



# Standards of Practice

## Applies to Physical Therapists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Physical Therapists of British Columbia and will be updated to reflect the amalgamation.

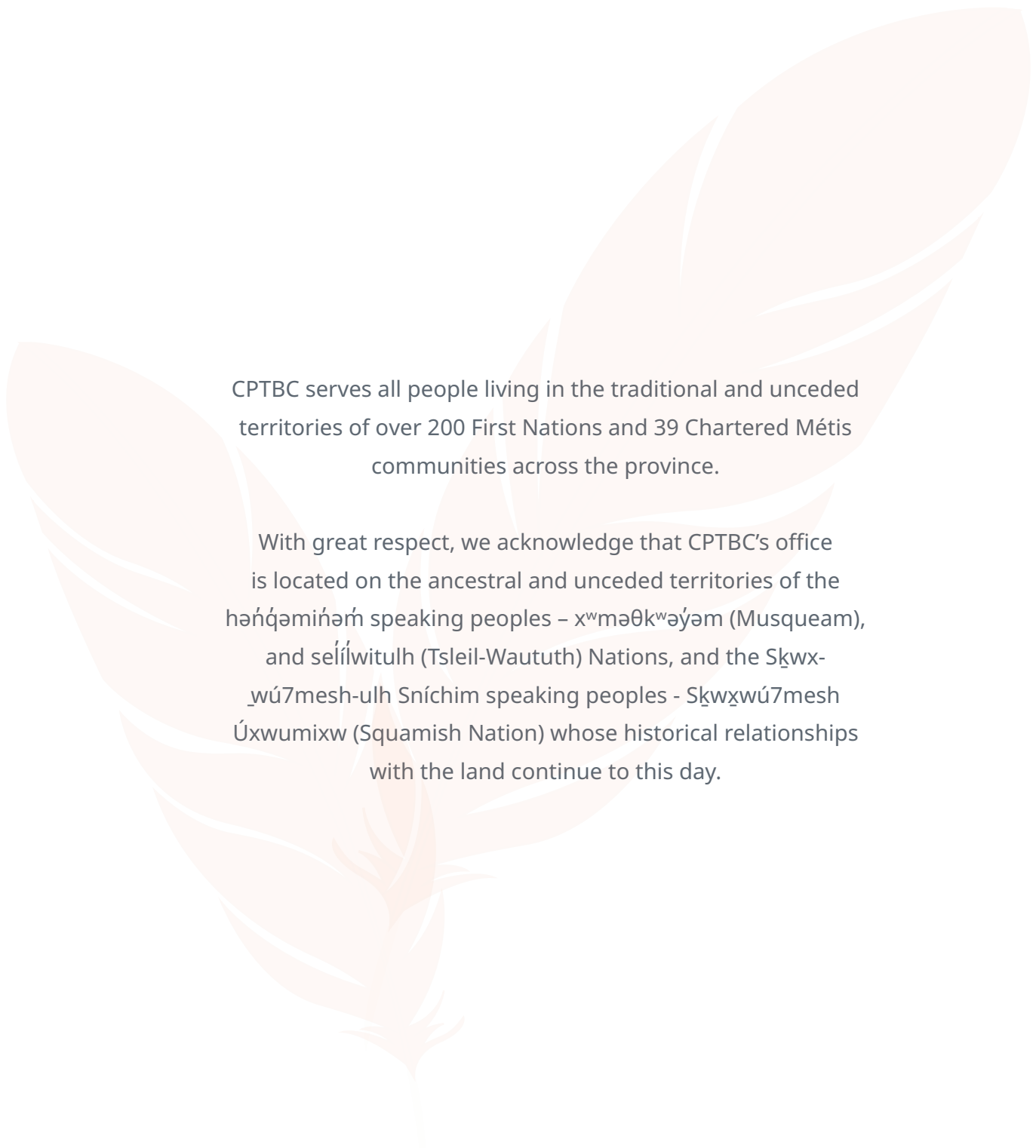


**CPTBC**

College of Physical Therapists  
of British Columbia

# Standards of Practice

for Physical Therapists in British Columbia



CPTBC serves all people living in the traditional and unceded territories of over 200 First Nations and 39 Chartered Métis communities across the province.

With great respect, we acknowledge that CPTBC's office is located on the ancestral and unceded territories of the hə́h́qəmíhə́m speaking peoples – xʷməθkʷə́yəm (Musqueam), and selílwitlh (Tsleil-Waututh) Nations, and the Skwx-wú7mesh-ulh Sníchim speaking peoples - Skwxwú7mesh Úxwumixw (Squamish Nation) whose historical relationships with the land continue to this day.

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# Preamble

## BACKGROUND

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

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

The 2023 Core Standards of Practice serve as a resource for the development of standards of practice that reflect the context, jurisdictional needs, and legislation relevant to physical therapy regulatory organizations across Canada. It is up to each provincial or territorial physical therapy regulator to determine the extent to which it will employ the Core Standards of Practice when developing standards of practice for its registrants.

The Standards of Practice for Physical Therapists in British Columbia have been updated to reflect both the 2023 Core Standards of Practice and the legislative requirements of the Province of British Columbia.

## 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 physical therapists of the expectations, obligations, and requirements of their professional role.
- Fulfilling the requirements for self-regulation and providing a frame of reference for regulatory organizations against which actual performance can be compared for quality practice.
- Providing a reference to the public related to expectations for quality care delivered by professionals.

## ASSUMPTIONS

The Core Standards of Practice are based on assumptions that frame the context for the Standards. The assumptions underpinning the Core Standards are listed with reference to the professional physical therapist, the regulatory organization, and the Standards themselves as follows:

## PHYSICAL THERAPISTS

- are autonomous, self-regulated healthcare professionals bound by a code of ethics;
- act in the best interests of clients and are committed to providing quality client-centered services;
- are expected to be knowledgeable of and comply with all standards at all times.

## THE REGULATORY ORGANIZATION

- develops/adopts standards as a basis for monitoring registrants' performance;
- is committed to serving and protecting the interests of the public.

## THE STANDARDS

- outline minimum, mandatory performance requirements;
- are interpreted within the context of the regional jurisdiction;
- are one component of a continuum of professional documents outlining professionals' practice;
- are to be applied as a comprehensive unit that physical therapists must comply with to direct their practice at all times.

## HOW THE STANDARDS OF PRACTICE ARE ORGANIZED

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

- A *standard statement* that outlines the expected performance of the regulated member.
- An *expected outcome* that describes what clients can expect from services when the standard is met by the physical therapist.
- *Performance expectations* that outline the actions that must be demonstrated by the physical therapist 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 each provincial/territorial jurisdiction related to each standard should also be considered when implementing into practice. In British Columbia, this includes but is not limited to the *Health Professions Act, Physical Therapists Regulation, Freedom of Information and Protection of Privacy Act, Personal Information Protection Act, Health Care (Consent) and Care Facility (Admission) Act*.

# Assessment, Diagnosis, Treatment

## STANDARD

The physical therapist demonstrates proficiency in client assessment, diagnosis, and treatment to deliver quality, safe, client-centered physical therapy services.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Obtains the client's ongoing informed consent to proposed physical therapy services.
2. Applies professional judgment to select and apply appropriate assessment procedures to evaluate the client's health status. Appropriate assessment includes but is not limited to taking a history and completing a physical examination relevant to presenting symptoms.
3. Uses standardized measures as available to assess and reassess the client's condition and progress.
4. Uses critical thinking and professional judgment to interpret the assessment findings and determine a physical therapy diagnosis and prognosis consistent with the scope of practice of the physical therapy profession and the physical therapist's individual competence.
5. Addresses the client's physical therapy needs and goals by employing professional judgment to develop treatment plans that are consistent with the assessment findings.
6. Applies treatment procedures safely and effectively.
7. Assigns appropriate tasks to supervisees with the client's consent.
8. Monitors the client's responses and re-evaluates them throughout the course of treatment.
9. Makes adjustments and/or discontinues physical therapy services that are no longer required or effective.
10. Makes appropriate referrals when the client's needs are best addressed in collaboration with or by another provider.
11. Employs professional judgment to plan and implement discharge plans appropriate for the client's needs, goals, and progress.
12. Provides client education to enable and optimize the client's transition to self-management.
13. Promotes continuity in service by collaborating and facilitating the client's transition from one health sector or provider to another.
14. Delivers only those physical therapy services that are clinically indicated for the client and that they are competent to provide.

## RELATED STANDARDS OF PRACTICE

- Informed Consent
- Supervision

# Boundary Violations

## STANDARD

The physical therapist acts with integrity and maintains professional boundaries with clients.

## EXPECTED OUTCOME

Clients can expect to be treated with dignity and respect, and for the physical therapist to maintain the boundaries of the therapeutic relationship in all interactions.

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical proximity on the relationship with the client.
2. Treats the client with respect and avoids unprofessional and discriminatory comments and actions.
3. Does not enter or continue therapeutic relationships with an individual with whom professional boundaries, judgment and objectivity cannot be established and maintained.
4. Does not make abusive, sexually suggestive, or harassing comments or engage in physical contact with a client that violates the therapeutic relationship.
5. Establishes and maintains a physical environment that supports the therapeutic relationship during client assessment, treatment, and education in practice environments, including but not limited to:
  - 5.1. proactively providing options for draping;
  - 5.2. providing privacy while the client is undressing or dressing.
6. Explains to the client beforehand any procedures that could be misinterpreted and obtains ongoing informed consent.
7. Does not attempt to persuade a client to a personal view related to politics or religion in the context of the therapeutic relationship.
8. Does not enter a personal relationship with a client or a person who is a caregiver for a client (e.g., parent of a minor receiving physical therapy services, client's spouse) where their ability to be objective and impartial and to fulfill their professional obligations may be impaired.
9. Does not use their professional role as a means of pursuing a personal relationship beyond the therapeutic relationship with a client or a person who is a caregiver for a client.
10. Establishes, maintains, and attempts to re-establish professional boundaries that support the therapeutic relationship.
11. Identifies, documents, and addresses boundary violations, whether initiated by the physical therapist or client.
12. Ends the therapeutic relationship by discontinuing treatment or transferring care as required when:
  - 12.1 the physical therapist is unable to maintain their objectivity;
  - 12.2 professional boundaries cannot be maintained or re-established;
  - 12.3 a positive, respectful therapeutic relationship cannot be maintained or re-established.

## RELATED STANDARDS OF PRACTICE

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



# Communication

## STANDARD

The physical therapist communicates respectfully, clearly, effectively, and in a timely manner to support and promote quality physical therapy services.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Does not engage in communication that is disrespectful, dishonest, misleading or lacking in transparency.
2. Identifies potential barriers to effective communication and makes a reasonable effort to address these barriers.
3. Engages in active listening to ensure that the client's perspective, needs, and preferences are heard and understood.
4. Communicates with the client, team members and others to facilitate collaboration and coordinate care.
5. When sharing information with the client, team members and others regarding the client and physical therapy services:
  - 5.1 obtains client consent when required by privacy legislation; and
  - 5.2 maintains client confidentiality by selecting secure methods of communication.
6. Documents all communications accurately, clearly, and professionally.
7. Confirms that any exchanges using electronic communications are appropriate for therapeutic relationships established with the client.
8. When using social media platforms, communicates with clients, potential clients, members of the public, and others honestly, transparently, respectfully, and professionally:
  - 8.1 obtains explicit informed consent if using client images or personal information in social media posts;
  - 8.2 conveys scientifically sound, evidence-based information;
  - 8.3 does not share private, dishonest, or misleading information;
  - 8.4 does not provide client-specific treatment recommendations via social media platforms.

## RELATED STANDARDS OF PRACTICE

- Documentation
- Informed Consent
- Privacy and Record Retention

# Concurrent Care

## STANDARD

The physical therapist collaborates with healthcare providers and others to provide safe, effective, quality concurrent care, when indicated by the client's healthcare needs and preferences.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

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

## RELATED STANDARDS OF PRACTICE

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

# Conflict of Interest

## STANDARD

The physical therapist identifies and avoids, or discloses and mitigates, any real, potential, or perceived conflicts of interest.

## EXPECTED OUTCOME

Clients can expect that the physical therapist delivers physical therapy services that are in the client's interest and that real, potential, or perceived conflicts of interest are avoided or disclosed and mitigated.

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Identifies situations of real, potential, or perceived conflicts of interest involving themselves or someone with whom they have a close personal relationship.
2. Does not enter into any agreement or arrangement that prevents or could prevent the physical therapist from putting the client and the client's needs and interests first.
3. Does not use professional status and the credibility afforded by professional status for purposes unrelated to physical therapy.
4. Does not participate in any activity in which professional judgment could be compromised or which is for personal gain. This includes, but is not limited to:
  - 4.1 paying for or providing other benefits to others in return for referrals;
  - 4.2 providing referrals to others in return for payment or other benefits.
  - 4.3 contracts that incentivize:
    - 4.3.1 the sale of physical therapy products or non-physical therapy services by the physical therapist, by providing financial or other benefits to the physical therapist;

## RELATED STANDARDS OF PRACTICE

- Boundary Violations
- Communication
- Documentation
- Informed Consent

- 4.3.2 the physical therapist to discharge a client in return for financial or other benefits;
  - 4.3.3 the physical therapist to continue to treat a client in return for financial or other benefits.
- 4.4 self-referring a client for personal or financial gain.
5. Avoids participating in other activities that another person would conclude pose a real, potential, or perceived conflict of interest. In situations where a conflict of interest cannot be avoided, the physical therapist must:
  - 5.1 provide full disclosure of the conflict of interest to the client and others as appropriate; and
  - 5.2 document in a complete, and transparent, manner how the conflict was managed.
6. Avoids providing physical therapy services to individuals with whom they have a close personal relationship. In situations where this conflict of interest cannot be avoided the physical therapist must:
  - 6.1 identify the risks related to providing the physical therapy services, including the client's ability to freely consent or withdraw consent, and the measures they will adopt to limit these risks;
  - 6.2 document and disclose the conflict of interest to the client and others, including third-party payers, indicating how the relationship is to the client's benefit and complies with regulatory requirements.

# Continuing Competence

## STANDARD

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

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Maintains the essential competencies reflected in the current competency profile for physical therapists in Canada.
2. Actively participates in self-directed learning to maintain competence in existing practice areas and to acquire competence in new and emerging areas of practice relevant to their practice setting and client population served.

## RELATED STANDARDS OF PRACTICE

- Evidence-Informed Practice

# Documentation

## STANDARD

The physical therapist maintains client records that are accurate, legible, and complete, written in a contemporaneous manner.

## EXPECTED OUTCOME

Clients can expect that their physical therapy records are accurate, legible, and complete, and reflect the physical therapy services provided.

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Maintains legible, accurate, and complete client records related to all aspects of client care in either French or English.
2. Completes documentation contemporaneously to promote client safety and effective clinical care.

## COMPONENTS OF A COMPLETE CLIENT RECORD

The physical therapist:

3. Confirms that the following information is retained as part of a complete client record:

- 3.1 details of clinical care
- 3.2 records of client attendance, including declined, missed or cancelled appointments
- 3.3 financial records
- 3.4 details or copies of verbal or written communication with or about the client

## DETAILS OF CLINICAL CARE

The physical therapist:

4. Includes in the client record detailed chronological information including but not limited to:
  - 4.1 unique client identifier on each discrete part (each page) of the client record;

- 4.2 client's reason for attendance;
- 4.3 client's relevant health, family, and social history;
- 4.4 date of each treatment session or professional interaction including declined, missed or cancelled appointments, and each telephone or electronic contact;
- 4.5 date of chart entry if different from date of treatment session or professional interaction;
- 4.6 assessments and findings;
- 4.7 treatment plan and goals;
- 4.8 informed client consent and details of the informed consent process relevant to the clinical situation;
- 4.9 details of treatment provided and the client's response to treatment, including results of reassessments, in sufficient detail to allow the client to be managed by another physical therapist;
- 4.10 details of tasks assigned to physical therapist support workers;
- 4.11 details of all client education, advice provided and communication with or about the client.

5. Ensures that the individual delivering physical therapy services is clearly identified for each interaction.
6. Retains or ensures ongoing access to copies of care pathways or protocols in addition to client records in circumstances where client care delivery and documentation is according to a protocol.

## QUALITY OF DOCUMENTATION

### The physical therapist:

7. Confirms that documentation entered into the treatment record accurately reflects the assessment, treatment, advice, and client encounter that occurred.
8. May reference rather than duplicate information collected by another regulated healthcare provider that the physical therapist has verified as current and accurate.
9. Uses terms, abbreviations, acronyms, and diagrams which are defined or described to promote understanding for others who may access a client's record.
10. Documents changes or additions made to the client record and identifies who made the change and the date of the change.

## FINANCIAL RECORDS

### The physical therapist:

11. Maintains accurate and complete financial records related to the provision of physical therapy services and sales of products.
12. Financial records must include:
  - 12.1 identification of the service provider(s) and organization, date of service, and physical therapy service or product provided;
  - 12.2 client's unique identification;
  - 12.3 fee for a physical therapy service or product, including any interest charges or discounts provided;
  - 12.4 method of payment, date payment was received, and identity of the payer; and
  - 12.5 any balance owing.

## ELECTRONIC MEDICAL RECORDS

### The physical therapist:

13. Employs appropriate safeguards to protect the confidentiality and security of information, including but not limited to, ensuring:
  - 13.1 an unauthorized person cannot access identifiable health information on electronic devices;

## RELATED STANDARDS OF PRACTICE

- **Assessment, Diagnosis, Treatment**
- **Funding, Fees and Billing**
- **Informed Consent**
- **Privacy and Record Retention**

- 13.2 screen lock features are employed so that confidential information is not displayed indefinitely;
- 13.3 each authorized user can be uniquely identified;
- 13.4 each authorized user has a documented access level based on their role;
- 13.5 appropriate password controls and data encryption are used;
- 13.6 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;
- 13.7 where electronic signatures are employed, the authorized user can be authenticated;
- 13.8 identifiable health information is transmitted or remotely accessed securely with consideration given to the risks of non-secured structures;
- 13.9 secure backup of data occurs consistently;
- 13.10 data recovery protocols are in place and regularly tested;
- 13.11 data integrity is protected such that information is accessible;
- 13.12 practice continuity protocols are in place in the event that information cannot be accessed electronically; and
- 13.13 when hardware that contains identifiable health information is disposed of, all data is removed and cannot be reconstructed.

# Dual Practice

## STANDARD

The physical therapist clearly identifies instances when they are providing non-physical therapy services.

## EXPECTED OUTCOME

Clients can expect that the physical therapist clearly identifies instances where the services provided do not constitute physical therapy.

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Does not represent non-physical therapy services as physical therapy or use protected titles when providing non-physical therapy services.
2. If offering non-physical therapy services, establishes each service as a distinct entity, maintaining:
  - 2.1 separate billing and financial records for each service, issuing invoices that clearly, transparently, and accurately indicate the service provided;
  - 2.2 separate client records for each service that clearly identify which professional role service was provided at each client visit;
  - 2.3 separate appointment books and/or distinct days and times for providing each service;
  - 2.4 separate advertising, marketing, and promotional activities for each service.
3. Provides physical therapy services if the client sought physical therapy services, unless the physical therapy services sought are not in the client's interest.
4. Clearly communicates with the client and others when the services proposed do not constitute physical therapy services.
5. Advises the client of the implications of receiving non-physical therapy services, including potential funding implications.

## RELATED STANDARDS OF PRACTICE

- Communication
- Conflict of Interest
- Evidence-Informed Practice
- Titles, Credentials and Specialty Designations



# Duty of Care

## STANDARD

The physical therapist 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 physical therapy services and that they will be provided with the information needed to manage their physical therapy needs and to access ongoing care if their physical therapist is unavailable or unable to continue the therapeutic relationship.

## PERFORMANCE EXPECTATIONS

### The physical therapist:

1. Takes responsibility for maintaining an effective therapeutic relationship.
2. Facilitates shared decision-making by taking the time to provide education regarding the client's condition, to support health literacy and to facilitate the transition to self-management.
3. Does not provide a physical therapy service when the client's condition indicates that commencing or continuing the physical therapy service is not warranted or is contraindicated.
4. Recognizes that the client has the right to make informed decisions about their own care, even when the physical therapist believes the decisions may put the client's health at risk.
5. Does not allow their personal judgments about the client or the client's health choices or lifestyle to compromise the client's physical therapy care.
6. Does not withdraw or refuse to provide care due to their personal judgments about the client, or the client's health choices or lifestyle.
7. Respectfully employs conflict resolution strategies when conflict arises.

## RELATED STANDARDS OF PRACTICE

- Assessment, Diagnosis, Treatment
  - Boundary Violations
  - Communication
  - Informed Consent
8. Makes appropriate arrangements for continuity of care during planned absences.
  9. When discharging a client in need of ongoing care, the physical therapist:
    - 9.1 must not abandon the client;
    - 9.2 must document their reasons for discontinuing care;
    - 9.3 must advise the client of their decision to discontinue care and rationale;
    - 9.4 ensures continuity of care, making appropriate arrangements for transfer of care to another physical therapist or providing the client with information regarding other physical therapy service options;
    - 9.5 provides care until transfer to another physical therapist can be arranged or provides a reasonable opportunity for the client to arrange alternate physical therapy services.
  10. May discharge a client without providing for continuity of care if:
    - 10.1 the client poses a safety risk to the physical therapist or others within the practice setting;
    - 10.2 the client is abusive (physically, verbally, emotionally, or sexually) towards the physical therapist or others within the practice setting.



# Evidence-Informed Practice

## STANDARD

The physical therapist engages in evidence-informed practice in all aspects of physical therapy service delivery.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options before integrating evidence into practice.
2. Incorporates critically appraised physical therapy-related evidence into assessment and treatment plans.
3. Before incorporating new or emerging therapies into the physical therapy services they provide:

- 3.1 is aware of related legislative and regulatory considerations, the evolution of the physical therapy profession, and the training, knowledge, skills, and judgment necessary to enable the new or emerging therapies;
- 3.2 offers, or confirms that the client has received evidence-informed, best practice physical therapy approaches before offering emerging therapies that are outside of established evidence-informed physical therapy;
- 3.3 clearly communicates with the client and others when the services proposed are emerging therapies;

## RELATED STANDARDS OF PRACTICE

- Assessment, Diagnosis, Treatment
- Continuing Competence
- Informed Consent

- 3.4 advises the client of the current evidence and implications of receiving emerging therapies, including potential funding implications, and the physical therapist's training in the performance of the services proposed, obtaining informed consent for emerging therapies.
4. Integrates critical thinking and professional judgment into client-centered care, evaluating their practice in terms of client outcomes, and modifying approaches based on this self-reflective process.
5. Does not promote misinformation, including but not limited to, promotional activities related to treatment options or products that are not grounded in scientific, peer reviewed and physiologically plausible evidence.

# Funding, Fees and Billing

## STANDARD

The physical therapist is responsible for ensuring that the fees charged for physical therapy 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 physical therapy services and products are transparent, justifiable, and clearly communicated and that they will be made aware of the fees and billing practices of the physical therapist before they become subject to them.

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Maintains current knowledge of relevant funding sources for physical therapy services and complies with funding requirements, policies, and procedures.
2. Prior to the client being subject to any fee, provides a comprehensive fee schedule to the client and payors that includes transparent and accurate information about billing policies and all potential charges, including but not limited to:
  - 2.1 assessment and treatment fees;
  - 2.2 fees for reports and copies of client records;
  - 2.3 additional fees for equipment;
  - 2.4 fees and policies related to bundled physical therapy services;
  - 2.5 cancellation or late fees and interest charges;
  - 2.6 refund policies.
3. Establishes fees for access to client records that:
  - 3.1 are consistent with the requirements of applicable legislation; and
  - 3.2 accurately reflect the costs of providing a copy of the client record.

## RELATED STANDARDS OF PRACTICE

- Communication
  - Conflict of Interest
  - Dual Practice
  - Titles, Credentials and Specialty Designations
4. Promptly provides the client with clear, transparent, accurate and comprehensive invoices or receipts and explanations required to allow the client to understand the fees charged, service providers and terms of payment.
  5. Does not represent non-physical therapy services as physical therapy on invoices or receipts.
  6. Is responsible for all billing under their registration number, and to identify and correct any errors promptly.
  7. Employs policies and measures to mitigate the risks related to pre-payment of physical therapy services before accepting pre-payment or engaging in bundled physical therapy service provision, including but not limited to:
    - 7.1 providing the client with the option to purchase one service at a time;
    - 7.2 providing refunds for unused physical therapy services;
    - 7.3 issuing physical therapy receipts only after physical therapy services are delivered.
  8. Resolves issues arising from billing disputes.
  9. If selling products:
    - 9.1 must not sell the product at a price in excess of fair market price paid by the physical therapist plus a reasonable handling cost;
    - 9.2 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 physical therapy services.



# Indigenous Cultural Safety, Humility and Anti-Racism

## INTRODUCTION

[In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) provides evidence of Indigenous-specific racism in the B.C. healthcare system. Indigenous-specific racism and discrimination negatively affects Indigenous clients' access to healthcare and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.

The purpose of this standard is to set clear expectations for how registrants are to provide culturally safe and anti-racist care for Indigenous clients.

This standard is organized into six core concepts. Within these concepts are the principles to which health professionals are held.

## CORE CONCEPTS & PRINCIPLES

### 1 SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Cultural humility begins with a self-examination of the physical therapist's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and shared decision-making.

### PRINCIPLES

Physical therapists:

- 1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- 1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- 1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.



## 2 BUILDING KNOWLEDGE THROUGH EDUCATION

Physical therapists continually seek to improve their ability to provide culturally safe care for Indigenous clients.

### PRINCIPLES

Physical therapists:

- 2.1 Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.
- 2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.
- 2.4 Learn 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.

## 3 ANTI-RACIST PRACTICE (TAKING ACTION)

Physical therapists take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

### PRINCIPLES

Physical therapists:

- 3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
  - 3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
  - 3.1.2 Supporting clients, colleagues and others who experience and/or report acts of racism.
  - 3.1.3 Reporting acts of racism to leadership and/or the relevant health regulatory college.



## 4 CREATING SAFE HEALTHCARE EXPERIENCES

Physical therapists facilitate safe healthcare experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

### PRINCIPLES

Physical therapists:

- 4.1 Treat clients with respect and empathy by:
  - 4.1.1 Acknowledging the client's cultural identity.
  - 4.1.2 Listening to and seeking to understand the client's lived experiences.
  - 4.1.3 Treating clients and their families with compassion.
  - 4.1.4 Being open to learning from the client and others.
- 4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- 4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- 4.4 Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

## 5 PERSON-LED CARE (RELATIONAL CARE)

Physical therapists work collaboratively with Indigenous clients to meet the client's health and wellness goals.

### PRINCIPLES

Physical therapists:

- 5.1 Respectfully learn about the client and the reasons the client has sought healthcare services.
- 5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.
- 5.3 Actively support the client's right to decide on their course of care.
- 5.4 Communicate effectively with clients by:
  - 5.4.1 Providing the client with the necessary time and space to share their needs and goals.
  - 5.4.2 Providing clear information about the healthcare options available, including information about what the client may experience during the healthcare encounter.
  - 5.4.3 Ensuring information is communicated in a way that the client can understand.



## 6 STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE (LOOKING BELOW THE SURFACE)

Physical therapists have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during healthcare experiences. Physical therapists focus on the resilience and strength the client brings to the healthcare encounter.

### PRINCIPLES

Physical therapists:

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

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### ACKNOWLEDGEMENTS

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This Standard is adapted with permission from the [British Columbia College of Nurses and Midwives \(BCCNM\)](#) and the [College of Physicians and Surgeons of BC \(CPSBC\)](#) who collaboratively developed the Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard (January 2022). We gratefully and humbly acknowledge the contributions from Indigenous people and guidance from Indigenous leaders during the consultation process, which informed the development of the BCCNM and CPSBC Standard.

# Infection Control

## STANDARD

The physical therapist complies with current infection prevention and control best practices to support the health and safety of clients, healthcare providers, themselves, and others.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Acquires education, training, and proficiency regarding best practices of infection prevention and control relevant to their practice.
2. Applies infection prevention and control techniques and current best practices relevant to their physical therapy practice consistently and effectively. This includes but is not limited to:
  - 2.1 completing effective hand hygiene before and after each client interaction;
  - 2.2 practicing effective respiratory hygiene;
  - 2.3 conducting a point of care risk assessment for each client interaction;
  - 2.4 employing the personal protective equipment indicated by the point of care risk assessment.
3. Ensures all physical therapy spaces and equipment are cleaned and disinfected prior to client use.
4. Disposes of devices and materials according to best practices and established protocols.
5. Follows manufacturer's specifications, relevant legislation, and Ministry of Health and Health Canada standards and policies for the use, cleaning, disinfection and reprocessing of equipment and devices.
6. Maintains a written record documenting the details, including parameters, of reprocessing and sterilization procedures used for reusable critical and semi-critical medical equipment.
7. Is aware of and fulfills their legislated responsibilities regarding worksite safety, in accordance with occupational health and safety legislation.

## RELATED STANDARDS OF PRACTICE

- Assessment, Diagnosis, Treatment
- Risk Management and Safety



# Informed Consent

## STANDARD

The physical therapist obtains clients' ongoing informed consent for the delivery of physical therapy services.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

The physical therapist:

1. Provides the client with the information a reasonable person would require to understand and make a decision about the proposed assessment and treatment including:
  - 1.1 the condition for which treatment is proposed;
  - 1.2 the nature of the proposed physical therapy services;
  - 1.3 the risks and benefits of physical therapy assessment and treatment;
  - 1.4 treatment options, and the consequences of participating or not in the proposed assessment or treatment.
2. Communicates in a way that reflects the client's skills and abilities.
3. Provides an opportunity for the client to ask questions and receive answers.
4. Obtains the client's consent following a discussion of the proposed assessment or treatment and prior to beginning assessment and treatment.
5. Obtains informed consent from the client in writing or verbally, as determined by the nature and severity of rare and common risks of the proposed physical therapy services.
6. Documents that consent was obtained and the details relevant to the clinical situation.
7. Re-establishes and documents consent in instances where treatment plans change.
8. Respects the client's right to question, decline options, refuse, rescind consent and/or withdraw from physical therapy services at any time.
9. Obtains informed consent from the appropriate individual, according to applicable legislation and regulatory requirements, in cases when the client is incapable of providing consent.
10. Acts in accordance with applicable legislation and the ethical principles of beneficence and least harm in instances where urgent or emergent care is required for a client who is incapable of providing consent if consent cannot be obtained from the appropriate alternate decisionmaker.
11. In situations of physical therapy research, obtains informed consent from the client prior to their participation in studies consistent with the requirements of the appropriate research ethics authority.

## RELATED STANDARDS OF PRACTICE

- Assessment, Diagnosis, Treatment
- Communication
- Documentation



# Marketing and Advertising

## STANDARD

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

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

### The physical therapist:

1. Advertises only the physical therapy services that they are competent to provide.
2. Does not state or imply a practice focus, or area of interest in their advertising, marketing or promotional activities unless:
  - 2.1 the area of interest is a demonstrated significant focus of their practice; and
  - 2.2 the physical therapist can demonstrate ongoing professional development and continuing education in the area of interest.
3. Does not refer to themselves as a specialist or employ other language that implies specialization in an area of practice or physical therapy service provision unless authorized by the jurisdiction's regulatory body to use the designation "Clinical Specialist."
4. Confirms that all marketing of physical therapy services and products is truthful, accurate, and verifiable.
5. Reviews and approves all advertisements, marketing and promotional activities prepared by a third party to ensure compliance with the standard.

\*See also Marketing and Advertising Bylaw

## RELATED STANDARDS OF PRACTICE

- Dual Practice
  - Evidence-Informed Practice
  - Titles, Credentials and Specialty Designations
6. Does not use advertisements, marketing or promotional activities that:
    - 6.1 promote or encourage unnecessary use of physical therapy services;
    - 6.2 make unsubstantiated claims, foster unrealistic expectations, or provide guarantees of successful outcomes;
    - 6.3 include claims of uniqueness or special advantage of products, physical therapy services or providers, unless supported by credible evidence that can be readily verified;
    - 6.4 make comparative or superlative statements about service quality, health providers, and products and/or endorses products for financial gain;
    - 6.5 discredit, disparage or undermine the skills of other providers or the physical therapy services of other clinics or facilities.
  7. Does not offer incentives or other inducements that promote unnecessary physical therapy services.
  8. Does not advertise free physical therapy services. This includes advertisement of free consultations, screening appointments, assessments, or free trials of physical therapy treatments.

# Privacy and Record Retention

## STANDARD

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

## EXPECTED OUTCOME

Clients can expect that:

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

## PERFORMANCE EXPECTATIONS

### CONSENT

The physical therapist:

1. Obtains client consent for collection, use and disclosure of personal information when required by privacy legislation.
2. Clearly discloses instances where audio or video recordings are generated in the practice setting and obtains client consent for audio or video recording of physical therapy treatment sessions.

### COLLECTION

The physical therapist:

3. Limits collection of personal information to that which is necessary to provide physical therapy services.

## USE AND DISCLOSURE

The physical therapist:

4. Uses personal information only for the purposes for which the information was collected.
5. Makes a reasonable effort to confirm that all correspondence with or regarding the client is sent to the intended recipient.

## ACCESS AND CORRECTION

The physical therapist:

6. Accesses only relevant personal information when providing physical therapy services for the client.
7. Grants the client access to their own personal information within the time period specified by relevant legislation.
8. Has clear processes for making corrections to personal information.
9. Provides a copy of the complete client record and client financial record to the client or their authorized representative upon request.
10. Establishes fees for access to the client record that are consistent with the requirements of applicable legislation, and that reflect the costs of providing the record.

## CONFIDENTIALITY

The physical therapist:

11. Protects the privacy of personal information in all environments and in all formats of collection.
12. 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 personal information.

## RELATED STANDARDS OF PRACTICE

### • Documentation

## SECURITY, RETENTION AND DISPOSITION

### The physical therapist:

13. Prevents unauthorized access or use of a client's personal information while in use, storage or during transfer, through the appropriate use of physical, technical, and electronic security mechanisms.
14. Reports privacy breaches to the appropriate individual(s) if unauthorized access or use occurs.
15. Contributes to privacy breach investigation and mitigation in accordance with organization policies, role-based responsibilities, and legislative requirements.
16. Retains client records and client financial records for sixteen years after the last date of service.
17. Retains client records and client financial records of minors for sixteen years past the minor's 19th birthday.
18. Retains records in a manner that enables a complete copy, or any component of the record to be retrieved and copied upon request, regardless of the media (paper or electronic) used to create the record.
19. Ensures contractual agreements are in place any time a third party is engaged to process, store, retrieve or dispose of personal information or provide information technology services, and that the terms of the agreements address ongoing access, security, use and destruction of client information for the duration of the required retention period.
20. Disposes of records (e.g., electronic, paper) in a manner that maintains privacy and confidentiality of personal information.
21. Takes action to prevent abandonment of client records.
22. Ensures that regulatory requirements are met, and the College is notified within 21 days in the event that the physical therapist is unable to continue as custodian of client records (in the case of retirement, closing a practice, etc.).

# Risk Management and Safety

## STANDARD

The physical therapist promotes and maintains a safe environment for clients, healthcare providers, themselves, and others.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

### RELATED TO RISK IDENTIFICATION AND MITIGATION

The physical therapist:

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

### RELATED TO PHYSICAL THERAPIST TRAINING

The physical therapist:

4. Maintains their competency in safety protocols, procedures and risk mitigation measures relevant to their practice.
5. 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 physical therapist:

6. Provides a clean and safe physical therapy practice environment.

## RELATED STANDARDS OF PRACTICE

- Assessment, Diagnosis, Treatment
- Infection Control

7. Confirms that all equipment and electrophysical modalities are:
  - 7.1 clean, safe, and maintained;
  - 7.2 calibrated in accordance with manufacturer specifications.
8. Retains documentation of equipment calibration and maintenance.
9. Verifies the client's identity to confirm that the correct physical therapy services are provided.
10. Applies appropriate safety procedures when using equipment or electrophysical modalities.

### RELATED TO RESPONDING TO CLIENT SAFETY INCIDENTS

The physical therapist:

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

# Sexual Abuse and Sexual Misconduct

## STANDARD

Physical therapists do not engage in behaviour that constitutes sexual abuse or sexual misconduct.

## EXPECTED OUTCOME

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

## PERFORMANCE REQUIREMENTS

The physical therapist:

1. Does not commence an intimate or sexual relationship with a client for the duration of the therapeutic relationship, even if the client agrees to or seeks to initiate an intimate or sexual relationship.
2. Knows that due to the inherent power imbalance between client and physical therapist, clients cannot offer valid consent to commencing a sexual relationship.
3. Knows that the duration of the therapeutic relationship extends beyond the duration of active treatment and may be enduring, depending on:
  - 3.1 the nature of the client-physical therapist relationship;
  - 3.2 the risk of enduring power imbalance between client and physical therapist; and
  - 3.3 dependence of the client on the physical therapist.
4. Does not enter into a sexual relationship with a former client unless sufficient time has passed that the imbalance of power inherent in the therapeutic relationship and/or client dependence on the physical therapist no longer exists.
5. Abstains from all forms of conduct, behaviour or remarks directed towards a client that constitute sexual abuse.
6. Abstains from conduct, behaviour or remarks directed towards a client that constitute sexual misconduct.
7. Must not end a therapeutic relationship for the purpose of pursuing a sexual relationship.
8. Clearly and thoroughly explains any physical therapy service which could be perceived to be sexual in nature, taking all reasonable steps to confirm the client's understanding of the service and its rationale, and obtaining informed consent prior to engaging in the service.
9. Reports all instances where the physical therapist has reasonable grounds to believe that the conduct of a registrant of any health profession regulatory organization constitutes sexual abuse or sexual misconduct to the Registrar of their regulatory organization, with consent of the client.

## RELATED STANDARDS OF PRACTICE

- Boundary Violations
- Communication

# Supervision

## STANDARD

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

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

**When supervising an unregulated health provider working as a physical therapist support worker, the physical therapist:**

1. Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time an unregulated health provider delivers physical therapy services that the physical therapist assigned.
2. Assigns only those tasks/activities that the supervisor is competent to perform.
3. Assesses the knowledge, skills, and judgment of the physical therapist support worker.
4. Assigns only those tasks/activities that the physical therapist support worker is competent to perform.
5. Assesses the client to determine whether it is appropriate for them to receive physical therapy services from a physical therapist support worker.
6. Communicates to the client the roles, responsibilities, and accountability of the physical therapist support worker participating in the delivery of physical therapy services.
7. Obtains the client's informed consent for the delivery of physical therapy services by a physical therapist support worker.
8. Uses mechanisms (e.g., name tags, introduction) so that a physical therapist support worker is readily identifiable.
9. Employs direct or indirect supervision strategies appropriate to the competence of the physical therapist support worker, the client's care needs, identified risks, and other factors related to the practice environment.
10. Establishes ongoing and timely communication with the physical therapist support worker.
11. Monitors and evaluates the delivery of physical therapy services by the physical therapist support worker.
12. Monitors documentation by a physical therapist support worker.
13. Reassesses the client, monitors and evaluates the delivery of physical therapy services by a physical therapist support worker and client outcomes, modifying or reassigning service delivery as determined by the client's needs.
14. Must not assign the following activities to physical therapist support workers:
  - 14.1 any physical therapy treatment that would require the physical therapist support worker to employ clinical reasoning, analysis and decision-making to change the established plan of care without the input of the supervising physical therapist
  - 14.2 interpretation of referrals, diagnosis or prognosis
  - 14.3 interpretation of assessment findings
  - 14.4 determination of treatment and treatment goals and the planning development or modification of treatment plans beyond pre-set parameters
  - 14.5 discussion of treatment rationale, clinical findings and prognosis with the client



- 14.6 any restricted activity, or portion thereof, authorized to the physical therapist
- 14.7 documentation that should be completed by the physical therapist
- 14.8 discharge planning

- 15. Reassigns the supervision of physical therapist support workers to another physical therapist when the physical therapist is not available to supervise.
- 16. Advises the client and employer(s) that delivery of physical therapy services by physical therapist support workers must be discontinued when physical therapist supervision is not available.
- 17. Establishes, maintains, and attempts to re-establish professional boundaries with the physical therapist support worker.

**When supervising a student physical therapist, the physical therapist:**

- 18. Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time they agree to act as a preceptor for a student and that the student physical therapist is delivering physical therapy services.
- 19. Allows them to perform only those activities that the supervisor is competent to perform.
- 20. Assesses the knowledge, skills, and judgment of the student physical therapist.
- 21. Allows them to perform only those activities that the student physical therapist is competent to perform.
- 22. Identifies whether a client is appropriate to receive physical therapy services from a student physical therapist.
- 23. Communicates to the client the roles, responsibilities, and accountability of a student physical therapist participating in the delivery of physical therapy services.
- 24. Ensures that the client has provided informed consent for the delivery of physical therapy services by a student physical therapist.
- 25. Uses mechanisms (e.g., name tags, introduction) so that the student physical therapist is readily identifiable.

**RELATED STANDARDS OF PRACTICE**

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

- 26. Employs direct or indirect supervision strategies appropriate to the competence of the student physical therapist, the client's care needs, identified risks, and other factors related to the practice environment.
- 27. Establishes ongoing communication processes with the student physical therapist.
- 28. Reviews and countersigns documentation by a student physical therapist and confirms that this documentation is in accordance with regulatory requirements.
- 29. Monitors and evaluates the delivery of physical therapy services by a student physical therapist and client outcomes, modifying or reassigning service delivery as determined by the client's needs.
- 30. Complies with legislative and regulatory rules regarding performance and supervision of restricted activities by student physical therapists.
- 31. Reassigns the supervision of a student physical therapist to another physical therapist when the physical therapist is not available to supervise.
- 32. Advises the client and employer(s) that delivery of physical therapy services by a student physical therapist must be discontinued when physical therapist supervision is not available.
- 33. Establishes, maintains, and attempts to re-establish professional boundaries with the student physical therapist.

# Titles, Credentials and Specialty Designations

## STANDARD

The physical therapist uses their title and other credentials to clearly identify themselves to clients, other healthcare providers, and the public.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

Regarding use of their protected title, the physical therapist:

1. Uses their protected title in all professional actions and interactions.
2. Uses their name as it appears on the registrant directory.
3. Lists their protected title immediately after their name and before academic credentials or other designations.
4. Does not use protected title when engaged in activities that are outside of the scope of practice of physical therapy.

### Full registrants use the title:

- Physical Therapist, OR
- Physiotherapist, OR
- PT

### Student registrants use the title:

- Student Physical Therapist, OR
- Student Physiotherapist, OR
- Student PT

5. Physical therapists with temporary registration use the title and initials granted to them in accordance with their registration status in their primary jurisdiction.

When choosing to use academic and other credentials, the physical therapist:

6. Only uses academic credentials as conferred by accredited university programs.

## RELATED STANDARDS OF PRACTICE

- Communication
- Conflict of Interest
- Marketing and Advertising

7. Uses academic credentials accurately and lists them after their protected title.
8. Uses post-professional credentials accurately, and lists them after protected title, and in a manner that has meaning for the public.
9. Does not use the title “Doctor” or prefix “Dr” in connection with providing physical therapy services or in actions or interactions undertaken for the purpose of promoting physical therapy services to the public.

Regarding use of the term specialist and derivatives thereof, the physical therapist:

10. Does not use the title Clinical Specialist or imply or hold themselves out to be a specialist in connection with providing a physical therapy service unless:
  - 10.1 they have received a specialty designation from either the Physiotherapy Specialty Certification Board of Canada or the American Board of Physical Therapy Specialties; and
  - 10.2 they have applied to, and received authorization from the College to use the title Clinical Specialist.
11. Lists the designation after their protected title if approved and authorized by the College to do so.



# Virtual Care

## STANDARD

Physical therapists incorporate virtual care in the delivery of quality, effective physical therapy services in accordance with client preferences, and as indicated and appropriate to address client needs.

## EXPECTED OUTCOME

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

## PERFORMANCE EXPECTATIONS

### The physical therapist:

1. Is aware that virtual care is a method of physical therapy service delivery that is subject to the same standards of practice and professional expectations as in-person physical therapy service delivery.
2. Possesses sufficient training, knowledge, judgment, and competency (including technological competency) to manage client care virtually.
3. Employs reasonable safeguards (physical, technical, and administrative) to protect the privacy and security of client information.
4. Has a professional, private location from which to provide virtual care.
5. Confirms that adequate technology and supports are available to the client to enable virtual care.
6. 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:
  - 6.1 takes reasonable action to manage client privacy;
  - 6.2 confirms client understanding of privacy risks within the available location and client informed consent to proceed with virtual care despite these risks.
7. Assesses the appropriateness of virtual care, considering:
  - 7.1 the client's circumstances and preferences for physical therapy service delivery;
  - 7.2 the client's diagnosis and treatment plan;
  - 7.3 the physical therapist's ability to provide appropriate assessment and treatment of the client's condition using virtual methods of physical therapy service delivery;
  - 7.4 adaptations required to physical therapy services to reflect virtual care considerations and constraints;
  - 7.5 relevant enabling or limiting factors that affect the ability to provide safe and effective virtual care.
8. Obtains the client's informed consent specific to virtual physical therapy service delivery, including informing the client of:
  - 8.1 any relevant limitations to physical therapy service options available through virtual care;
  - 8.2 safety risks specific to virtual care;
  - 8.3 privacy risks specific to virtual care and the method of virtual care delivery.
9. Documents the location of the client in the client record for each interaction.
10. Identifies risks related to virtual physical therapy service provision.
11. Employs measures to mitigate risks specific to virtual care.

12. Develops client safety incident management plans specific to the client for potential adverse events considering the physical therapy services provided virtually and the client's context.
13. Discontinues virtual physical therapy services and refers for in-person service provision when virtual physical therapy services pose an undue risk to the client's safety or are ineffective or inappropriate for the client's situation and/or condition.

**Regarding the provision of virtual care across Canadian jurisdictional borders, the physical therapist:**

14. Advises the client of where the physical therapist is licensed, their options for reporting complaints and concerns, and how to contact the regulatory organizations in the event of an issue, concern, or complaint.
15. Is aware of and complies with licensing requirements in the jurisdiction where the client is located, in addition to the physical therapist's primary or home jurisdiction if those two jurisdictions are different.

## RELATED STANDARDS OF PRACTICE

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

# 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 physical therapist 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 physical therapy education program accredited by Physiotherapy Education Accreditation Canada, or an institution's physiotherapy entry to practice education program recognized by the Canadian Alliance of Physiotherapy Regulators credentialing program.

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

**Advertising** is the action of calling something to the attention of the public especially by paid announcements.<sup>1</sup>

**Boundaries** refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physical therapist and another individual and clarify their respective roles and expectations.<sup>2</sup>

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

**Clients** are recipients of physical therapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances, clients/patients may be represented by their substitute decision-makers.<sup>3</sup>

**Close personal relationship** is one where the physical therapist'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.<sup>4</sup>

**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.<sup>5</sup>

**Comprehensive** refers to complete; including all or nearly all elements or aspects of something.<sup>6</sup>

**Concurrent** treatment or care refers to the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a client for the same or related disease or injury.<sup>7</sup>

**Confidentiality** is the assurance that certain information that may include a subject's identity, health, behavior, or lifestyle information, or a sponsor's proprietary information would not be disclosed without permission from the subject (or sponsor).<sup>8,9</sup>

**Conflict of interest** exists when a reasonable person could conclude that the physical therapist'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 physical therapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.<sup>10</sup>

**Contemporaneous** means occurring or originating during the same time. In the physical therapy context, contemporaneous is determined by the practice context, other expected or predictable uses of the record. In the physical therapy 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.

**Credible** means any evidence that reasonably would be viewed as reliable, accurate, and having basis in fact.<sup>12</sup>

**Critically appraised** means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.<sup>13</sup>

**Emerging therapies** refers to treatments developed within mainstream physical therapy with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.<sup>14</sup>

**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 physical therapist.<sup>15</sup>

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

**Infection prevention and control** refers to measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between clients, from health-care workers to clients, and from clients to health-care workers in the health-care setting.<sup>16</sup>

**Informed consent** refers to receiving client or their legally authorized representative's permission to proceed with an agreed course of physical therapy service. Consent may be revoked at any time. Consent can be written or oral and may be expressed or implied. Having a written consent form does not mean there is informed consent. Informed consent involves ongoing communication between the parties involved.<sup>17</sup>

**Marketing** is the process or technique of promoting, selling, and distributing a product or service.<sup>18</sup>

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

**Other benefit** includes but is not limited to gifts of materials or equipment (beyond gifts of a token or cultural nature that are of insignificant monetary value), preferential access to facilities, or provision of promotional activities that would typically be paid for by the physical therapist that have the potential to harm or affect client care, professional judgment and/or trust in the profession.<sup>19</sup>

**Patient or client safety incident** refers to any event or circumstance which could have resulted or did result in unnecessary harm to a client. Client safety incidents consist of near miss events, no-harm incidents, and harmful incidents.<sup>20</sup>

**Personal information** means information about an identifiable individual and includes employee personal information but does not include contact information.<sup>21</sup>

**Personal protective equipment (PPE)** refers to items in place for infection prevention and control, such as masks, gloves, gowns and goggles.<sup>22</sup>

**Physical therapist support worker (PTSW)** is an unregulated health provider working under the supervision and direction of a physical therapist. PTSWs have a range of educational backgrounds and experience. They may be referred to as physical therapist assistant, rehabilitation assistant, therapy assistant, rehabilitation aide, or kinesiologist when working as a supervisee.<sup>23</sup>

**Physical therapy services** are services provided by or under the direction, assignment and supervision of a physical therapist. This includes client assessment and treatment, and related communication with and reporting to various parties for the purposes of delivering client care.<sup>3</sup>

**Plain language** refers to communication an 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 an audience can:

- find what they need;
- understand what they find;
- use what they find to meet their needs.<sup>24</sup>

**Point of Care Risk Assessment (PoCRA)** is a routine practice that should be conducted by a physical therapist before every client interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The PoCRA informs the physical therapist's use of PPE and other infection control measures.<sup>25</sup>

**Primary or home jurisdiction** refers to the province or territory where the physical therapist is registered and from which the physical therapist delivers physical therapy 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.<sup>8,9</sup>

**Proficiency** means performance consistent with the established standards in the profession.<sup>26</sup>

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

**Promptly** means with little or no delay.<sup>27</sup>

**Protected title** refers to the titles identified under provincial or territorial health profession legislation as being restricted to those who are registered and authorized to practice physical therapy within the jurisdiction. These may include the titles physiotherapist, physical therapist, or the acronym PT.

**Quality** is the degree to which a product or service satisfies a specified set of attributes or requirements.<sup>28</sup>

**Restricted activities**, also referred to as controlled acts or authorized activities, are activities that may only be performed by a regulated health professional in accordance with

regulated health professional in accordance with jurisdictional legislation and regulatory rules. Not applicable to all physical therapy regulators in Canada.

**Risk** refers to something that may cause injury or harm or the state of not being protected from injury or harm. Clients encounter risk of harm each time they seek healthcare services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.<sup>29</sup>

**Safe** means free from harm or risk; secure from threat or danger.<sup>30</sup>

**Sexual abuse** includes threatened, attempted or actual conduct of a physical therapist towards a client that is of a sexual nature and includes sexual intercourse, masturbation of or by the client or in the presence of the client, and touching of a sexual nature of client's genitals, anus, breasts or buttocks by a physical therapist.<sup>31</sup>

**Sexual misconduct** includes any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a physical therapist towards a client that the physical therapist knows or ought reasonably to know will or would cause offence or humiliation to the client or adversely affect the client's health and well-being.<sup>31</sup>

**Sexual nature** includes any physical contact with private or sensitive areas, or comments that are not indicated for the purpose of providing clinically necessary physical therapy services. This does not include conduct, behaviour, or remarks that are appropriate to the physical therapist service provided.<sup>32</sup>

**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.<sup>34</sup>

**Supervisee** means an individual who is working under supervision. In physical therapy practice this may include physical therapist support workers or student physical therapists.

**Supervision** means the action or process of watching and directing what someone does or how something is done.<sup>35</sup>

**Timely** refers to happening at the correct or most useful time: not happening too late.<sup>36</sup>

**Therapeutic relationship** refers to the relationship that exists between a physical therapist and a client during the course of physical therapy treatment. The relationship is based on trust, respect, and the expectation that the physical therapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.<sup>37</sup>

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

**Virtual care** is the delivery of physical therapy services using any technology that enables communication between individuals in different locations, including teleconferencing, video conferencing, email, or text communications.<sup>38</sup>



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