



Standards of Practice

For Physiotherapists in Alberta

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The Standards of Practice (with the exception of Continuing Competence, Performance of Restricted Activities, and Sexual Abuse and Sexual Misconduct Standards) were circulated to registrants and the Minister of Health for feedback in 2023 and were approved by Council. They are effective as of January 1, 2025. The Continuing Competence and Restricted Activities Standards have been and continues to be in effect since March 31, 2023. The Sexual Abuse and Sexual Misconduct Standard has been and continues to be in effect since March 2019.

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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.¹ In 2016, a set of Core Standards of Practice were developed to reflect current and future practice trends and to be generally applicable to all physiotherapists in Canada.

Standards of practice are living documents. They change as practice evolves. Physiotherapy regulators are committed to reviewing the Standards on a regular schedule. In 2022, Canadian physiotherapy regulators engaged in a review and revision of the Core Standards using a risk-based and data-driven approach. These standards have since been renamed the Model Standards of Practice for Canadian Physiotherapists.

The Model 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 2022 Model Standards serve as the foundation for the Standards of Practice for Alberta Physiotherapists 2025, with adjustments made to the Standards to address specific requirements of the Government of Alberta and other jurisdictional needs.

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 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-centred 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 Standards of Practice are organized

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

- A standard statement that outlines the expected performance of the regulated member.
- An expected outcome that describes what clients can expect from services when the Standard is met by the physiotherapist.
- Performance expectations that outline the actions that must be demonstrated by the physiotherapist to indicate how the Standard is met in practice. The expectations are not all inclusive nor are they listed in order of importance.
- Related Standards that provide complementary and/or additional information related to the specific Standard.
- Legislation in place in Alberta related to each Standard should also be considered. In Alberta this includes, but is not limited to, the *Health Professions Act*, the *Physical Therapists Profession Regulation*, the *Health Professions Restricted Activity Regulation*, the *Personal Information Protection Act*, the *Health Information Act*, the *Diagnostic and Treatment Protocol Regulations*, and the *Workers' Compensation Act*.

Standards of Practice

Advertising and Marketing

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

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

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

Free physiotherapy services may be provided for the purposes of:

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

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

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

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

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

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

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

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Promotional Activities: include any effort made by an individual or business to communicate with potential customers. Promotional activities have two main purposes, to inform customers about your products, prices and services and to persuade customers to buy the products and services you sell. Includes personal selling, direct marketing, advertising, sales promotion, publicity, and public relations.

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

Related Standards

- Dual Practice
- Evidence-Informed Practice
- Titles, Credentials, and Specialty Designations

Standards of Practice

Assessment, Diagnosis, and Treatment

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

- Obtains clients' ongoing **informed consent** to proposed physiotherapy services.
- Applies professional judgment to select and apply appropriate assessment procedures to evaluate clients' health status. Appropriate assessment includes taking a history and completing a physical examination relevant to presenting symptoms.
- Uses **standardized measures** as available to assess and reassess the client's condition and progress.
- Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the scope of practice of the physiotherapy profession and the physiotherapist's individual competence.
- Addresses client's physiotherapy needs and goals by employing professional judgment to develop sensible and practical treatment plans that are consistent with the assessment findings.
- Applies treatment procedures safely and effectively.
- Assigns appropriate tasks to **supervisees** with clients' consent.
- Re-evaluates, monitors, and documents clients' responses throughout the course of treatment.
- Makes adjustments and/or discontinues physiotherapy services that are no longer required or effective.
- Makes appropriate referrals when clients' needs are best addressed in **collaboration** with or by another provider.
- Employs professional judgment to plan and implement discharge plans appropriate for the client's needs, goals, and progress.
- Provides client education to enable and optimize clients' transition to self-management.

- Promotes continuity in service by collaborating and facilitating clients' transition from one health sector or provider to another.
- Delivers only those physiotherapy services that are clinically indicated for clients and that they are competently able to provide.

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.

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

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."¹⁶

Procure means to obtain something by particular care and effort.

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

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

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

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

Supervisee means an individual who is working under supervision.

Related Standards

- Informed Consent
- Supervision

Standards of Practice

Boundary Violations

Standard

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

Expected outcome

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

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

Performance expectations

The physiotherapist:

- Complies with the Sexual Abuse and Sexual Misconduct Standard of Practice and is aware that interactions with clients, colleagues, students, and others may contravene this standard even if they do not constitute a contravention of the Sexual Abuse and Sexual Misconduct Standard of Practice.

In regard to therapeutic relationships with clients, the physiotherapist:

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

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

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

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

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

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

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

Therapeutic Relationship refers to the relationship that exists between a physiotherapist and a 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

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

Standards of Practice Communication

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

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

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

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

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

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

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

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

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

Related Standards

- Collaboration
- Informed Consent
- Privacy

Standards of Practice

Concurrent Care

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

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

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

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

Related Standards

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

Standards of Practice

Conflict of Interest

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

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

- Provide full disclosure of the conflict of interest to clients and others as appropriate, and
- Document in a complete, transparent, and timely manner how the conflict was managed.
- Avoids providing services to individuals with whom they have 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) the physiotherapist must:
 - Identify the risks related to providing the physiotherapy services and the measures they can adopt to limit these risks.
 - Document and disclose the conflict of interest to the client indicating how the relationship is to the client's benefit and complies with regulatory requirements.
 - Follow formal processes and document all physiotherapy services provided.

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

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

Other benefit includes but is not limited to gifts of materials or equipment, preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist.

Related Standards

- Title, Credentials, and Specialty Designations

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



Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

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

Components of a complete client record

The physiotherapist:

- Confirms that the following information is retained as part of a complete client record:
 - Details of clinical care
 - Records of client attendance, including declined, missed, or cancelled appointments
 - Financial records, in situations where fees for services or products have been charged
 - Details or copies of all incoming or outgoing verbal or written communication with or regarding the client
 - Details of disclosures of client health information to another party, including the name of the individual to whom health information was disclosed, the date and identified purpose of the disclosure, and a description of the information disclosed.

Details of clinical care

The physiotherapist:

- Includes in the client record detailed chronological information including:
 - Unique client identifier on each discrete part (each page) of the client record
 - Client's reason for attendance
 - Mechanism of service delivery (e.g., virtual, in-person)
 - Client's relevant health, family, and social history
 - Date of each treatment session or professional interaction including declined, missed, or cancelled appointments, telephone, or electronic contact

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

Quality of documentation

The physiotherapist:

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

Financial records

The physiotherapist:

- Maintains accurate and complete financial records related to fees charged for the provision of physiotherapy services and sales of products.
- Financial records must include:
 - Identification of the service provider and the organization, date of service, and physiotherapy service or product provided
 - Client's unique identification

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- Fee for a physiotherapy service or product, including any interest charges or discounts provided
- Method of payment, date payment was received, and identity of the payer
- Any balance owing

Electronic medical records

The physiotherapist:

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

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

Related Standards

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

Standards of Practice

Dual Practice

Physiotherapists may provide more than one role within the health or wellness systems (e.g., acupuncturist, chiropractor, personal trainer). This standard establishes the regulatory expectations when a physiotherapist is fulfilling more than one role.

Standard

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

Expected Outcomes

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

Performance expectations

The physiotherapist:

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

Related Standards

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

Standards of Practice

Duty of Care

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

- Takes responsibility for maintaining an effective therapeutic relationship.
- Facilitates shared decision-making by taking the time to provide education regarding the client's condition, supporting health literacy and facilitating the transition to self-management.
- Does not provide a physiotherapy service when the client's condition indicates that commencing or continuing the physiotherapy service is not warranted or is contraindicated.
- Recognizes that clients have the right to make informed decisions about their own care, even when the physiotherapist believes the decisions may put the client's health at risk.
- Does not allow their personal judgments about a client, the client's lifestyle, or health choices to compromise the client's physiotherapy care. The physiotherapist does not withdraw or refuse to provide care due to the physiotherapist's judgments about a client, the client's lifestyle, or health choices.
- Employs respectful conflict resolution strategies when conflict arises.
- Makes appropriate arrangements for continuity of care during planned absences and when leaving a practice setting.
- When discharging a client in need of ongoing care, the physiotherapist:
 - Must not abandon clients.
 - Must document their reasons for discontinuing care.
 - Must advise the client of their decision to discontinue care and rationale.

- Ensures continuity of care, making appropriate arrangements for transfer of care to another physiotherapist or providing the client with information regarding other physiotherapy service options.
- Provides care until transfer to another physiotherapist can be arranged or provides a reasonable opportunity for the client to arrange alternate physiotherapy services.
- May discharge a client without providing for continuity of care if:
 - The client poses a safety risk to the physiotherapist or others within the practice setting
 - The client is abusive (physically, verbally, emotionally, or sexually) towards the physiotherapist or others within the practice setting.

Related Standards

- Assessment, Diagnosis, Treatment
- Communication
- Informed Consent

Standards of Practice

Evidence-Informed Practice

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

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

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

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

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

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

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

Related Standards

- Assessment, Diagnosis, Treatment
- Competence

Standards of Practice

Funding, Fees, and Billing

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

- Maintains current knowledge of relevant funding sources for physiotherapy services and complies with funding requirements, policies, and procedures.
- Prior to the client being subject to any fee, confirms the client or payor has been provided a **comprehensive** fee schedule that includes transparent and accurate information about billing policies and all potential charges, including but not limited to:
 - Assessment and treatment fees
 - Fees for copies and reports of client records
 - Equipment and any additional fees
 - Fees and policies related to **bundled physiotherapy services**
 - Cancellation or late fees and interest charges
 - Refund policies.
- Makes a reasonable effort to ensure that clients understand the fees and billing practices of the physiotherapist before they become subject to them.
- Establishes fees for access to client records that are:
 - Consistent with the requirements of applicable legislation
 - Reflect the costs of providing a copy of the client record
 - Consistent regardless of the party requesting access
- **Promptly** provides clients and/or payers with clear, transparent, accurate, and comprehensive invoices or receipts and all explanations required so that the client understands the fees charged and terms of payment.
- Does not represent non-physiotherapy services as physiotherapy on invoices or receipts.

- Is responsible for all billing under their registration number and to identify and correct any errors promptly.
- Employs policies and measures to mitigate the risks related to pre-payment of services before accepting pre-payment or engaging in bundled service provision, including but not limited to:
 - Providing the client with the option to purchase one service at a time
 - Providing refunds for unused physiotherapy services
 - Issuing physiotherapy receipts only after physiotherapy services are delivered
- Resolves issues arising from billing disputes.
- If selling products, must inform the client that they have the option to purchase the product from another supplier, and that their choice to do so will not affect their physiotherapy services.

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

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

Promptly means with little or no delay.

Related Standards

- Communication
- Conflict of Interest
- Documentation
- Dual Practice
- Title, Credentials, and Specialty Designations

Standards of Practice

Health Equity and Anti-Discrimination

For the purposes of this standard, **identity, culture, and individual characteristics** refer to an individual's personal traits and the communities to which the person belongs. This can include but is not limited to characteristics such as physical appearance, body size and shape, use of mobility aids, and identity factors such as religion, ethnicity, sexual identity, gender identity, or social group. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.

Standard

The physiotherapist demonstrates respect towards people of all identities, cultures, and individual characteristics and seeks to provide safe, equitable access to physiotherapy services incorporating an **anti-discrimination** approach to all aspects of physiotherapy service delivery.

Expected outcomes

Clients can expect that the physiotherapist will demonstrate respect and seek to provide care that is safe, equitable, and inclusive of the client's **identity, culture, and individual characteristics**.

Performance expectations

Reflective practice and education

The physiotherapist:

- Identifies, reflects on, and does not act on any stereotypes or assumptions they may hold about a client based on the client's identity, culture, or individual characteristics.
- Reflects on how their privileges, **biases**, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with clients.
- Responds to feedback on their own behaviour towards clients in relation to respect for the client's identity, culture, and individual characteristics.
- Participates in ongoing education on privilege, discrimination, systems of oppression, social determinants of health, **cultural safety** and **cultural humility**, and social justice.
- Learns about the negative effects of discrimination and trauma and their impacts on clients during health-care experiences.

Creating safe health-care experiences

- Works to identify, address, prevent, and eliminate discrimination within the practice setting and their sphere of influence.

- Takes appropriate action when they observe others acting in a discriminatory manner by:
 - Helping others to identify and eliminate discriminatory attitudes, language, or behaviour.
 - Supporting clients, colleagues, and others who experience and/or report acts of discrimination.
 - Reporting acts of discrimination to leadership and other appropriate authorities.
- Creates safe, equitable health-care experiences free from discrimination for the client by seeking to understand how the client's identity, culture, individual characteristics, values, and beliefs may affect their experience of care, incorporating this understanding in all aspects of physiotherapy service delivery.
- Treats clients with respect and empathy by:
 - Recognizing that bias (implicit and explicit) negatively affects client care and patient outcomes.
 - Acknowledging and respecting the client's identity, culture, and individual characteristics.
 - Being open to learning from the client and others, listening to and seeking to understand the client's lived experiences.
 - Treating clients and their families with compassion.
 - Providing the client with the necessary time and space to share their needs and goals.
 - Providing clear information about the physiotherapy options available, including information about what the client may experience during the health-care encounter.
 - Communicating information in a way that is understandable to the client.
- Adjusts their approach to address the client's physical, mental/emotional, spiritual, and cultural needs.
- Facilitates the involvement of the client's family and others when desired by the client.

Strengths-based and trauma-informed practice

- Works with the client to incorporate their personal strengths that will support the achievement of their health and physiotherapy goals.
- Recognizes the potential presence of trauma in a client's life and adapts their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- Recognizes that trauma may affect how clients view, access, experience, and interact with the health-care system.

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Anti-discrimination is a form of action against discrimination, systemic racism and the oppression of marginalized groups. An anti-discrimination mindset is based on conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.

Bias is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. This can include both explicit and implicit bias. Implicit bias refers to having attitudes, stereotypes, or prejudices towards people or groups without being consciously aware of them.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Identity, culture and individual characteristics refers to an individual's personal traits and the communities to which a person belongs. This can include but is not limited to characteristics such as physical appearance, body size and shape, use of mobility aids, and identity factors such as religion, ethnicity, sexual identity, gender identity or social group. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.

Social justice refers to fairness as it manifests within society and includes fairness in health care. Social justice depends on four key principles or goals: human rights, access, participation, and equity.

Systems of oppression refers to society level norms or structures that give advantage or disadvantage to individuals or groups, regardless of whether individuals want or are aware of it. These systems can result in dire health effects. This can include but is not limited to racism, sexism, heterosexism, cisgenderism, ableism, classism, anti-Semitism, Islamophobia and anti-fatness. Individuals inhabit more than one social location, meaning that each person's lived experience includes a combination of intersecting systems of oppression.

Related Standards

- Communication
- Continuing Competence
- Indigenous Cultural Safety and Humility

Acknowledgment: this Standard is based on the Indigenous Cultural Safety, Humility, and Anti-racism Standard (2022) first developed by the British Columbia College of Nurses and Midwives and the College of Physicians and Surgeons of British Columbia.

Standards of Practice

Indigenous Cultural Safety and Humility

Standard

The physiotherapist demonstrates cultural humility and strives to provide culturally safe physiotherapy services when working with Indigenous clients.

Expected outcomes

Indigenous clients can expect that the physiotherapist will demonstrate respect and seek to understand the client's values, beliefs, and identity, incorporating this understanding into all aspects of physiotherapy service delivery.

Performance expectations

Reflective practice

The physiotherapist:

- Reflects on the biases they hold towards Indigenous People and how these may impact the therapeutic relationship with Indigenous clients.
- Reflects on how their privileges, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- Reflects on, identifies, and does not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- Evaluates and seeks feedback on their own behaviour towards Indigenous Peoples.

Building knowledge through education

The physiotherapist:

- Participates in ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- Learns about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health-care system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and transgender Indigenous people.
- Learns about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health-care experiences.
- Learns about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

- Learns about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects Indigenous Peoples' health and health-care experiences.

Anti-racist practice

The physiotherapist:

- Takes appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
 - Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
 - Supporting clients, colleagues and others who experience and/or report acts of racism.
 - Reporting acts of discrimination to leadership and other appropriate authorities.

Creating safe health-care experiences

The physiotherapist:

- Treats clients with respect and empathy by:
 - Acknowledging the client's cultural identity.
 - Listening to and seeking to understand the client's lived experiences.
 - Acknowledging and seeking to address the barriers the client encounters when seeking health services.
 - Treating clients and their families with compassion.
 - Being open to learning from the client and others.
- Cares for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- Acknowledges and incorporates into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, that are meaningful to the client, where able.
- Facilitates the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) when desired by the client.

Relational care

The physiotherapist:

- Develops respectful, supportive, and reciprocal relationships with Indigenous clients and community members.

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- Respectfully learns about the client and the reasons the client has sought physiotherapy services.
- Engages with clients and their identified support persons to identify, understand, and address the client's health and wellness goals.
- Actively supports the client's right to decide on their course of care.
- Provides the client with the necessary time and space to share their needs and goals.
- Communicates effectively with clients by:
 - Providing clear information about the health-care options available, including information about what the client may experience during the health-care encounter.
 - Ensuring information is communicated in a way that the client can understand.

Acknowledgement: This Standard is based on the Indigenous Cultural Safety, Humility, and Anti-racism Standard (2022) first developed by the British Columbia College of Nurses and Midwives and the College of Physicians and Surgeons of British Columbia.

Related Standards

- Communication
- Continuing Competence
- Health Equity and Anti-Racism

Strengths-based and trauma-informed practice

The physiotherapist:

- Works with the client to incorporate their personal strengths to support the achievement of their health and wellness goals.
- Recognizes the potential for trauma (personal or intergenerational) in a client's life and adapts their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- Recognizes that colonialism and trauma may affect how clients view, access, and interact with the health-care system.
- Recognizes that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health-care system and considers the impact gender-specific trauma may have on the client.

Standards of Practice

Infection Control

Standard

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

Expected outcome

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

Performance expectations

The physiotherapist:

- Acquires education, training, and proficiency regarding best practice recommendations for infection prevention and control relevant to their practice.
- Applies infection prevention and control techniques and current best practice recommendations relevant to their physiotherapy practice consistently and effectively. This includes:
 - Conducting a **Point of Care Risk Assessment** prior to each client interaction.
 - Employing the **personal protective equipment** indicated by the Point of Care Risk Assessment.
 - Completing effective hand hygiene before and after each client interaction.
 - Practicing effective respiratory hygiene.
- Ensures all physiotherapy spaces and equipment are cleaned and disinfected prior to client use.
- Disposes of devices and materials according to best practice recommendations and established protocols.
- Follows manufacturer's specifications, relevant legislation, and Alberta Health standards and policies for the use, cleaning, disinfection, and reprocessing of equipment and devices.
- Documents details of reprocessing and sterilization of reusable critical and semi-critical medical equipment including parameters used. Retains this documentation for five (5) years.
- Is aware of and fulfills their legislated responsibilities regarding public health and worksite safety.

Best practice recommendations refers to the advice or direction provided by public health experts, Medical Officers of Health, or as reported in relevant guidance documents.

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

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

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

Related Standards

- Assessment, Diagnosis, Treatment
- Risk Management and Safety

Standards of Practice

Informed Consent

Standard

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

Expected outcomes

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

Performance expectations

The physiotherapist:

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

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

Beneficence is the ethical principle of doing what is good with respect to the welfare of the client. The physiotherapist should provide benefit to the client's health.

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

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

Related Standards

- Assessment, Diagnosis, Treatment
- Communication

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, answering an explicit clinical question, or altering or advancing 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.

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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

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

Courtesy Register: refers to the register that physiotherapists may apply to if they are currently registered in another jurisdiction and require temporary entry to Alberta for an approved purpose.

Direct Supervision: means that the supervisor is present in the treatment room or cubicle, and able to directly observe/ assess competence, provide input into the supervisee's performance, and intervene if a safety concern arises.

Indirect Supervision: refers to a range of methods employed to monitor the performance of a supervisee on an ongoing basis without employing direct observation. Indirect supervision is employed after a supervisor is satisfied that a supervisee has demonstrated a reasonable level of competence in a particular practice context and with a specific patient population.

Related Standards

- Continuing Competence
- Risk Management and Safety
- Supervision

Standards of Practice

Privacy and Record Retention

Standard

The physiotherapist maintains the privacy and confidentiality of **health information** and complies with the requirements of the *Health Information Act* (HIA, the Act), Health Information Regulation (HIR, the Regulations), and other privacy legislation relevant to their practice.

Expected outcome

Clients can expect that:

- The physiotherapist will limit their collection of health information to that which is needed to provide physiotherapy services.
- Their health information is confidential and will be collected, used, and disclosed as authorized by the *Health Information Act* and with the highest degree of anonymity possible.
- They will know when their health information is collected, who will have access to it, how it is used, how it is protected, and conditions for disclosure.
- Their consent for the disclosure of their health information will be sought when required by the *Health Information Act* or other applicable legislation.

Performance expectations

The physiotherapist:

- Knows that they are a **custodian** of health information and retains responsibility for health information in their custody or control unless they are acting as an **affiliate** in relation to a designated custodian.
- Knows and fulfills their role-related obligations and duties under the *Health Information Act*.
- Ensures that health information is always under the custody and control of a custodian as defined in the HIA.
- When in the role of custodian:
 - Retains responsibility and accountability for the actions of those who are their affiliates.
 - Establishes and enforces operating policies and procedures that adhere to the requirements of the Act.
 - Implements a Privacy Management Program consisting of privacy training and the custodian's policies and procedures, to facilitate adherence with the Act and its Regulations.

Confidentiality

The physiotherapist:

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

Collection

The physiotherapist:

- Provides clients with a collection notice that complies with the requirements specified in the *Health Information Act* when collecting health information directly from the client.
- Identifies the legal authority and authorized purpose(s) for health information collection, when collecting health information from another custodian.
- Collects only the relevant and necessary **individually identifying health information** required to provide physiotherapy services.

Consent

The physiotherapist:

- Obtains client informed consent for the disclosure of health information when required by the *Health Information Act*, in the format specified in the Act.
- Clearly discloses and obtains written consent for the use of devices used in the provision of physiotherapy services that may not be visible to the client to collect health information.

Access and amendment

The physiotherapist:

- Accesses only relevant individually identifying health information when providing physiotherapy services for the client.
- Ensures that processes for accessing or requesting corrections to health information are in place, comply with the requirements of the *Health Information Act*, and are clearly communicated to clients.

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- Provides or facilitates client access to a copy of the complete clinical and financial record upon request, subject to provisions of the Act. If acting in the role of custodian, this includes:
 - Responding to requests for access within 30 days.
 - Providing access to health information to a duly authorized individual acting on the client's behalf, or with the client's written consent.
 - Establishing fees for copies of health information that are consistent with the requirements of the Act and Regulations.
- If acting in the role of affiliate, follows the custodian's HIA compliant procedures for access and disclosure.

Use and disclosure

The physiotherapist:

- Uses and discloses individually identifying health information for those purposes authorized by the *Health Information Act* and identified at the time of collection.
- When disclosure is not authorized by the Act, only discloses health information with the client's informed consent.
- Discloses only the amount of individually identifying health information necessary to enable the recipient of the information to carry out the intended purpose. Provides aggregate or non-identifying health information when adequate for the identified purpose.
- Makes a reasonable effort to confirm that all correspondence with or regarding clients is sent to the intended recipient.
- Ensures that the use of individually identifying health information for research purposes complies with the requirements of the Act, including:
 - The requirement for research ethics board approval,
 - Adherence to any conditions imposed by the research ethics board, and
 - Entering into a HIA-compliant research agreement.

Security

The physiotherapist:

- Completes and submits a Privacy Impact Assessment before changing or implementing a health information management system or practice employed to collect, use, or disclose individually identifiable health information, or when otherwise required by the *Health Information Act*.

- Employs appropriate administrative, physical, and technical safeguards to prevent unauthorized access, use, modification, disclosure, or destruction of health information throughout the **health information lifecycle**.
- Reports privacy breaches to the appropriate individual(s), and contributes to privacy breach investigation, mitigation, and remediation in accordance with organization policies, and role-based responsibilities.
- If acting as custodian of health information affected by a privacy breach:
 - Performs a risk of harm assessment that considers all relevant factors,
 - Notifies the privacy commissioner, the government minister responsible, and the individual when the risk of harm assessment confirms risk to the individual due to the privacy breach,
 - Notifies the privacy commissioner immediately of a decision not to give notice to an individual in accordance with the provisions of the Act.
- Regularly assesses and modifies the safeguards in use to protect health information in their custody, addressing:
 - The source of any privacy breaches that have occurred, and
 - Foreseeable threats or hazards to health information security.

Retention

The physiotherapist:

- Retains client clinical and financial records 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 eighteenth (18) birthday.
- Retains health information in a manner that enables a complete copy or any component of the record to be retrieved and copied upon request, regardless of the media used to create or store the health information.
- Ensures Information Manager Agreements and Privacy Impact Assessments are in place any time a third-party is used to process, store, retrieve, or dispose of health information or provide information technology services, and that the terms of the agreements comply with the requirements of the *Health Information Act* and Regulations.
- Is responsible for compliance with the Act, regardless of the contractual agreement with the third party.

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Disposition

The physiotherapist:

- Disposes of health information in a manner that maintains the client's privacy and confidentiality.
- Prevents **abandonment of client records** by designating a successor custodian to ensure the retention, accessibility, and security of client records in the event that the physiotherapist is unable to continue as custodian of client records.

If employed by someone who is not a custodian under the *Health Information Act*, the physiotherapist:

- Retains full responsibility as a custodian of health information if they are employed by someone who is not a custodian, or if they have not been designated an affiliate of a custodian under the *Health Information Act*.
- Informs the employer of the physiotherapist's legislated and regulatory obligations as a custodian of health information.
- Ensures that policies and procedures related to health information:
 - Comply with the requirements of the Act and Regulations
 - Are enacted in daily practice, and
 - That employer operational policies do not limit or interfere with the physiotherapist's ability to fulfill their legislated responsibilities.

Related Standards

- Documentation

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

Affiliate: as defined in Section 1(1)(a) of the *Health Information Act*, "affiliate", in relation to a custodian, means

- (i) an individual employed by the custodian,
- (ii) a person who performs a service for the custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian,
- (iii) a health services provider who is exercising the right to admit and treat patients at an approved hospital under the *Provincial Health Agencies Act*,
- (iv) an information manager, and
- (v) a person who is designated under the regulations to be an affiliate,

An affiliate is granted access to the health information in the custody and control of a custodian by virtue of their status as the custodian's affiliate. They may only collect, use or disclose health information in accordance with their job-related duties to the custodian.

Custodian: a health services provider who is designated in the HIA or Health Information Regulation (HIR) as a custodian, or who is within a class of health services providers that is designated in the HIR. Custodians include health organizations such as hospitals and continuing care facilities, and regulated members of health professions designated custodians in the HIR.

Health information: information related to a client's diagnostic, treatment, and care information or their registration information, as defined in the *Health Information Act*.

Health information lifecycle: refers to all stages of health information in the custody or control of the custodian from its collection, through use and storage, to its authorized destruction.

Individually identifying health information: health information from which the identity of the individual who is the subject of the health information can be easily determined.

Standards of Practice

Risk Management and Safety

Standard

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

Expected outcomes

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

Performance expectations

Related to risk identification and mitigation

The physiotherapist:

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

Related to physiotherapist training

The physiotherapist:

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

Related to client interactions

The physiotherapist:

- Provides a clean and safe physiotherapy practice environment.
- Confirms that all equipment and electrophysical modalities are clean, safe, and maintained and calibrated in accordance with manufacturer specifications, and retains documentation of equipment calibration and maintenance for ten (10) years.
- Verifies clients' identities to confirm that the correct physiotherapy services are provided.

- Applies appropriate safety procedures when using equipment or electrophysical modalities.

Related to responding to patient safety incidents

The physiotherapist:

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

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

Related Standards

- Assessment, Diagnosis, Treatment
- Infection Control

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).

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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

- Boundary Violations
- Communication
- Informed Consent

Standards of Practice Supervision



Standard

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

Expected outcomes

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

Performance expectations: supervision of physiotherapist support workers

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

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

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

Performance expectations: supervision of physiotherapy students

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

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

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

Performance expectations: supervision of physiotherapist interns

When supervising **physiotherapist interns**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related responsibilities exist any time they agree to supervise a physiotherapist intern and the physiotherapist intern delivers physiotherapy services.
- Ensures that the physiotherapist intern performs only those activities that the supervisor is competent to perform and supervise.
- Assesses the knowledge, skills and judgment of physiotherapist interns.
- Ensures that the physiotherapist intern performs only those activities that the physiotherapist intern is competent to perform.

Physiotherapist intern: a regulated member of the College of Physiotherapists of Alberta, registered on the Provisional Register. A practice permit is issued with the condition that the physiotherapist intern practice under supervision.

Physiotherapy student: an individual enrolled in a physiotherapy entry to practice education program is considered a physiotherapy student when they are engaged in activities related to their entry to practice education program.

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

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

Related Standards

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

Standards of Practice

Titles, Credentials, and Specialty Designations

Standard

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

Expected outcomes

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

Performance expectations

Regarding use of their protected title, the physiotherapist:

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

Regarding the use of academic and other credentials

The physiotherapist:

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

- Does not use other protected titles unless authorized to do so by the appropriate regulatory body.

Regarding use of the term specialist and derivatives thereof

The physiotherapist:

- Does not use the title Clinical Specialist or imply or hold themselves out to be a specialist in connection with providing a health service unless:
 - They have received a specialty designation from either:
 - The Physiotherapy Specialty Certification Board of Canada OR
 - The American Board of Physical Therapy Specialties
 - They have applied for and received authorization from the Registrar to use the title "Clinical Specialist."
 - The designation is listed after their professional title.

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

Health service means a service provided to people:

- To protect, promote or maintain their health,
- To prevent illness,
- To diagnose, treat or rehabilitate, or
- To take care of the health needs of the ill, disabled, injured, or dying.¹⁹

Protected title refers to the titles identified under Alberta's *Health Professions Act* as being restricted to those who are registered and authorized to practice physiotherapy within Alberta. These include the titles physiotherapist, physical therapist, physiotherapist intern, physical therapist intern, or the acronyms PT or PT Intern.

Related Standards

- Advertising and Marketing
- Communication
- Conflict of Interest

Standards of Practice Virtual Care

Standard

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

Expected outcomes

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

Performance expectations

The physiotherapist:

- Is aware that virtual care is a method of physiotherapy service delivery that is subject to the same Standards of Practice and professional expectations as in-person physiotherapy services.
- Possesses sufficient training, knowledge, judgment and competency (including technological competency) to manage client care virtually.
- Employs reasonable safeguards (physical, technical, and administrative) to protect the privacy and security of client information.
- Has a professional, private location from which to provide virtual care.
- Confirms that adequate technology and supports are available to the client to enable virtual care.
- Confirms that the client has reliable internet access or phone connection and a private location from which to receive virtual care and if a private location is not available:
 - Takes reasonable action to manage client privacy.
 - Confirms client understanding of privacy risks within the available location and client informed consent to proceed with virtual care despite these risks.
- Assesses the appropriateness and method of providing virtual care on an ongoing basis, considering:
 - The client's circumstances and preferences for physiotherapy service delivery.
 - The client's diagnosis and treatment plan.
 - The physiotherapist's ability to provide appropriate assessment and treatment of the client's condition using virtual methods of physiotherapy service delivery.
 - Adaptations required to physiotherapy services to reflect virtual care considerations and constraints.
 - Relevant enabling or limiting factors that affect the ability to provide safe and effective virtual care.
- Obtains the client's informed consent specific to virtual physiotherapy service delivery, including informing the client of:
 - Any relevant limitations to physiotherapy service options available through virtual care.
 - Safety risks specific to virtual care.
 - Privacy risks specific to virtual care and the method of virtual care delivery.
- Confirms the location of the client and documents the client's location in the client's record for each virtual care interaction.
- Identifies risks related to virtual physiotherapy service provision.
- Employs measures to mitigate risks specific to virtual care.
- Develops patient safety incident management plans specific to the client for potential adverse events considering the physiotherapy services provided virtually and the client's context.
- Discontinues virtual physiotherapy services and refers for in-person service provision when virtual physiotherapy services pose an undue risk to the patient's safety or are ineffective or inappropriate for the patient's condition.

Regarding the provision of virtual care across jurisdictional borders

The physiotherapist:

- Who is providing physiotherapy services virtually to clients in Alberta must be registered with the College of Physiotherapists of Alberta.
- Advises the client of where they are registered and how to contact the regulatory organization in that jurisdiction.
- Is aware of and complies with licensing requirements in the jurisdiction where the client is located, in addition to the physiotherapist's primary or home jurisdiction.

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

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

Related Standards

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

Standards of Practice Glossary

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

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

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

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."²

Adult Interdependent Relationship means the relationship between two persons who are adult interdependent partners of each other.²

Advertising is the action of calling something to the attention of the public especially by paid announcements.³

Affiliate: as defined in Section 1(1)(a) of the Health Information Act, "affiliate", in relation to a custodian, means

- (i) an individual employed by the custodian,
- (ii) a person who performs a service for the custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian,
- (iii) a health services provider who is exercising the right to admit and treat patients at an approved hospital under the *Provincial Health Agencies Act*,
- (iv) an information manager, and
- (v) a person who is designated under the regulations to be an affiliate,

An affiliate is granted access to the health information in the custody and control of a custodian by virtue of their status as the custodian's affiliate. They may only collect, use or disclose health information in accordance with their job-related duties to the custodian.

Anti-discrimination is a form of action against discrimination and the systemic racism and the oppression of marginalized groups. An anti-discrimination mindset is based on conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.⁴

Beneficence is the ethical principle of doing what is good with respect to the welfare of the client. The physiotherapist should provide benefit to the client's health.⁵

Best practice recommendations refers to the advice or direction provided by public health experts, Medical Officers of Health, or as reported in relevant guidance documents.

Bias is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. This can include both explicit and implicit bias. Implicit bias refers to having attitudes, stereotypes, or prejudices towards people or groups without being consciously aware of or recognizing them.³

Boundaries refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physiotherapist and another individual and clarify their respective roles and expectations.⁶

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

Clients are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances, clients/patients may be represented by their substitute decision-makers.⁷

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

Collaborate means to work jointly with others or together, especially in an intellectual endeavor.³

Communication is "the imparting and exchanging information" and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using plain language and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener's understanding.⁸

Complementary therapies refer to non-conventional practices used in conjunction with conventional physiotherapy.⁹

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Comprehensive refers to “complete; including all or nearly all elements or aspects of something.”¹⁰

Concurrent treatment or care refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”¹¹

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).”¹²

Conflict of interest exists when a reasonable person could conclude that the physiotherapist’s duty to act in the client’s best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.¹³

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

Contemporaneous means occurring or originating during the same time period.³ In the physiotherapy context, contemporaneous is determined by the practice context, other expected, or predictable uses of the record. In the PT context, documentation that does not occur during the same time-period poses risk to the client and is generally seen to be less accurate and more likely to be questioned.

Conventional physiotherapy refers to the type of assessment, diagnosis, treatment, and conceptualization of illness or injury that is considered “mainstream” physiotherapy. It is sometimes referred to as “evidence-informed.”⁹

Courtesy Register refers to the register that physiotherapists may apply to if they are currently registered in another jurisdiction and require temporary entry to Alberta for an approved purpose.¹⁴

Credible means any evidence that reasonably would be viewed as reliable, accurate, and having basis in fact.¹⁵

Critically appraised evidence means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.¹⁶

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.¹⁷

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.¹⁷

Custodian: a health services provider who is designated in the HIA or Health Information Regulation (HIR) as a custodian, or who is within a class of health services providers that is designated in the HIR. Custodians include health organizations such as hospitals and continuing care facilities, and regulated members of health professions designated custodians in the HIR.

Direct supervision means that the supervisor is present in the treatment room or cubicle, and able to directly observe/assess competence, provide input into the supervisee’s performance, and intervene if a safety concern arises.¹⁸

Emerging therapies refers to treatments developed within mainstream physiotherapy with support from clinical research but currently lacking in rigorous, peer reviewed evidence to support their use.⁹

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.

Episodic care does not apply if the physiotherapist has seen the patient more than once, regardless of the timing of the appointments. The individual is considered a patient for the duration of the episode of care. A physiotherapist who engages in 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 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.”⁷

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.¹⁹

Health information: information related to a client’s diagnostic, treatment, and care information or their registration information, as defined in the *Health Information Act*.

Health information lifecycle: refers to all stages of health information in the custody or control of the custodian from its collection, through use and storage, to its authorized destruction.

Health service means a service provided to people:

- To protect, promote or maintain their health,
- To prevent illness,
- To diagnose, treat or rehabilitate, or
- To take care of the health needs of the ill, disabled, injured, or dying.¹⁹

Identity, culture and individual characteristics refers to an individual’s personal traits and the communities to which a person belongs. This can include characteristics such as physical appearance, body size and shape, use of mobility aids, and identity factors such as identifying as a member of a religious, ethnic, or social group. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.

Indirect supervision refers to a range of methods employed to monitor the performance of a supervisee on an ongoing basis without employing direct observation. Indirect supervision is employed after a supervisor is satisfied that a supervisee has demonstrated a reasonable level of competence in a particular practice context and with a specific patient population.¹⁷

Individually identifying health information: health information from which the identity of the individual who is the subject of the health information can be easily determined.

Infection prevention and control refers to “measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between clients, from health-care workers to clients, and from clients to health-care workers in the health-care setting.”²⁰

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.”²¹

Marketing is the process or technique of promoting, selling, and distributing a product or service.³

Material risk includes risks that occur frequently as well as those that are rare but very serious, such as death or permanent disability.²²

Other benefit includes but is not limited to gifts of materials or equipment, preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist.²³

Patient: (for the purpose of the Sexual Abuse and Sexual Misconduct Standard of Practice) 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 person 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 an ongoing sexual, spousal, or adult interdependent partner relationship that pre-exists the therapeutic 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.

Patient Safety Incident refers to any event or circumstance which could have resulted or did result in unnecessary harm to a patient. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents.²⁴

Personal protective equipment (PPE) refers to items in place for infection prevention and control, such as masks, gloves, gowns, and goggles.²⁵

Physiotherapist intern: a regulated member of the College of Physiotherapists of Alberta, registered on the Provisional Register. A practice permit is issued with the condition that the physiotherapist intern practice under supervision.¹⁸

Physiotherapy student: an individual enrolled in a physiotherapy entry to practice education program is considered a physiotherapy student when they are engaged in activities related to their entry to practice education program.¹⁸

Physiotherapist support worker is an unregulated health provider working under the supervision and direction of a physiotherapist. PTSWs have a range of educational backgrounds and experience. May be referred to as physiotherapist assistant, rehabilitation assistant, therapy assistant, rehabilitation aide, or kinesiologist when working as a supervisee.¹⁸

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

- assess physical function,
- diagnose and treat dysfunction caused by a pain, injury, disease or condition in order to develop, maintain and maximize independence and prevent dysfunction,
- engage in research, education and administration with respect to health services delivery and the science, techniques and practice of physiotherapy, and
- provide restricted activities authorized by the regulations.¹⁹

Physiotherapy services are “services provided by or under the direction of a physiotherapist. This includes client assessment and treatment, and related communication with and reporting to various parties for the purposes of delivering client care.”⁷

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”²⁶

Point of Care Risk Assessment (PoCRA) is a routine practice that should be conducted by a physiotherapist before every client interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist’s use of PPE and other infection control measures.²⁷

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

Privacy refers to “a person’s desire to control the access of others to themselves. Privacy protects access to the person, whereas confidentiality protects access to the data.”¹²

Procure means to obtain something by particular care and effort.³

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

Promotional activities include any effort made by an individual or business to communicate with potential customers. Promotional activities have two main purposes: to inform customers about your products, prices, and services and to persuade customers to buy the products and services you sell. Includes personal selling, direct marketing, advertising, sales promotion, publicity, and public relations.²⁸

Promptly means with little or no delay.²⁹

Protected title refers to the titles identified under Alberta's *Health Professions Act* as being restricted to those who are registered and authorized to practice physiotherapy within Alberta. These include the titles physiotherapist, physical therapist, physiotherapist intern, physical therapist intern, or the acronyms PT or PT Intern.¹⁹

Quality is the degree to which a product or service satisfies a specified set of attributes or requirements.³⁰

Regulated Member refers to an individual registered with a regulatory organization governed under the *Health Professions Act*, including physiotherapists.¹⁹

Risk refers to something that may cause injury or harm or the state of not being protected from injury or harm. Clients encounter risk of harm each time they seek health-care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.²³

Safe means free from harm or risk; secure from threat or danger.³

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 physiotherapy service provided.¹⁹

Social justice refers to fairness as it manifests within society and includes fairness in health care. Social justice depends on four key principles or goals: human rights, access, participation, and equity.³¹

Special risk a risk or risks that are particularly relevant to the specific client, when typically these may not be seen as material. Consent discussion and requirements extend to what the physiotherapist knows or ought reasonably know their client would deem relevant to making a decision about whether or not to undergo a treatment.²²

Spouse is defined as "a party to a marriage." (*Family Law Act*, 46(g))³² or "A legal marriage partner. This term includes both opposite- and same-sex relationships but does not include common-law partnerships."³³

Standardized measures refer to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.³⁴

Superlative: "an expression of abundant praise."³⁵ "Excessive or exaggerated; of the highest order, quality, or degree; surpassing or superior to all others."³⁶ In physiotherapy practice, statements such as "expert", "best", or "number 1" are examples of superlative statements.

Supervisee means an individual who is working under supervision.

Supervision means the action or process of watching and directing what someone does or how something is done.³

Systems of oppression refers to society level norms or structures that give advantage or disadvantage to individuals or groups, regardless of whether individuals want or are aware of it. These systems can result in dire health effects. This can include but is not limited to racism, sexism, heterosexism, cisgenderism, ableism, classism, anti-Semitism, Islamophobia, and anti-fatness. Individuals inhabit more than one social location, meaning that each person's lived experience includes a combination of intersecting systems of oppression.^{37,38}

Timely refers to "happening at the correct or most useful time: not happening too late."³

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.³⁹

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

Virtual care is the delivery of physiotherapy services using any technology that enables communication between individuals in different locations, including teleconferencing, video conferencing, email, or text communications.⁴⁰

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