does not commence an intimate or sexual relationship with a supervisee for the duration of the professional relationship.

Related Standards:

- Boundary Violations
- Communication

Definitions

Sexual abuse includes threatened, attempted or actual conduct of a physiotherapist towards a client that is of a sexual nature and includes sexual intercourse; masturbation of or by the client or in the presence of the client; and touching of a sexual nature of client's genitals, anus, breasts or buttocks by a physiotherapist.*

Sexual misconduct includes any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a physiotherapist towards a client that the physiotherapist knows or ought reasonably to know will or would cause offence or humiliation to the client or adversely affect the client's health and well-being.*

Sexual nature includes any physical contact with private or sensitive areas, or comments that are not indicated for the purpose of providing clinically necessary physiotherapy services. This does not include conduct, behaviour, or remarks that are appropriate to the physiotherapy service provided.

^{vi} Some jurisdictions may need to add wording stating that client consent is required in order to make the report, depending on provisions of the jurisdiction's relevant legislation.

^{vii} The additional optional wording related to interactions with supervisees was removed from the Model Standards due to questions of the regulator's jurisdiction in these matters. The language is retained as optional wording to support consistency among regulators who adopt these performance expectations.

Supervision

Standard

The physiotherapist is responsible and accountable for the physiotherapy services provided by personnel working under their **supervision (supervisees)**, and for providing appropriate supervision, in accordance with the client's needs, supervisee's skills and competencies, identified risks, and the context of practice.

Expected outcome

Clients can expect that they are informed of the role of supervisees, have consented to services being provided by supervisees, and that the physiotherapy services provided by supervisees are supervised by the physiotherapist.

Performance expectations - Supervision of Physiotherapist Support Workers

When supervising **unregulated health providers working as physiotherapist support workers**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time an unregulated health provider delivers physiotherapy services that the physiotherapist assigned.
- Assigns only those tasks/activities that the supervisor is competent to perform.
- Assesses the knowledge, skills, and judgment of support workers.
- Assigns only those tasks/activities that fall within the support worker's competence.
- Assesses clients to determine those appropriate to receive physiotherapy services from support workers.
- Communicates to clients the roles, responsibilities, and accountability of support workers participating in the delivery of physiotherapy services.
- Obtains clients' informed consent for the delivery of physiotherapy services by support workers.
- Uses mechanisms (e.g., name tags, introduction) so that support workers are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the support worker, the client's care needs, identified risks, and other factors related to the practice environment.
- Establishes ongoing and timely communication with support workers.

- Monitors and evaluates the delivery of physiotherapy services by support workers.
- Monitors documentation of physiotherapy services by support workers to confirm that the documentation is consistent with regulatory standards.
- Reassesses clients, monitors and evaluates the delivery of physiotherapy services by physiotherapist support workers and client outcomes, modifying or reassigning service delivery as determined by clients' needs.
- Must not assign the following activities to support workers:
 - Any **restricted activity**, or portion thereof, authorized to the physiotherapist.
 - Interpretation of referrals, diagnosis or prognosis.
 - Interpretation of assessment findings and determination of treatment procedures and treatment goals and the planning, development or modification of treatment plans beyond pre-set parameters.
 - Initial discussion of treatment rationale, clinical findings and prognosis with clients.
 - Documentation that should be completed by the physiotherapist.
 - Discharge planning.
 - Any treatment that would require the physiotherapist support worker to employ clinical reasoning, analysis and decision making to change the established plan of care without the input of the supervising physiotherapist.
- Reassigns the supervision of support workers when the physiotherapist is not available to supervise.
- Advises clients and employers that delivery of physiotherapy services by support workers must be discontinued when physiotherapist supervision is not available.

Performance expectations - Supervision of Physiotherapy Students

When supervising **physiotherapy students**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time they agree to be a preceptor to a student and the physiotherapy student is delivering physiotherapy services.
- Assigns only those tasks/activities that the supervisor is competent to perform.
- Assesses the knowledge, skills and judgment of physiotherapy students.

- Assigns only those tasks/activities that fall within the physiotherapy student's competence.
- Identifies clients appropriate to receive physiotherapy services from physiotherapy students.
- Communicates to clients the roles, responsibilities, and accountability of physiotherapy students participating in the delivery of physiotherapy services.
- Ensures that clients have provided informed consent for the delivery of physiotherapy services by physiotherapy students.
- Uses mechanisms (e.g., name tags, introduction) so that physiotherapy students are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the physiotherapy student, the client's care needs, identified risks, and other factors related to the practice environment.
- Establishes ongoing communication processes with physiotherapy students.
- Monitors documentation by physiotherapy students to confirm that this documentation is in accordance with regulatory requirements.
- Monitors and evaluates the delivery of physiotherapy services by physiotherapy students and client outcomes, modifying or reassigning service delivery as determined by the client's needs.
- Complies with legislative and regulatory rules regarding performance and supervision of restricted activities by physiotherapy students.
- Reassigns the supervision of physiotherapy students when the physiotherapist is not available to supervise.
- Advises clients and employers that delivery of physiotherapy services by physiotherapy students must be discontinued when physiotherapist supervision is not available.

Performance expectations - Supervision of Physiotherapist Interns/Residents

When supervising **Physiotherapist Interns/Residents**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time they agree to supervise a Physiotherapist Intern/Resident and the Physiotherapist Intern/Resident delivers physiotherapy services.

- Ensures that the PT Intern/Resident performs only those activities that the supervisor is competent to perform and supervise.
- Assesses the knowledge, skills and judgment of Physiotherapist Interns/Resident.
- Ensures that the PT Intern/Resident performs only those activities that the PT Intern/Resident is competent to perform.
- Confirms that the respective roles, responsibilities and accountabilities of the Physiotherapist Intern/Resident and their supervisor have been communicated to clients and that clients have provided informed consent for the delivery of physiotherapy services by the Physiotherapist Intern/Resident.
- Uses mechanisms (e.g., name tags, introduction) so that Physiotherapist Interns/Resident are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the Physiotherapist Intern/Resident, the client's care needs, identified risks, and other factors related to the practice environment.
- Establishes ongoing communication processes with Physiotherapist Interns/Resident.
- Complies with legislative and regulatory rules regarding performance and supervision of restricted activities by Physiotherapist Interns/Resident.
- Monitors and evaluates the delivery of physiotherapy services by Physiotherapist Interns/Resident.
- Reassigns the supervision of Physiotherapist Interns/Resident when the physiotherapist is not available to supervise.
- Advises clients and employers that delivery of physiotherapy services by Physiotherapist Interns/Resident must be discontinued when physiotherapist supervision is not available.

Related Standards:

- Assessment, Diagnosis, Treatment
- Consent
- Conflict of Interest

Definitions

Physiotherapist support worker - *unregulated health provider working under the supervision and direction of a physiotherapist. PTSWs have a range of educational backgrounds and experience. May be referred to as physiotherapist assistant, rehabilitation assistant, therapy assistant, rehabilitation aide, or kinesiologist when working as a supervisee.*

Restricted Activities - also referred to as controlled acts or authorized activities, are activities that may only be performed by a regulated health professional in accordance with jurisdictional legislation and regulatory rules. Not applicable to all physiotherapy regulators in Canada.

Supervision means the action or process of watching and directing what someone does or how something is done.

Titles, Credentials, and Specialty Designations

Standard

The physiotherapist uses their title and other credentials to clearly identify themselves to clients, other health-care providers, and the public.

Expected outcome

Clients can expect that the physiotherapist represents their titles and credentials in a way that is transparent, accurate, verifiable, meaningful to the public, and not misleading.

Performance expectations

Regarding use of their **protected title**, the physiotherapist:

- Uses their protected title in all professional actions and interactions.
- Lists their protected title immediately after their name as it appears on the public register and before academic credentials or other designations.
- On the General Register uses the titles and initials:^{viii}
 - Physical Therapist,
 - Physiotherapist, OR
 - P.T.
- On the [Provisional/Resident/Other] Register uses the titles:
 - Physical Therapist [Intern/Resident/Other], OR
 - Physiotherapist [Intern/Resident/Other].
- On the Courtesy Register uses the titles and initials granted to registrants on the General or Provisional Register, in accordance with the physiotherapist's registration status in their primary jurisdiction.
- Does not use protected title when engaged in activities that are outside of the practice of physiotherapy (e.g., animal rehabilitation, personal training, nutrition counselling).

^{viii} Each jurisdiction to edit this section to reflect authorized titles and registration categories in use within the jurisdiction.

Regarding the use of academic and other credentials, the physiotherapist:

- Only uses academic credentials conferred by **accredited university programs**.
- Uses academic credentials accurately and lists them after their protected title.
- Uses post-professional credentials accurately, and lists them after protected title, and in a manner that has meaning for the public.
- Does not use the title "Doctor" or prefix "Dr" in connection with providing a health service or in actions or interactions undertaken for the purpose of promoting health services to the public.
- Does not use other protected titles unless authorized to do so by the appropriate regulatory body.

Regarding use of the term specialist and derivatives thereof, the physiotherapist:

- Does not use the title Clinical Specialist or imply or hold themselves out to be a specialist in connection with providing a physiotherapy service unless:
 - They have received a specialty designation from either:
 - The Physiotherapy Specialty Certification Board of Canada OR
 - The American Board of Physical Therapy Specialties.
 - They have applied for and received authorization from the regulatory organization to use the title "Clinical Specialist."
 - **ALTERNATE WORDING:** They do so in a manner consistent with regulatory rules.
 - The designation is listed after their protected title.

Related Standards:

- Advertising and Marketing
- Conflict of Interest
- Communication

Definitions

Accredited university program means an entry to practice education physiotherapy program accredited by Physiotherapy Education Accreditation Canada, the Commission on Accreditation in Physical Therapy Education, or an institution's physiotherapy entry to practice education program recognized by the Canadian Alliance of Physiotherapy Regulators credentialling program.

Protected title refers to the titles identified under provincial or territorial health profession legislation as being restricted to those who are registered and authorized to practice physiotherapy within the jurisdiction. These may include the titles physiotherapist, physical therapist, physiothérapeute, or thérapeute en réadaptation physique, physiotherapist intern, physical therapist intern; or the acronyms PT, TRP or PT Intern.

Virtual Care

Standard

Physiotherapists incorporating **virtual care** in the delivery of quality, effective physiotherapy services do so in accordance with client preferences, and as indicated and appropriate to address client needs.

Expected outcome

Clients can expect that virtual physiotherapy services are appropriate, safe and effective.

Performance Expectations

The physiotherapist:

- Is aware that virtual care is a method of physiotherapy service delivery that is subject to the same standards of practice and professional expectations as in-person physiotherapy services.
- Possesses sufficient training, knowledge, judgment and competency (including technological competency) to manage client care virtually.
- Employs reasonable safeguards (physical, technical, and administrative) to protect the privacy and security of client information.
- Has a professional, private location from which to provide virtual care.
- Confirms that adequate technology and supports are available to the client to enable virtual care.
- Confirms that the client has reliable internet access or phone connection and a private location from which to receive virtual care and if a private location is not available,
 - takes reasonable action to manage client privacy.
 - confirms client understanding of privacy risks within the available location and client informed consent to proceed with virtual care despite these risks.
- Assesses the appropriateness and method of providing virtual care on an ongoing basis, considering:
 - The client's circumstances and preferences for physiotherapy service delivery.
 - The client's diagnosis and treatment plan.
 - The physiotherapist's ability to provide appropriate assessment and treatment of the client's condition using virtual methods of physiotherapy service delivery.
 - Adaptations required to physiotherapy services to reflect virtual care considerations and constraints. And
 - Relevant enabling or limiting factors that affect the ability to provide safe and effective virtual care.
- Obtains the client's informed consent specific to virtual physiotherapy service delivery, including informing the client of:
 - Any relevant limitations to physiotherapy service options available through virtual care.
 - Safety risks specific to virtual care.
 - Privacy risks specific to virtual care and the method of virtual care delivery.

- Confirms the location of the client in the client’s record for each virtual care interaction.
- Identifies risks related to virtual physiotherapy service provision.
- Employs measures to mitigate risks specific to virtual care.
- Develops patient safety incident management plans specific to the client for potential adverse events considering the physiotherapy services provided virtually and the client’s context.
- Discontinues virtual physiotherapy services and refers for in-person service provision when virtual physiotherapy services pose an undue risk to the client’s safety or are ineffective or inappropriate for the client’s condition.

Regarding the provision of virtual care across jurisdictional borders, the physiotherapist:

- Who is providing physiotherapy services virtually to clients in [named jurisdiction, e.g., Alberta] must be registered with the College of Physiotherapists of [named jurisdiction, e.g., Alberta].
- Advises the client of where they are licensed, their options for reporting complaints and concerns, and how to contact the regulatory organization in the event of an issue, concern or complaint.
- Is aware of and complies with licensing requirements in the jurisdiction where the client is located, in addition to the physiotherapist’s **primary or home jurisdiction**.

Related Standards:

- Assessment, Diagnosis, Treatment
- Consent
- Risk Management and Safety

Definitions

Primary or Home Jurisdiction - *refers to the province or territory where the physiotherapist is registered and from which the physiotherapist delivers physiotherapy services.*

Virtual Care - *is the delivery of physiotherapy services using any technology that enables communication between individuals in different locations, including teleconferencing, video conferencing, email, or text communications.*

Glossary

Abandonment of records - the act of leaving behind records without providing for their ongoing security and protection for the duration of the mandatory retention period. This occurs in instances where the physiotherapist fails to actively provide for the secure retention, ongoing access and appropriate destruction of records when leaving a practice or retiring, or fails to have contingency plans in place to address records management when faced with unexpected illness.

Accredited university program means an entry to practice education physiotherapy program accredited by Physiotherapy Education Accreditation Canada, the Commission on Accreditation in Physical Therapy Education, or an institution's physiotherapy entry to practice education program recognized by the Canadian Alliance of Physiotherapy Regulators credentialing program.

Active listening is a process of attending to what the speaker is saying and repeating back to the speaker what has been heard, to confirm that the listener has correctly understood the speaker.

Advertising - the action of calling something to the attention of the public especially by paid announcements.²

Boundaries refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physiotherapist and another individual and clarify their respective roles and expectations.³

Bundled physiotherapy services means a program of treatment or set of physiotherapy services intended to be delivered as a comprehensive plan of care over a course of several physiotherapy interactions.

Clients are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances, clients/patients may be represented by their substitute decision-makers.⁴

Close personal relationship is one where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

Collaborate means to work jointly with others or together, especially in an intellectual endeavor.²

Communication is "the imparting and exchanging information" and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using plain language and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener's understanding.⁵

Complementary therapies refer to a non-conventional practice used in conjunction with conventional physiotherapy.⁶

Comprehensive refers to "complete; including all or nearly all elements or aspects of something."⁷

Concurrent treatment or care refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a client for the same or related disease or injury.”⁸

Confidentiality “is the assurance that certain information that may include a subject’s identity, health, behavior, or lifestyle information, or a sponsor’s proprietary information would not be disclosed without permission from the subject (or sponsor).”⁹

Conflict of Interest exists when a reasonable person could conclude that the physiotherapist’s duty to act in the client’s best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.¹⁰

A conflict-of-interest may be actual, potential or perceived and can exist even if the physiotherapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.

Contemporaneous - occurring or originating during the same time period.² In the physiotherapy context, contemporaneous is determined by the practice context, other expected or predictable uses of the record. In the PT context, documentation that does not occur during the same time-period poses risk to the client and is generally seen to be less accurate and more likely to be questioned.

Conventional physiotherapy refers to the type of assessment, diagnosis, treatment, and conceptualization of illness or injury that is considered “mainstream” physiotherapy. It is sometimes referred to as “evidence-informed”.⁶

Credible - means any evidence that reasonably would be viewed as reliable, accurate, and having basis in fact.¹¹

Critically appraised - means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.¹²

Emerging therapies refers to treatments developed within mainstream physiotherapy with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.⁶

Evidence-informed practice is “derived from evidence-based practice and involves clinical problem solving and decision making informed by integrating best available evidence, client context and the personal knowledge and experience of the physiotherapist.”⁴

Financial gain: in the context of physiotherapy practice and conflict of interest, financial gain refers to instances where physiotherapists receive financial benefits beyond their customary reimbursement in return for specific actions or activities. Examples include reimbursement in return for providing referrals to others, receiving a portion of profits from product or non-PT service sales, financial bonuses in return for achieving specific billing targets.

Infection prevention and control refers to “measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between clients, from health-care workers to clients, and from clients to health-care workers in the health-care setting.”¹⁴

Informed consent refers to “receiving client or their legally authorized representative’s permission to proceed with an agreed course of physiotherapy service. Consent may be revoked at any time... Consent can be written or oral and may be expressed or implied. Having a written consent form does

not mean there is informed consent. Informed consent involves ongoing communication between the parties involved."¹⁵

Marketing - the process or technique of promoting, selling, and distributing a product or service.²

Material risk includes risks that occur frequently as well as those that are rare but very serious, such as death or permanent disability.¹⁶

Mitigate To make less harsh or severe. Physiotherapists mitigate real, perceived or potential conflicts of interest in a way that protects the client's interests by avoiding, accepting and disclosing, transferring or reducing conflicts of interest. Physiotherapists are expected to proactively mitigate conflicts of interest to the greatest extent possible.

Other benefit: Includes but is not limited to gifts of materials or equipment (beyond gifts of a token or cultural nature that are of insignificant monetary value), preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist,¹⁷ that have the potential to harm or affect client care, professional judgment and/or trust in the profession.

Patient Safety Incident refers to any event or circumstance which could have resulted or did result in unnecessary harm to a client. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents.¹⁸

Personal protective equipment (PPE) refers to items in place for infection prevention and control, such as masks, gloves, gowns and goggles.¹⁹

Physiotherapist support worker - unregulated health provider working under the supervision and direction of a physiotherapist. PTSWs have a range of educational backgrounds and experience. May be referred to as physiotherapist assistant, rehabilitation assistant, therapy assistant, rehabilitation aide, or kinesiologist when working as a supervisee.²⁰

Physiotherapy services are services provided by or under the direction, assignment and supervision of a physiotherapist. This includes client assessment and treatment, and related communication with and reporting to various parties for the purposes of delivering client care.⁴

Plain language refers to "communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find
- Use what they find to meet their needs"²¹

Point of Care Risk Assessment (PoCRA) is a routine practice that should be conducted by a physiotherapist before every client interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist's use of PPE and other infection control measures.²²

Primary or Home Jurisdiction - refers to the province or territory where the physiotherapist is registered and from which the physiotherapist delivers physiotherapy services.

Privacy refers to “a person’s desire to control the access of others to themselves. Privacy protects access to the person, whereas confidentiality protects access to the data.”⁹

Proficiency means performance consistent with the established standards in the profession.¹

Promotional Activities - include any effort to communicate with potential customers. Promotional activities serve to inform customers about available products, services, and prices and to persuade customers to buy the products and services. Includes personal selling, direct marketing, advertising, sales promotion, publicity and public relations.

Promptly means with little or no delay.²³

Protected title refers to the titles identified under provincial or territorial health profession legislation as being restricted to those who are registered and authorized to practice physiotherapy within the jurisdiction. These may include the titles physiotherapist, physical therapist, physiothérapeute, or thérapeute en réadaptation physique, physiotherapist intern, physical therapist intern; or the acronyms PT, TRP or PT Intern.

Quality is the degree to which a product or service satisfies a specified set of attributes or requirements.²⁴

Restricted Activities - also referred to as controlled acts or authorized activities, are activities that may only be performed by a regulated health professional in accordance with jurisdictional legislation and regulatory rules. Not applicable to all physiotherapy regulators in Canada.

Risk refers to something that may cause injury or harm or the state of not being protected from injury or harm. Clients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.²⁵

Safe means free from harm or risk; secure from threat or danger.²

Sexual abuse includes threatened, attempted or actual conduct of a physiotherapist towards a client that is of a sexual nature and includes sexual intercourse; masturbation of or by the client or in the presence of the client; and touching of a sexual nature of client’s genitals, anus, breasts or buttocks by a physiotherapist.¹³

Sexual misconduct includes any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a physiotherapist towards a client that the physiotherapist knows or ought reasonably to know will or would cause offence or humiliation to the client or adversely affect the client’s health and well-being.¹³

Sexual nature includes any physical contact with private or sensitive areas, or comments that are not indicated for the purpose of providing clinically necessary physiotherapy services. This does not include conduct, behaviour, or remarks that are appropriate to the physiotherapy service provided.²⁶

Special Risk are those that are particularly relevant to the specific client, when typically these may not be seen as material. Consents discussions and requirements extend to what the physiotherapist knows or ought reasonably to know their client would deem relevant to making a decision about whether or not to undergo a treatment.¹⁶

Standardized measures refer to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.²⁷

Superlative - "an expression of abundant praise."²⁸ "Excessive or exaggerated; of the highest order, quality, or degree; surpassing or superior to all others."²⁹ In physiotherapy practice, statements such as "expert", "best" or "number 1" are examples of superlative statements.

Supervisee means an individual who is working under supervision. In physiotherapy practice this may include physiotherapist support workers, physiotherapy students, or physiotherapist interns/residents.

Supervision means the action or process of watching and directing what someone does or how something is done.²

Timely refers to "happening at the correct or most useful time: not happening too late."³⁰

Therapeutic Relationship refers to the relationship that exists between a physiotherapist and a client during the course of physiotherapy treatment. The relationship is based on trust, respect, and the expectation that the physiotherapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.³¹

Transparent (transparently) refers to the quality of being easy to perceive, obvious, clear and unambiguous.

Virtual Care - is the delivery of physiotherapy services using any technology that enables communication between individuals in different locations, including teleconferencing, video conferencing, email, or text communications.³²

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