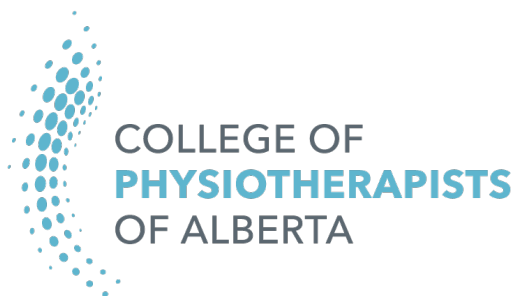


# Standards of Practice

For Physiotherapists in Alberta





300, 10357 109 Street, Edmonton, Alberta T5J 1N3  
T 780.438.0338 | TF 1.800.291.2782 | F 780.436.1908  
info@cpta.ab.ca | www.cpta.ab.ca

Continuing Competence Standard and Performance of  
Restricted Activities Standard updated March 31, 2023.

# Table of Contents

<b>Introduction</b>	<b>4</b>
<b>Standards of Practice</b>	
Advertising	5
Client Assessment, Diagnosis, Interventions	6
Client-Centered Care	8
Collaborative Practice	9
Communication	10
Conflict of Interest	11
Consent	12
Continuing Competence	13
Documentation and Record Keeping	14
Dual Registration	16
Evidence-Informed Practice	17
Fees and Billing	18
Infection Control	19
Legislative Responsibilities	20
Performance of Restricted Activities	21
Privacy/Confidentiality	23
Professional Boundaries	24
Quality Improvement	25
Risk Management	26
Safety	27
Sexual Abuse and Sexual Misconduct	28
Supervision	30
Use of Title	32
<b>Glossary</b>	<b>33</b>
<b>References</b>	<b>36</b>

# Introduction

## 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 has its own set of standards and code of ethics, even though physiotherapy practice is more similar than dissimilar across the country. 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. The exception is the Sexual Abuse and Sexual Misconduct Standard which was created under the direction of Bill 21: An Act to Protect Patients legislation and changes to the Health Professions Act of Alberta in 2018.

The Core Standards of Practice serve as a resource for the development of Standards of Practice that reflect the context, jurisdictional needs and legislation relevant to physiotherapy regulatory organizations across Canada.

The Core Standards of Practice have served as the foundation for this version of the College of Physiotherapists' Standards of Practice.

## Purpose of Standards of Practice

Standards of Practice serve several purposes, including:

- 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 Core 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:

- 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 Core Standards of Practice are organized

The Core 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.
- Resources that support and provide additional information related to each standard. In addition to the resources listed, legislation in place in each provincial/territorial jurisdiction should also be considered. In Alberta this includes, but is not limited to: the *Health Professions Act*, *Physical Therapy Profession Regulation*, *Workers Compensation Act*, *Diagnostic and Treatment Protocols Regulation*, *Health Information Act*, and the *Personal Information Protection Act*.

# Standards Of Practice Advertising



## Standard

The physiotherapist advertises in a manner that is truthful, accurate, verifiable, not misleading to the public, and in compliance with regulatory requirements.

## Expected outcome

**Clients** can expect that advertising of physiotherapy services and products is not misleading, enables them to make informed choices, and that promotional activities do not unduly influence physiotherapy-related decisions.

## Performance expectations

The physiotherapist:

- Makes reasonable efforts to confirm that all advertising of **physiotherapy services** and products is truthful, accurate, and verifiable.
- Refrains from using advertising that:
  - Promotes unnecessary services.
  - Provides unsubstantiated claims or guarantees of successful results.
  - Makes comparative or superlative statements about service **quality**, health providers, and products and/or endorses products for financial gain.
  - Questions or diminishes the skills of other providers or the services of other clinics or facilities.
  - Offers free services.\*
  - Offers discounted services that vary from the clinic's fee schedule.
  - Offers client incentives or other inducements including but not limited to discount coupons, gift certificates, time-limited pricing for services or products, or prizes or gifts of a service or product.
- Advertises only the physiotherapy services that he/she is competent to perform.

*\* Free services may be offered for the purposes of:*

- *Providing general education or health promotion.*
- *Informing the public about physiotherapy services offered.*
- *Rendering an opinion about the propriety of physiotherapy services for an individual patient.*

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

**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.

**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 patient care."

**Quality** of health-care services refers to the "acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety" of the services provided.

## Related Standards

- Communication
- Conflict of Interest
- Legislative Responsibilities
- Use of Title

# Standards of Practice

# Client Assessment, Diagnosis, Interventions

## Standard

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

## Expected outcome

**Clients** can expect the physiotherapist to select appropriate assessment tools, make an informed physiotherapy diagnosis, and apply intervention procedures that are carried out proficiently for quality delivery of **physiotherapy services**.

## Performance expectations

The physiotherapist:

- Obtains clients' ongoing **informed consent** to proposed services.
- Applies appropriate assessment procedures to evaluate clients' health status using **standardized measures** as available.
- Uses critical thinking and professional judgment to interpret the assessment findings and determine a physiotherapy diagnosis.
- Collaborates with clients, and develops realistic intervention plans to address clients' needs and goals.
- Applies intervention procedures safely and effectively.
- Assigns appropriate tasks to **supervisees** with clients' consent.
- Re-evaluates and monitors clients' responses throughout the course of interventions, making adjustments and discontinuing services that are no longer required or effective.
- Makes appropriate referrals when clients' needs are best addressed in collaboration with/or by another provider.
- Collaborates with clients and other providers as appropriate to plan and implement discharge plans.
- 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 services that are clinically indicated for clients and that he/she is competently able to provide.
- Advocates within her/his capabilities and context of practice for clients to obtain the resources they require to meet their health goals.

## Female Genital Mutilation

Section 133.2 of the *Health Professions Act* requires that Colleges establish standards of practice regarding female genital mutilation.

The physiotherapist:

- Must not **procure** or perform female genital mutilation.
- Reports all instances where the physiotherapist has reasonable grounds to believe that the conduct of another regulated member of any College constitutes the procurement or performance of female genital mutilation to the Complaints Director of the other regulated member's College.

**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.

**Female genital mutilation** means the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

- a surgical or other procedure is performed by a regulated member under this Act for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or
- the person is at least 18 years of age and there is no resulting bodily harm;

**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."

*Continued on next page...*

Continued from last page...

**Interventions** refer to physiotherapy services that “include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices.”

**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 patient care.”

**Procure** means to obtain something by particular care and effort.

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

**Quality** of health-care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

**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.”

**Supervisees** refers to students, assistants, and other support personnel.

## Related Standards

- Client-Centered Care
- Collaborative Practice
- Competence
- Consent
- Documentation and Record Keeping
- Evidence-Informed Practice
- Supervision



# Standards of Practice

# Client-Centered Care

## Standard

The physiotherapist integrates a **client-centered approach** in all aspects of **physiotherapy service delivery**.

## Expected outcome

**Clients** can expect that they will be treated respectfully and their input will be valued, acknowledged, and integrated into all aspects of physiotherapy service delivery.

## Performance expectations

The physiotherapist:

- Treats clients in a manner that recognizes and appreciates their autonomy, uniqueness, goals, and self-worth at all times.
- Values the best interests of clients.
- Involves clients in decision-making regarding their care, respecting their independence and right to refuse or withdraw from treatment at any time.
- Communicates with clients to facilitate their understanding of the care plan and how it addresses their goals, outlines the risks and benefits of services, and obtains **informed consent**.
- Monitors clients' responses throughout service delivery, adjusting and modifying interventions/approaches as required, and obtaining ongoing informed consent.
- Treats all clients with compassion, respect, and dignity throughout the course of their care.
- Terminates the **therapeutic relationship** with clients making appropriate arrangements for transfer of care or discontinuation of services.

**Client-centered approach** refers to "an approach which recognizes the physiotherapist's expertise and values, respect for and partnership with the people receiving physiotherapy care, including the client's ability to make key choices in services delivered."

**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.

**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."

**Physiotherapy service delivery** refers to the period from the initial client assessment to discharge from services provided by the physiotherapist.

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

## Related Standards

- Client Assessment, Diagnosis, Interventions
- Communication
- Consent
- Documentation and Record Keeping
- Professional Boundaries



# Standards of Practice

# Collaborative Practice



## Standard

The physiotherapist promotes **collaborative practice** with **clients**, health-care team members, and other stakeholders to support the delivery of integrated, **quality**, client-centered care.

## 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 patients may be receiving or considering **concurrent treatment** from another health-care practitioner for the same or a related problem.
- Works collaboratively with clients, health-care team members, and other stakeholders to promote shared decision-making and integrated care.
- Clearly explains funding implications of concurrent treatment to the client.
- Uses shared leadership and conflict resolution strategies to resolve or accept differences and optimize effective team collaboration.
- Communicates effectively, obtaining **informed consent** and maintaining **confidentiality** with clients, team members, and other stakeholders at all times.
- Shares information with clients, team members, and other stakeholders about the roles and responsibilities of physiotherapists in client-centered care.
- Consults with/refers to the appropriate team member when aspects of clients' goals are best addressed by another provider.
- Communicates effectively with clients, team members, and other stakeholders to facilitate collaboration and coordinate care.
- Participates in concurrent treatment of the same condition when approaches are **complementary**, of benefit to clients, and an appropriate use of human/financial resources.
- Discontinues concurrent treatment when **physiotherapy services** represent a duplication of treatment.
- Identifies, documents, communicates and manages risks of concurrent treatment of the same condition OR discontinues concurrent services and documents 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.
- Treats clients, health-care team members, and other stakeholders with dignity and respect at all times.

**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.

**Collaborative practice** refers to "the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships."

**Complementary** refers to "use of two things when each adds something to the other or helps to make the other better, going together well, working well together."

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

**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)."

**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."

**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 patient care."

**Quality** of health-care services refers to the "acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety" of the services provided.

## Related Standards

- Client Assessment, Diagnosis, Interventions
- Client-Centered Care
- Communication
- Consent
- Documentation and Record Keeping
- Privacy/Confidentiality
- Professional Boundaries

# Standards of Practice **Communication**

## Standard

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

## Expected outcome

**Clients** can expect that communication with the physiotherapist will be respectful and professional and will contribute to their understanding and participation in their health management.

## Performance expectations

The physiotherapist:

- Uses respectful, open, clear, and honest communication in all professional interactions (e.g., spoken, written, social media).
- Communicates effectively with clients to promote their understanding of proposed services (e.g., active listening, use of **plain language**, encouraging questions).
- Identifies potential barriers to effective communication and makes a reasonable effort to address these barriers (e.g., interpreters, technology, diagrams, printed education materials).
- Documents all communications accurately, clearly, professionally, and in a timely manner.

**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.

**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”

**Quality** of health-care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

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

## Related Standards

- Client Assessment, Diagnosis, Interventions
- Client-Centered Care
- Collaborative Practice
- Documentation and Record Keeping
- Privacy/Confidentiality

# Standards of Practice

## Conflict of Interest

### Standard

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

### Expected outcome

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

### Performance expectations

The physiotherapist:

- Identifies and manages any situations of real, potential or perceived conflicts of interest involving themselves or a related person. This includes but is not limited to:
  - Receiving financial or other benefits from other providers related to accepting referrals, providing services, or selling products.
  - Providing and/or accepting incentives to/from others to generate referrals, provide services, or sell products.
  - Receiving financial incentives based on client numbers, service volumes, profits, etc.
  - Self-referring clients acquired in the public sector for treatment in the private sector for her/his own personal gain.
- Refrains from participating in any activity in which professional judgment could be compromised or is for personal gain.
- Refrains from participating in any real, potential, or perceived conflicts of interest. In situations where conflict of interest cannot be avoided, manage and provide full disclosure of the conflict of interest to clients and others as appropriate and documents in a complete, open, and **timely** manner how the conflict was managed.
- Makes a reasonable effort to refrain from providing services to an individual with whom he/she has a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., where no other professional with the specific skills is available):
  - Fully disclose and document the conflict of interest.
  - Indicate how the relationship is to the client's benefit and complies with regulatory requirements.
  - Follow formal processes and document all **physiotherapy services** provided.

- Discloses any activity or arrangement that constitutes a conflict of interest for themselves or a related person to the Registrar.

**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.

**Conflicts of interest** refers to situations that arise when the physiotherapist has a relationship or interest that may be seen as improperly influencing their professional judgment or ability to act in the best interest of the client."

**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 patient care."

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

### Related Standards

- Advertising
- Client-Centered Care
- Consent
- Legislative Responsibilities

# Standards of Practice

## 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 services, asked to provide their consent, and that the physiotherapist will respect their right to question, refuse options, and/or withdraw from services at any time.

### Performance expectations

The physiotherapist:

- Communicates with clients to explain and facilitate their understanding of physiotherapy service options.
- Explains to clients the risks and benefits of physiotherapy service options and the consequences of participating or not in proposed **interventions**.
- Obtains and documents clients' ongoing informed consent to proposed services.
- Respects the autonomy of clients to question, decline options, refuse, and/or withdraw from 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.
- In situations of physiotherapy research, obtains approval from the appropriate research ethics authority and informed consent from clients prior to their participation in studies.

**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.

**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."

**Interventions** refer to physiotherapy services that "include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices."

**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 patient care."

### Related Standards

- Client Assessment, Diagnosis, Interventions
- Client-Centered Care
- Communication
- Documentation and Record Keeping
- Supervision

# Standards of Practice

# 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 practice.

## Expected outcome

**Clients** can expect that the 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 competence requirements reflected in Essential Competency Profile for Physiotherapists in Canada.
- Actively participates in self-directed life-long learning to maintain competence in existing practice areas and to acquire competence in new and emerging areas of practice.
- Is aware of and complies with the Continuing Competence Program Rules approved by Council.
- On the General Register must, annually, and prior to renewing their practice permit,
  - Successfully complete the competence development and monitoring activities required by the program rules approved by Council.
  - Create and submit competence development records, in a form satisfactory to the Registrar.

# Standards of Practice

# Documentation and Record Keeping

## Standard

The physiotherapist maintains documents/records that are accurate, legible and complete, written in a **timely** manner, and in compliance with applicable legislation and regulatory requirements.

## Expected outcome

**Clients** can expect that their physiotherapy records are confidential, accurate, complete, and comply with applicable legislation and regulatory requirements.

## Performance expectations

The physiotherapist:

- Maintains and shares all documentation, correspondence, and records (e.g., paper, electronic) in compliance with applicable legislation and regulatory requirements including confidentiality and privacy Standards.
- Maintains legible, accurate, complete (e.g., date, provider signature, unique client identification), and timely records related to all aspects of client care in either French or English.
- Includes in the chart record detailed chronological information regarding the:
  - Client's identity (name, birth date, unique identifier) on each discrete part (each page) of the client record.
  - Client's reason for attendance.
  - Client's relevant health, family, and social history.
  - Dates of each treatment session or professional interaction, including missed or cancelled appointments, telephone or electronic contact.
  - Assessment findings.
  - Treatment plan and goals.
  - Details of treatment provided and patient response to treatment, including results of reassessments.
  - Details of all client education, advice provided and communication with or regarding the patient.
- Includes sufficient detail in the record to allow the client to be managed by another physiotherapist.
- May reference rather than duplicate information collected by another regulated health-care provider that the physiotherapist has verified as current and accurate.
- Minimizes the use of abbreviations and acronyms, and writes out the full word or phrase followed by the abbreviation in parenthesis the first time it is used.
- Employs tracking and documentation mechanisms so that the personnel providing client care or other services can be identified (e.g., when care is provided by a physiotherapist assistant).
- Confirms that all correspondence (e.g., **electronic communication, social media**) and documentation is professionally written in compliance with applicable legislation and regulatory requirements.
- Secures all **personal information** contained in paper or electronic records (while in use, storage or during transfer) through the appropriate use of physical, technical and electronic security mechanisms (e.g., passwords, encryption, locked offices/file cabinets) to protect the **privacy** of patient information.
- Verifies that all electronic records incorporate an audit trail that clearly captures access and that both electronic and paper records have an audit trail that clearly captures documentation or alterations made to the record clearly identifying:
  - Who made the change or addition.
  - Date the change was made.
- Makes a reasonable effort to confirm that all professional electronic correspondence is sent to the intended recipient.
- Retains, or ensures ongoing access to copies of care pathways or protocols in addition to patient records in circumstances where patient care delivery and documentation is according to a protocol, or where charting by exception is employed.
- Maintains complete and accurate financial records for every circumstance in which he/she provides treatment, renders any service, sells or provides a product. Financial records must include:
  - Identification of the service provider and organization, date of service, and product or service provided.
  - Client's unique identification.
  - Fee for product or service, including any interest charges or discounts provided.
  - Date payment was received and identity of the payer.
  - Any balance owing.

*Continued on next page...*

- Retains records (e.g., client, financial) according to the length of time specified by applicable legislation and regulatory requirements.
  - Clinical and financial records are retained for ten (10) years after the last date of service.
  - Clinical and financial records for minors are retained for ten (10) years past the minor's 18th birthday.
- Retains records in a manner that enables a complete 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.
- 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 (e.g., in the case of retirement, closing a practice).
- Is aware and informs employers, support personnel, and others of their professional obligations regarding record keeping and management.
- Provides a copy of the complete clinical and financial record to the client or their authorized representative upon request and appropriate consent.
- Verifies and documents that equipment used in physiotherapy practice is routinely inspected, maintained, and calibrated on a regular basis according to applicable legislation and manufacturer's recommendations and retains equipment records for five (5) years.

## Related Standards

- Communication
- Legislative Compliance
- Privacy/Confidentiality

**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.

**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)."

**Electronic communication, social media** refers to "software, applications (including those running on mobile devices), email and websites, which enable users to interact, create and exchange information online." While not strictly speaking electronic communication or social media, the use of videography or the taking and communication of photographs are included in this definition relating to technology.

**Personal information** refers to "information about an identifiable individual that is included in any form including.... information relating to the education or the medical, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved..."

**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."

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



# Standards of Practice

## Dual Registration

### Standard

The physiotherapist who is also registered as a member of another regulated health profession in Alberta administers each health service as a separate and distinct entity, and informs the client of their role when providing each distinct health-care service.

### Expected outcome

**Clients** can expect that the physiotherapist clearly identifies the role and service that they are providing at the time of client care delivery.

### Performance expectations

The physiotherapist:

- Communicates effectively with the client regarding the differences in health provider roles performed and informs the client of which service they are providing.
- Establishes each health and business practice as a distinct entity, maintaining:
  - Separate billing and financial records for each practice.
  - Different entries in a shared client record that clearly identify which professional role/service was provided or establishing separate client records for each health service.
  - Separate appointment books and/or distinct days and times for providing each service.
- Clearly documents which health service was provided at each client visit.
- Provides the services that the client initially sought, unless those services are not in the client's best interest.

**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.

### Related Standards

- Conflict of Interest
- Collaborative Practice
- Documentation and Record Keeping
- Fees and Billing
- Use of Title
- Performance of Restricted Activities

# Standards of Practice

# Evidence-Informed Practice

## Standard

The physiotherapist incorporates **evidence-informed practice** in all aspects of **physiotherapy service delivery**.

## Expected outcome

**Clients** can expect that the **physiotherapy services** they receive are informed by consideration of the best available evidence, client needs, and the personal knowledge and experience of the physiotherapist.

## Performance expectations

The physiotherapist:

- Incorporates current physiotherapy-related evidence into client-centered care by reviewing relevant research/information and integrating findings into assessment and intervention plans.
- Integrates critical thinking and professional judgment into client-centered care, evaluates her/his practice in terms of client outcomes, and modifies approaches based on this self-reflective process.
- Participates in sharing information related to evidence and best practices to support improvement of client outcomes and the delivery of **quality** services within the health-care system at large.

**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.

**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.”

**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 patient care.”

**Physiotherapy service delivery** refers to the period from the initial client assessment to discharge from services provided by the physiotherapist.

**Quality** of health-care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

## Related Standards

- Client Assessment, Diagnosis, Interventions
- Client-Centered Care
- Competence
- Consent

# Standards of Practice

## Fees and Billing

### Standard

The physiotherapist is responsible for ensuring that the fees charged for **physiotherapy services** 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 are transparent, justifiable, and clearly communicated.

### Performance expectations

The physiotherapist:

- Maintains current knowledge of funding sources for physiotherapy services and complies with funding requirements, policies and procedures.
- Clearly communicates applicable fees to clients and payors prior to the provision of physiotherapy services.
- Provides a fee schedule that includes transparent and accurate information about billing policies and all potential charges (e.g., assessments, reports, cancellations, equipment, any additional specialized fees, interest charges).
- Provides clients with clear, transparent, accurate, and **comprehensive** invoices/receipts, in a **timely** manner.
- Maintains accurate and complete financial records related to the provision of services.
- Is responsible for all billing under her/his registration number, identifying and correcting any errors in a timely manner.
- Confirms processes are in place to resolve issues arising from billing disputes.

**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.

**Comprehensive** refers to “complete; including all or nearly all elements or aspects of something.”

**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 patient care.”

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

### Related Standards

- Client-Centered Care
- Conflict of Interest
- Documentation and Record Keeping
- Legislative Responsibilities

# Standards of Practice

## Infection Control

### Standard

The physiotherapist complies with **infection prevention and control** measures to support the health and safety of **clients**, health-care providers, her/himself, and others.

### Expected outcome

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

### Performance expectations

The physiotherapist:

- Acquires the education, training, and **proficiency** to apply infection prevention and control techniques in physiotherapy practice (e.g., when needling, suctioning).
- Adheres to best practices of infection prevention and control in physiotherapy practice according to applicable legislation, regulatory requirements, standards, and guidelines.
- Maintains the cleanliness of all spaces, equipment, and devices according to appropriate legislation, infection prevention and control standards/policies, and manufacturer's recommendations.
- Documents details of reprocessing and sterilization of reusable medical equipment detailing parameters used to meet requirements outlined in Alberta Health's Standards for Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health-care Facilities and Settings, and retains this documentation for five (5) years.
- Disposes of devices and materials according to best practices and established protocols.
- Uses **routine practices** (e.g., hand washing, point-of-care risk assessment, use of **personal protective equipment**) to minimize or prevent the spread of acquired infections in the health-care setting.

**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.

**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 patients, from health-care workers to patients, and from patients to health-care workers in the health-care setting."

**Personal protective equipment** refers to the use of items such as gloves, gowns and goggles to protect the physiotherapist during client treatment.

**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 patient care."

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

**Routine practices** are a comprehensive set of infection prevention and control measures that have been developed for use in the routine care of all patients at all times in all health-care settings. Routine practices aim to minimize or prevent health-care acquired infections in all individuals in the health-care setting, including patients, health-care workers, other staff, visitors and contractors. These include hand hygiene, point-of-care risk assessment and indications for and appropriate application of aseptic technique, handling client equipment, cleaning environment waste and sharps handling, etc.

### Related Standards

- Documentation and Record Keeping
- Quality Improvement
- Risk Management
- Safety

# Standards of Practice

# Legislative

# Responsibilities

## Standard

The physiotherapist practices in compliance with all the legislative and regulatory requirements of their jurisdiction.

## Expected outcome

**Clients** can expect that the services they receive are delivered by a registered physiotherapist who is in compliance with legislation and regulatory requirements applicable to her/his practice.

## Performance expectations

The physiotherapist:

- Maintains current registration with the College of Physiotherapists of Alberta.
- Is knowledgeable of and complies with all relevant legislative and regulatory requirements in Alberta (e.g., privacy legislation, Workers' Compensation Act, Radiation Protection Regulation) applicable to her/his practice.
- Practices in accordance with physiotherapy regulatory requirements (e.g., scope of practice, Code of Ethics, Standards of Practice, continuing competence, mandatory reporting, use of title).
- Takes responsibility and is accountable for her/his actions.
- Conducts her/himself in a manner that promotes respect for the profession.

**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.

## Related Standards

- Conflict of Interest
- Consent
- Privacy/Confidentiality
- Safety
- Use of Title

# Standards of Practice

# Performance of

# Restricted Activities



## Standard

The physiotherapist performs restricted activities that they are competent and authorized to perform, within the context of physiotherapy practice, and when client assessment findings support their use.

## Expected outcome

Clients can expect that the physiotherapist is competent and authorized to perform the restricted activities that they apply in practice.

## Performance expectations

### Regarding the performance of restricted activities, the physiotherapist:

- Performs restricted activities that they are competent, authorized or supervised to perform, in accordance with the Standards of Practice.
- Assesses the risks and benefits associated with the activity and communicates these to the client to obtain the client's informed consent prior to performing the restricted activity.
- Establishes critical event management plans related to potential adverse events associated with restricted activities, and routinely reviews these plans with other staff within the practice environment.
- If performing a restricted activity not authorized to physiotherapists, under the supervision of another regulated professional, clearly explains to clients that the activity is not a physiotherapy service and the supervision arrangement in place with the other health professional.

### Related to the performance of dry needling, pelvic health internal examinations and spinal manipulation, the physiotherapist:

- Completes a program of study in the performance of the restricted activity that includes as part of the curriculum: theory, practice, safety instruction, and final (summative) evaluation conducted by the course instructor which resulted in a passing grade prior to seeking authorization to perform the restricted activity.
- Submits evidence to the Registrar of having the competencies required to perform the restricted activity.
- Receives notification from the Registrar that the authorization is indicated on their practice permit prior to performing the restricted activity independently.
- Who is registered on the Provisional Register and who has received authorization to perform pelvic health internal examinations has a supervision agreement specific to the practice of pelvic health internal examinations in place with a physiotherapist on the General Register who is authorized to perform the restricted activity.

### Related to ordering diagnostic imaging, the physiotherapist:

- Completes a program of study in the performance of the restricted activity that has been approved by and meets the requirements established by the College of Physiotherapists of Alberta's Council and includes a final (summative) evaluation conducted by the course instructor which resulted in a passing grade prior to seeking authorization to order diagnostic imaging.
- Submits evidence to the Registrar of having the competencies required to perform the restricted activity.
- Receives notification from the Registrar that the authorization is indicated on their practice permit prior to performing the restricted activity independently.
- Orders diagnostic imaging (X-ray, magnetic resonance imaging and ultrasound imaging) for the purposes of confirming a physiotherapy diagnosis, answer an explicit clinical question, or alter or advance the client's treatment plan.
- Orders diagnostic imaging for their own clients only, for the purpose of assisting in the management of their physiotherapy care.
- Communicates with the client and health-care providers involved in the client's care to confirm that imaging is neither redundant nor inadvisable.
- Explains the results of the diagnostic imaging to the client, providing appropriate follow-up, including referral of the client to an appropriate regulated health professional when needed.
- Communicates the results of diagnostic imaging to health-care providers involved in the client's care, while adhering to relevant privacy legislation, to facilitate coordinated client care.
- Provides emergency contact information on all imaging orders to facilitate timely communication in the event that diagnostic imaging reveals an urgent concern.
- Documents all imaging results and all communication with the client and with other health-care providers regarding the imaging results.

### Regarding the provision of restricted activities, the physiotherapist:

- On the Provisional Register must be directly supervised at all times when learning or performing the following activities:
  - Inserting or removing catheters
  - Reducing a dislocation of a joint
  - Suctioning or instillation
  - Wound debridement and care
  - Pelvic health internal examinations
- On the General Register must be directly supervised at all times when they are learning to perform:
  - Pelvic health internal examinations
  - Spinal manipulation
  - Using needles in practice
  - Ordering diagnostic imaging

*Continued on next page...*

**Regarding the supervision of restricted activities, the physiotherapist on the General Register or Courtesy Register must :**

- Supervise only those restricted activities that they are competent and authorized to perform, in accordance with the Standards of Practice.
- Be satisfied with the knowledge, skills and judgment of any individual whose performance of a restricted activity they are supervising.
- Provide supervision in accordance with supervisee's competence and registration status, and the restricted activity considered.
- Be present in the treatment room or cubicle, able to observe and promptly intervene if required, when providing direct supervision of restricted activities performed by regulated members as required by this standard.
- Directly supervise physiotherapy students or other health profession students enrolled in a program of studies approved by the Council of a College under the *Health Professions Act*, when the student is performing restricted activities that are part of the student's program of study.
- Use direct or indirect supervision strategies, in accordance with the supervisee's skills and competence, to supervise physiotherapists on the General Register who are developing their skills and competence to perform the restricted activities:
  - Inserting or removing catheters
  - Reducing a dislocation of a joint
  - Suctioning or instillation
  - Wound debridement and care

## Related Standards

## Definitions

**Courtesy Register:** refers to physiotherapists currently registered in another jurisdiction requiring temporary entry to Alberta for an approved purpose.



# Standards of Practice

# Privacy/Confidentiality

## Standard

The physiotherapist respects **clients'** rights to **privacy** and **confidentiality** of **personal information** including health, financial, and other information by practicing in compliance with applicable legislation and regulatory requirements.

## Expected outcome

Clients can expect that their personal information will be maintained privately and confidentially in accordance with applicable legislation and regulatory requirements.

## Performance expectations

The physiotherapist:

- Complies with all relevant legislative and regulatory requirements in Alberta associated with privacy and confidentiality of clients' personal information.
- Protects clients' privacy and personal information at all times.
- Maintains security of all client documentation/records (e.g., paper, electronic) at all times (e.g., during data collection, storage, transfer, disposal).
- Obtains and documents clients' consent prior to disclosing personal information, unless legislative exemptions apply.
- Accesses only relevant client information/data when providing professional services for the specific client, in keeping with legislative compliance.

**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.

**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)."

**Personal information** refers to "information about an identifiable individual that is included in any form including....information relating to the education or the medical, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved..."

**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."

## Related Standards

- Client-Centered Care
- Consent
- Documentation and Record Keeping
- Legislative Responsibilities

# Standards of Practice

# Professional Boundaries

## Standard

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

## Expected outcome

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

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

## Performance expectations

The physiotherapist:

- Demonstrates sensitivity, accountability, integrity, honesty, compassion, and respect in all professional interactions.
- Understands the impact of power, trust, respect, and physical closeness on relationships with clients, colleagues, students, and others.
- Treats clients, colleagues, students and others with respect avoiding all situations, comments and/or actions (e.g., sexual, racial) that would reasonably be perceived as unprofessional, in violation of human rights, or discriminatory.
- Establishes and maintains professional boundaries and does not make abusive, suggestive or harassing comments or engage in inappropriate physical contact or sexual advances with clients, colleagues, students, and others.
- Identifies, discusses, and attempts to resolve issues or seeks advice when the potential for compromising boundaries exists, whether by the physiotherapist or the client.
- Manages situations of real, potential, or perceived **conflicts of interest** where the relationship with clients, colleagues, students, and others could be compromised.
- Explains to clients beforehand any procedures that could be misinterpreted (e.g., removal of clothing, touching, physical closeness) and obtains ongoing **informed consent**.
- Ends any **therapeutic relationship** with clients where professional boundaries cannot be maintained or re-established, by appropriately discontinuing treatment or transferring care as required.
- Confirms that any exchanges using **electronic communication and social media** are appropriate for therapeutic relationships established with clients.

**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.

**Conflicts of interest** refers to situations that arise when the physiotherapist has a relationship or interest that may be seen as improperly influencing their professional judgment or ability to act in the best interest of the client."

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

**Electronic communication, social media** refers to "software, applications (including those running on mobile devices), email and websites, which enable users to interact, create and exchange information online." While not strictly speaking electronic communication or social media, the use of videography or the taking and communication of photographs are included in this definition relating to technology.

**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."

**Professional boundaries** set the limitations around relationships between clients and health-care providers to ensure the delivery of safe, ethical, client-centered care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with patients that are free of abuse, sexual and/or romantic encounters.

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

## Related Standards

- Client Assessment, Diagnosis, Interventions
- Client-Centered Care
- Conflict of Interest
- Consent

# Standards of Practice

# Quality Improvement

## Standard

The physiotherapist engages in **quality improvement** activities to promote **quality physiotherapy services**.

## Expected outcome

**Clients** can expect that their outcomes are monitored to promote quality physiotherapy services.

## Performance expectations

The physiotherapist:

- Accesses and applies relevant information (e.g., patient outcomes, patient feedback) to improve client care and the delivery of physiotherapy services.
- Engages in continuous quality improvement processes that include the development, implementation, and evaluation of new or improved physiotherapy services to enhance client care as appropriate.
- Supports the development of new evidence and best practices by participating in clinical research and program evaluation as appropriate.

**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.

**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 patient care.”

**Quality** of health-care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

**Quality improvement** refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders – health-care professionals, patients and their families, researchers, planners, and educators – to make better and sustained improvements.”

## Related Standards

- Client-Centered Care
- Evidence-Informed Practice

# Standards of Practice

## Risk Management

### Standard

The physiotherapist participates in **risk management** activities to promote **quality physiotherapy services**.

### Expected outcome

**Clients** can expect that they will be informed of risks inherent to their care, measures will be taken to minimize risks, they will be safe in the care of the physiotherapist, and any **adverse events** will be disclosed to the patient promptly and transparently.

### Performance expectations

The physiotherapist:

- Verifies that there are policies and procedures in place related to risk and crisis management and that he/she is knowledgeable about these procedures.
- Identifies potential risks in the work environment and incorporates appropriate measures to mitigate/manage these risks (e.g., breaches of **privacy/confidentiality**, environmental hazards, solo practice, aggressive clients, and treatment risks related to needling, manipulation).
- Participates in emergency preparedness and response training appropriate to the practice setting (e.g., fire drills, CPR).
- Recognizes the occurrence of **near misses** and adverse events (e.g., hot pack burns, falls) and responds immediately to minimize the impact on the client.
- Documents near misses and adverse events, and completes reports appropriate to the practice setting.
- Contributes to the collection of data to identify, manage, and prevent potential risks and adverse events relevant to the practice setting.
- Discloses details of any adverse events to the patient promptly and transparently, according to best practice guidelines and employer policies and procedures.

**Adverse events** refer to “an event that results in unintended harm to the patient and is related to the care and/or services provided to the patient rather than to the patient’s underlying condition.”

**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.

**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).”

**Near misses** refer to “a patient safety incident that did not reach the patient. Replaces ‘close call.’”

**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 patient care.”

**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.”

**Quality** of health-care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

**Risk management** refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.”

### Related Standards

- Client-Centered Care
- Consent
- Infection Control
- Safety

# Standards of Practice

## Safety

### Standard

The physiotherapist promotes and maintains a safe environment for **clients**, health-care providers, her/himself, and others to support **quality** services.

### Expected outcome

Clients can expect to be safe in the care of the physiotherapist and in the practice environment.

### Performance expectations

The physiotherapist:

- Adheres to safety best practices and applicable legislation to promote a safe practice environment.
- Maintains **competency** in safety protocols by participating in appropriate training related to safe environments, including adherence to occupational health and workplace safety legislation.
- Maintains a clean, accessible, and safe environment which promotes the safety of clients through all aspects of **physiotherapy service delivery**.
- Uses **routine practices** relevant to her/his practice context (e.g., **personal protective equipment**).
- Verifies clients' identities to confirm that the intended services are provided to the appropriate individuals.
- Informs clients about how to call for assistance if help is required during services.
- Incorporates appropriate measures to maintain the health and safety of clients, her/himself, and colleagues during the provision of **physiotherapy services**.
- Complies with reporting procedures related to **near misses** and incidents occurring in the workplace.
- Applies the appropriate safety procedures when using equipment in physiotherapy practice.

### Related Standards

- Client-Centered Care
- Communication
- Consent
- Infection Control
- Quality Improvement
- Risk Management

**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.

**Competence** is the degree to which an individual can use the knowledge, skills, and judgments associated with the profession to perform effectively within the domain of professional encounters defining the scope of professional practice. Competence is developmental, impermanent, and context-specific.

- Competency is the ability to perform a practice task with a specified level of proficiency.

**Near misses** refer to "a patient safety incident that did not reach the patient. Replaces 'close call.'"

**Personal protective equipment** refers to the use of items such as gloves, gowns and goggles to protect the physiotherapist during client treatment.

**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 patient care."

**Physiotherapy service delivery** refers to the period from the initial client assessment to discharge from services provided by the physiotherapist.

**Routine practices** are a comprehensive set of infection prevention and control measures that have been developed for use in the routine care of all patients at all times in all health-care settings. Routine practices aim to minimize or prevent health-care acquired infections in all individuals in the health-care setting, including patients, health-care workers, other staff, visitors and contractors. These include hand hygiene, point-of-care risk assessment and indications for and appropriate application of aseptic technique, handling client equipment, cleaning environment waste and sharps handling, etc.

# Standards of Practice

# Sexual Abuse and Sexual Misconduct

## Standard

This Standard of Practice is specific to addressing Sexual Abuse and Sexual Misconduct as defined in s. 1(1) of the *Health Professions Act*. This Standard of Practice establishes who is considered a **patient** for the purpose of a complaint of unprofessional conduct in relation to Sexual Abuse and Sexual Misconduct and the performance requirements of the College of Physiotherapists of Alberta members.

The physiotherapist abstains from conduct, behaviour or remarks directed towards a patient that constitutes **sexual abuse** or **sexual misconduct**.

## Expected outcome

A patient can expect **physiotherapy services** will be free from conduct, behaviour or remarks of a **sexual nature**, and the physiotherapist will maintain professional boundaries appropriate to the **therapeutic relationship** in all interactions.

## Performance expectations

The physiotherapist:

- Clearly and thoroughly explains any physiotherapy service which could potentially be perceived to be sexual in nature, taking all reasonable steps to confirm the patient's understanding of the service and its rationale, and obtaining informed **consent** prior to engaging in the service.
- Abstains from all forms of conduct towards a patient that constitutes sexual abuse for the duration of the therapeutic relationship, which extends for one year (365 days) from the date of the last documented physiotherapy service provided.
- Abstains from conduct, behaviour, or remarks directed towards a patient that constitutes sexual misconduct for the duration of the therapeutic relationship, which extends for one year (365 days) from the date of the last documented physiotherapy service provided.
- Abstains from commencing an intimate or sexual relationship with a patient for the duration of the therapeutic relationship, which extends for one year (365 days) from the date of the last documented physiotherapy service provided.
- Recognizes that due to the nature of **physiotherapy practice**, there is always an inherent power imbalance between the patient and the physiotherapist, and due to this inherent power imbalance, sexual relationships are prohibited for the duration of the therapeutic relationship, which extends for one year (365 days) from the date of the last documented physiotherapy service provided, even if the patient consents to the sexual relationship.
- Reports all instances where the physiotherapist has reasonable grounds to believe that the conduct of another **regulated member** of any College constitutes sexual abuse or sexual misconduct to the Complaints Director of the other regulated member's College.

- Recognizes conduct which constitutes sexual abuse or sexual misconduct as defined in the *Health Professions Act*, but which is not related to a patient as defined in the Sexual Abuse and Sexual Misconduct Standard of Practice, is not subject to this Standard. However, such conduct is subject to the Standards of Practice for Physiotherapists in Alberta and may still be considered unprofessional conduct under the *Health Professions Act*.

**Adult Interdependent Partner** is, subject to the Adult Interdependent Relationships Act, "a person is the adult interdependent partner of another person if:

- the person has lived with the other person in a relationship of interdependence
  - for a continuous period of not less than 3 years, or
  - of some permanence, if there is a child of the relationship by birth or adoption, or
- the person has entered into an adult interdependent partner agreement with the other person under section 7."

**Adult Interdependent Relationship** means the relationship between two persons who are adult interdependent partners of each other.

**Episodic care** refers to a single encounter with a patient focused on a presenting concern(s), where neither the physiotherapist nor patient have the expectation of an ongoing care relationship. The individual is considered a patient for the duration of the episode of care. A physiotherapist who engages in the type of activity described in the definition of sexual abuse or sexual misconduct while providing episodic care will be considered to have committed sexual abuse or sexual misconduct.

**Patient:** An individual is a patient of a physiotherapist when they are a recipient of physiotherapy services and a therapeutic relationship is formed. This occurs when a physiotherapist has engaged in one or more of the following activities:

- Gathered clinical information to assess an individual
- Contributed to a health record or file for the individual
- Provided a diagnosis
- Provided physiotherapy advice or treatment
- Charged or received payment from the individual or third party on behalf of the individual for physiotherapy services provided
- Received consent from an individual for recommended physiotherapy services

A patient is deemed discharged and no longer a patient if there have been no physiotherapy services provided for one year (365 days).

*Continued on next page...*



For the purposes of sexual abuse and sexual misconduct provisions in the Health Professions Act, an individual is not considered a patient if a current sexual, spousal, or adult interdependent partner relationship exists between the individual and the physiotherapist at the time the physiotherapist provides physiotherapy services.

OR

The physiotherapist has provided episodic care to a patient where neither the physiotherapist nor the patient have the expectation of an ongoing care relationship,

AND

48 hours have elapsed between the episode of care and the start of the sexual relationship or communication for the purpose of starting the sexual relationship.

**Physiotherapy practice**, as defined in Schedule 20 s. 3 of the Health Professions Act, is when physiotherapists do one or more of the following:

- a) assess physical function,
- b) diagnose and treat dysfunction caused by a pain, injury, disease or condition in order to develop, maintain and maximize independence and prevent dysfunction,
- 1) engage in research, education and administration with respect to health services delivery and the science, techniques and practice of physiotherapy, and
- c) provide restricted activities authorized by the regulations.

**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 patient care.”

**Regulated member** refers to an individual registered with a regulatory organization governed under the Health Professions Act, including physiotherapists.

**Sexual abuse** is defined in the Health Professions Act, and “means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- a) Sexual intercourse between a regulated member and a patient of that regulated member;
- b) Genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;
- c) Masturbation of a regulated member by, or in the presence of, a patient or that regulated member;
- d) Masturbation of a regulated member's patient by that regulated member;
- e) Encouraging a regulated member's patient to masturbate in the presence of that regulated member;
- f) Touching of a sexual nature of a client's genitals, anus, breasts or buttocks by a regulated member.”

**Sexual misconduct**, as defined in the Health Professions Act, “means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.”

**Sexual nature** does not include conduct, behaviour, or remarks that are appropriate to the service provided.

**Spouse** is defined as “a party to a marriage.” (Family Law Act, 46(g)) or “A legal marriage partner. This term includes both opposite and same-sex relationships but does not include common-law partnerships.”

**Therapeutic relationship** refers to the relationship that exists between a physiotherapist and a patient during the course of physiotherapy services. 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 patient in any way.

Due to the nature of physiotherapy practice, there is always an inherent power imbalance between the patient and their physiotherapist. Because of the existence of an inherent power imbalance, sexual relationships are prohibited for the duration of the therapeutic relationship even if the patient consents to the sexual relationship.

The therapeutic relationship extends from the time of initial professional contact between the physiotherapist and the patient until one year (365 days) from the date of the last documented physiotherapy service.

## Related Standards

- Consent
- Communication
- Legislative Responsibilities
- Professional Boundaries



# Standards of Practice **Supervision**

## Standard

The physiotherapist is responsible and accountable for the **physiotherapy services** provided by personnel working under her/his **supervision (supervisees)**.

## Expected outcome

**Clients** can expect that they are informed of the role of supervisees and that the services provided by supervisees are supervised by the physiotherapist.

## Performance expectations

The physiotherapist:

- Assigns only those tasks/activities that he/she is competent to perform.
- Assesses the knowledge and skills of supervisees, and assigns only those tasks/activities that fall within the supervisee's **competence**.
- Communicates to clients the roles, responsibilities, and accountability of supervisees participating in the delivery of physiotherapy services.
- Uses mechanisms (e.g., name tags, introduction) so that supervisees are readily identifiable.
- Assesses clients to determine those appropriate to receive services from supervisees, assigns tasks, and supervises accordingly and in compliance with applicable regulatory requirements.
- Obtains clients' **informed consent** for the delivery of services by supervisees.
- Employs supervision strategies (direct and indirect) to maintain client safety and the provision of **quality** care which take into account the competence of the supervisee, the client care needs, and other factors related to the practice environment.
- Establishes ongoing communication processes with supervisees.
- Monitors documentation by supervisees to confirm that this documentation is in accordance with regulatory requirements.
- Monitors and evaluates the delivery of services by supervisees.
- Reassesses clients, monitors outcomes, documents, and reassigns service delivery as determined by clients' needs.

- Complies with and is aware of legislative and regulatory rules regarding assignment of physiotherapy services, including restricted activities, to physiotherapy students and physiotherapist interns.
- Refrains from assigning the following activities to unregulated health providers in supervisee roles:
  - Restricted activities authorized to physiotherapists through relevant provincial legislation
  - 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
  - Initial discussion of treatment rationale, clinical findings and prognosis with clients
  - Documentation that should be completed by the physiotherapist
  - Discharge planning
  - Any task or procedure that requires continuous clinical judgment (i.e., **interventions** that include an evaluative component that immediately influences the client's treatment plan)
- Reassigns the supervision of supervisees when the physiotherapist is not available to supervise.
- Advises clients and employers that delivery of physiotherapy services by supervisees must be discontinued when the physiotherapist is no longer involved in client care.

**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.

**Competence** is the degree to which an individual can use the knowledge, skills, and judgments associated with the profession to perform effectively within the domain of professional encounters defining the scope of professional practice. Competence is developmental, impermanent, and context-specific.

- Competency is the ability to perform a practice task with a specified level of proficiency.

*Continued on next page...*

*Continued from last page...*

**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.”

**Interventions** refer to physiotherapy services that “include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices.”

**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 patient care.”

**Quality** of health-care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

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

**Supervisees** refers to students, assistants, and other support personnel.

## Related Standards

- Client Assessment, Diagnosis, Interventions
- Client-Centered Care
- Consent
- Documentation and Record Keeping
- Safety

# Standards of Practice

## Use of Title

### Standard

The physiotherapist uses her/his title, credentials, and other designations to clearly identify her/himself to **clients**, other health providers, and the public.

### Expected outcome

Clients can expect that the physiotherapist uses her/his protected title to facilitate clear identification during **physiotherapy service delivery**.

### Performance expectations

The physiotherapist:

- Is registered with the College of Physiotherapists of Alberta when using the protected title.
- Identifies her/himself using the protected title as outlined by the College of Physiotherapists of Alberta.
- Uses other credentials accurately, in association with and following the protected title, in a manner that has meaning for the public and according to regulatory requirements.
- Uses the title "Doctor" or "Dr" and/or clinical specialist designations in accordance with regulatory requirements and any criteria established by Council.
- Reports the unauthorized use of the protected title to the College of Physiotherapists of Alberta.

**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.

**Physiotherapy service delivery** refers to the period from the initial client assessment to discharge from services provided by the physiotherapist.

### Related Standards

- Advertising
- Legislative Responsibilities

# Glossary

**Adult Interdependent Partner** is, subject to the *Adult Interdependent Relationships Act*, “a person is the adult interdependent partner of another person if:

- a) the person has lived with the other person in a relationship of interdependence
  - (a.1) for a continuous period of not less than 3 years, or
  - (a.2) of some permanence, if there is a child of the relationship by birth or adoption, or
- b) the person has entered into an adult interdependent partner agreement with the other person under section 7.”

**Adult Interdependent Relationship** means the relationship between two persons who are adult interdependent partners of each other.

**Adverse events** refer to “an event that results in unintended harm to the patient and is related to the care and/or services provided to the patient rather than to the patient’s underlying condition.”<sup>1</sup>

**Client-centered approach** refers to “an approach which recognizes the physiotherapist’s expertise and values, respect for and partnership with the people receiving physiotherapy care, including the client’s ability to make key choices in services delivered.”<sup>2</sup>

**Clients** (does not apply to Sexual Abuse and Sexual Misconduct Standard) 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.<sup>3</sup>

**Collaborative practice** refers to “the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships.”<sup>4</sup>

**Competence** is the degree to which an individual can use the knowledge, skills, and judgments associated with the profession to perform effectively within the domain of professional encounters defining the scope of professional practice.<sup>5</sup> Competence is developmental, impermanent, and context-specific.<sup>6</sup>

**Competency** is the ability to perform a practice task with a specified level of proficiency.

**Complementary** refers to “use of two things when each adds something to the other or helps to make the other better, going together well, working well together.”<sup>7</sup>

**Comprehensive** refers to “complete; including all or nearly all elements or aspects of something.”<sup>8</sup>

**Concurrent treatment** refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”<sup>9</sup>

**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).”<sup>10</sup>

**Conflicts of interest** refers to situations that arise when the physiotherapist has a relationship or interest that may be seen as improperly influencing their professional judgment or ability to act in the best interest of the client.”<sup>11</sup>

**Electronic communication, social media** refers to “software, applications (including those running on mobile devices), email and websites, which enable users to interact, create and exchange information online.”<sup>12</sup> While not strictly speaking electronic communication or social media, the use of videography or the taking and communication of photographs are included in this definition relating to technology.

**Episodic care** refers to a single encounter with a patient focused on a presenting concern(s), where neither the physiotherapist nor patient have the expectation of an ongoing care relationship. The individual is considered a patient for the duration of the episode of care. A physiotherapist who engages in the type of activity described in the definition of sexual abuse or sexual misconduct while providing episodic care will be considered to have committed sexual abuse or sexual misconduct.

**Evidence-informed practice** is “derived from evidence-based practice<sup>13</sup> 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.”<sup>14</sup>

**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 patients, from health-care workers to patients, and from patients to health-care workers in the health-care setting.”<sup>15</sup>

**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.”<sup>16</sup>

**Interventions** refer to physiotherapy services that “include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices.”<sup>17</sup>

**Near misses** refer to “a patient safety incident that did not reach the patient. Replaces ‘close call.’”<sup>18</sup>

**Patient** (in regards to Sexual Abuse and Sexual Misconduct Standard): An individual is a patient of a physiotherapist when they are a recipient of physiotherapy services and a therapeutic relationship is formed. This occurs when a physiotherapist has engaged in one or more of the following activities:

- Gathered clinical information to assess an individual
- Contributed to a health record or file for the individual
- Provided a diagnosis
- Provided physiotherapy advice or treatment
- Charged or received payment from the individual or third party on behalf of the individual for physiotherapy services provided
- Received consent from an individual for recommended physiotherapy services

A patient is deemed discharged and no longer a patient if there have been no physiotherapy services provided for one year (365 days).

For the purposes of sexual abuse and sexual misconduct provisions in the *Health Professions Act*, an individual is not considered a patient if a current sexual, spousal, or adult interdependent partner relationship exists between the individual and the physiotherapist at the time the physiotherapist provides physiotherapy services.

OR

The physiotherapist has provided episodic care to a patient where neither the physiotherapist nor the patient have the expectation of an ongoing care relationship,

AND

48 hours have elapsed between the episode of care and the start of the sexual relationship or communication for the purpose of starting the sexual relationship.

**Personal information** refers to “information about an identifiable individual that is included in any form including... information relating to the education or the medical, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved...”<sup>19</sup>

**Personal protective equipment** refers to the use of items such as gloves, gowns and goggles to protect the physiotherapist during client treatment.

**Physiotherapy practice**, as defined in Schedule 20 s. 3 of the *Health Professions Act*, is when physiotherapists do one or more of the following:

- a) assess physical function,
- b) diagnose and treat dysfunction caused by a pain, injury, disease or condition in order to develop, maintain and maximize independence and prevent dysfunction,
  - 1) engage in research, education and administration with respect to health services delivery and the science, techniques and practice of physiotherapy, and
- c) provide restricted activities authorized by the regulations.

**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 patient care.”<sup>20</sup>

**Physiotherapy service** delivery refers to the period from the initial client assessment to discharge from services provided by the physiotherapist.

**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”<sup>21</sup>

**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.”<sup>22</sup>

**Professional boundaries** set the limitations around relationships between clients and health-care providers to ensure the delivery of safe, ethical, client-centered care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with patients that are free of abuse, sexual and/or romantic encounters.<sup>23</sup>

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

**Quality of health-care services** refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety”<sup>24</sup> of the services provided.

**Quality improvement** refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders – health-care professionals, patients and their families, researchers, planners, and educators – to make better and sustained improvements.”<sup>25</sup>

**Regulated member** refers to an individual registered with a regulatory organization governed under the *Health Professions Act*, of Alberta or another provincial/territorial regulatory organization including physiotherapists.

**Risk management** refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.”<sup>26</sup>

**Routine practices** are a comprehensive set of infection prevention and control measures that have been developed for use in the routine care of all patients at all times in all health-care settings. Routine practices aim to minimize or prevent health-care acquired infections in all individuals in the health-care setting, including patients, health-care workers, other staff, visitors and contractors. These include hand hygiene, point-of-care risk assessment and indications for and appropriate application of aseptic technique, handling client equipment, cleaning environment waste and sharps handling, etc.<sup>27, 28</sup>

**Sexual abuse** is defined in the *Health Professions Act*, and “means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- a. Sexual intercourse between a regulated member and a patient of that regulated member;
- b. Genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;
- c. Masturbation of a regulated member by, or in the presence of, a patient or that regulated member;
- d. Masturbation of a regulated member’s patient by that regulated member;
- e. Encouraging a regulated member’s patient to masturbate in the presence of that regulated member;
- f. Touching of a sexual nature of a client’s genitals, anus, breasts or buttocks by a regulated member.”

**Sexual misconduct**, as defined in the *Health Professions Act*, “means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient’s health and well-being but does not include sexual abuse.”

**Sexual nature** does not include conduct, behaviour, or remarks that are appropriate to the service provided.

**Spouse** is defined as “a party to a marriage.” (*Family Law Act*, 46(g)) or “A legal marriage partner. This term includes both opposite and same-sex relationships but does not include common-law partnerships.”

**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.”<sup>29</sup>

**Supervision** is “the action or process of watching and directing what someone does or how something is done.”<sup>30</sup>

**Supervisees** refers to students, assistants, and other support personnel.

**Therapeutic relationship** (in regards to Sexual Abuse and Sexual Misconduct Standard) refers to the relationship that exists between a physiotherapist and a patient during the course of physiotherapy services. 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 patient in any way.

Due to the nature of physiotherapy practice, there is always an inherent power imbalance between the patient and their physiotherapist. Because of the existence of an inherent power imbalance, sexual relationships are prohibited for the duration of the therapeutic relationship even if the patient consents to the sexual relationship.

The therapeutic relationship extends from the time of initial professional contact between the physiotherapist and the patient until one year (365 days) from the date of the last documented physiotherapy service.

**Therapeutic relationship** refers to the relationship that exists between a physical therapist and a client during the course of physical therapy treatment. The relationship is based on trust, respect, and the expectation that the physical therapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.<sup>31</sup>

**Timely** refers to “happening at the correct or most useful time: not happening too late.”<sup>32</sup>



# References

1. Safety Competencies: Enhancing Patient Safety Across the Health Professions. Available at: <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf>
2. The College of Physiotherapists of Alberta. (2012). Standards of Practice for Alberta Physiotherapists. Available at: <https://www.cpta.ab.ca/for-physiotherapists/regulatory-expectations/standards-of-practice/>
3. Adapted from National Physiotherapy Advisory Group. (2016). Essential Competencies and Entry to Practice Milestones. (Presently under development.)
4. Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)
5. Kane, M. T. (1992). The Assessment of Professional Competence. Evaluation & The Health Professions, Vol. 15, No. 2, 163-182, Sage Publications Inc.
6. Epstein, R. M., & Hundert, E. M. (2002). Defining and Assessing Professional Competence. Journal of the American Medical Association, 287, 226-235.
7. Merriam-Webster. (2015). Online Dictionary. Available at: <http://www.merriam-webster.com/dictionary/complementary>
8. Merriam-Webster. (2015). Online Dictionary. Available at: <http://www.merriam-webster.com/dictionary/comprehensive>
9. College of Physiotherapists of Ontario. (2007). Concurrent Treatment of a Patient by a Physiotherapist and another Health care Professional - Standards for Professional Practice. Available at: [http://www.collegept.org/Assets/website/registrants/guideenglish/standards\\_framework/standards\\_practice\\_guides/StandardConcurrentTreatmentOfPatient.pdf](http://www.collegept.org/Assets/website/registrants/guideenglish/standards_framework/standards_practice_guides/StandardConcurrentTreatmentOfPatient.pdf)
10. Indiana University Office of Research Administration. (2015). FAQs What is the Difference between Confidentiality and Privacy? Available at: <https://www.indiana.edu/~orafaq/faq/index>
11. The College of Physiotherapists of Alberta. (2012). Standards of Practice for Alberta Physiotherapists. Available at: <https://www.cpta.ab.ca/for-physiotherapists/regulatory-expectations/standards-of-practice/>
12. Ontario College of Teachers. (2011). Professional Advisory Use of Electronic Communication and Social Media. Available at: <https://www.oct.ca/-/media/PDF/Advisory%20Social%20Media/ProfAdvSocMediaENPRINT.pdf>
13. Sackett D.L., Straus S.C., Richardson W.S., Rosenbert W. & Harnes R.B. (2000). Evidence Based Medicine: How to practice and teach EBM. (2nd ed). Edinburgh: Churchill Livingstone.
14. National Physiotherapy Advisory Group. (2016). Essential Competencies and Entry to Practice Milestones. (Presently under development.)
15. College of Physiotherapists of Ontario. (2012). Infection Control - Standards for Professional Practice. Available at: [http://www.collegept.org/Assets/website/registrants/guideenglish/standards\\_framework/standards\\_practice\\_guides/Standard\\_Infection\\_Control\\_120726.pdf](http://www.collegept.org/Assets/website/registrants/guideenglish/standards_framework/standards_practice_guides/Standard_Infection_Control_120726.pdf)
16. The College of Physiotherapists of Alberta. (2012). Standards of Practice for Alberta Physiotherapists. Available at: <https://www.cpta.ab.ca/for-physiotherapists/regulatory-expectations/standards-of-practice/>
17. National Physiotherapy Advisory Group. (2009). Essential Competency Profile for Physiotherapists in Canada. Available at: <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf> (This document is presently being updated.)
18. Canadian Patient Safety Institute. (2012). Canadian Incident Analysis Framework. Available at: <http://www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Documents/Canadian%20Incident%20Analysis%20Framework.PDF#search=near%20misses>
19. Office of the Privacy Commissioner of Canada. (2015). Frequently Asked Questions - What is personal information? Available at: [https://www.priv.gc.ca/faqs/index\\_e.asp#q003](https://www.priv.gc.ca/faqs/index_e.asp#q003)
20. National Physiotherapy Advisory Group. (2016). Essential Competencies and Entry to Practice Milestones. (Presently under development.)
21. Plain Language Action and Information Network. (2016). What is plain language? Available at: <http://www.plainlanguage.gov/whatisPL/>
22. Indiana University Office of Research Administration. (2015). FAQs What is the Difference between Confidentiality and Privacy? Available at: <https://www.indiana.edu/~orafaq/faq/index.php?template=standaloneFAQ&action=artikel&cat=24&id=188&artlang=en>
23. Adapted from College of Physical Therapists of Alberta. (2007). Therapeutic Relationships Establishing and Maintaining Professional Boundaries. Available at: [http://www.physiotherapyalberta.ca/physiotherapists/resources\\_to\\_help\\_you\\_meet\\_practice\\_standards/therapeutic\\_relationships](http://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/therapeutic_relationships)
24. Health Quality Council of Alberta. (2005). Alberta Quality Matrix for Health. Available at: [https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA\\_Quality\\_Matrix\\_061713.pdf](https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf)
25. Health Quality Ontario. (2015). What is Quality Improvement? Available at: <http://www.hqontario.ca/Quality-Improvement>
26. Hubbard, D. (2009). The Failure of Risk Management: Why it is Broken and How to Fix it. John Wiley & Sons. P. 46.
27. World Health Organization. (2006). Infection Control Standard Precautions in Health Care. Available at: [http://www.who.int/csr/resources/publications/4EPR\\_AM2.pdf](http://www.who.int/csr/resources/publications/4EPR_AM2.pdf)
28. Public Health Agency of Canada (2013) Routine Practices and Additional Precautions for preventing transmission of infections in healthcare settings (<http://publications.gc.ca/site/eng/440707/publication.html>)
29. Fawcett, A. J. L. (2007). Principles of Assessment and Outcome Measurement for Occupational Therapists and Physiotherapists: Theory, Skills and Application. Hoboken, NJ; Chichester, West Sussex, England: John Wiley & Sons.
30. Merriam-Webster. Supervision. Available at: <http://www.merriam-webster.com/dictionary/supervision> Accessed March 6, 2015.
31. Adapted from the College of Physical Therapists of Alberta. (2007). Therapeutic Relationships Establishing and Maintaining Professional Boundaries - a Resource Guide for Physical Therapists. Available at: [https://www.physiotherapyalberta.ca/files/guide\\_therapeutic\\_relations.pdf](https://www.physiotherapyalberta.ca/files/guide_therapeutic_relations.pdf)
32. Merriam-Webster. (2015). Online Dictionary. Available at: <http://www.merriam-webster.com/dictionary/timely>