



Physical Therapists

Are All the Services PTs Provide Considered Physical Therapy?

Services provided by a physical therapist are not automatically considered to be physical therapy services. In fact, registrants are only allowed to use the title physical therapist (or physiotherapist) when the service they provide is physical therapy. If a physical therapist also has a role providing another service (for example, personal training, massage, pilates), then they must not use the title of physical therapist when acting in that role.

What is considered to be physical therapy?

For a specific program, treatment or service to be considered physical therapy, the service must meet the performance expectations outlined in the College Standards of Practice and follow the Code of Ethical Conduct and the Bylaws. This applies whether services are provided in-person or virtually. For example, as per the Standard of Practice: Assessment, Diagnosis, Treatment, there must be an individualized physical therapy assessment, client-specific treatment goals, a treatment plan based on the assessment findings and developed by the physical therapist, as well as ongoing guidance, monitoring and supervision of the client's treatment by the physical therapist. There must be documentation supporting all of that, which meets the requirements set out in the Standard of Practice for Documentation. If the only documentation is a check box to indicate that a client attended a session, this would not meet the requirements of the Standard of Practice for Documentation.

It is important to consider whether your assessment findings indicate that the client needs physical therapy services and the specific expertise of a physical therapist. If physical therapy services are not indicated, it may be appropriate to consider a referral to another provider for services – for example, a personal trainer, a kinesiologist, or a pilates instructor.

Why does it matter whether the services I provide are considered physical therapy or not?

It matters for two important reasons:



1. It matters because the public needs to know what service they are receiving – is it physical therapy or is it something else? You have a degree in physical therapy; the client may assume that whatever you offer is automatically physical therapy. You should make it clear whether or not what you are offering to the client is a physical therapy service. For example, if you are offering a public education program or a generic strengthening program, or if yoga or pilates classes are offered by your clinic (or even by you), these are unlikely to meet the performance expectations set out in College Standards for physical therapy services.
2. It matters because providing accurate receipts is a requirement in the Standard of Practice: Funding, Fees and Billing. Issuing a false or misleading receipt is considered professional misconduct. If the service provided did not meet College Standards of Practice for physical therapy services, then a receipt for physical therapy must not be issued; instead, a receipt that accurately names the service the client received (for example, ‘personal training’ or ‘pilates session’) should be provided. Any receipts that are not reflective of the actual service delivered could be considered fraudulent.

Is it physical therapy if a physical therapist support worker (PTSW) is involved in the service?

The use of a PTSW on its own does not make the treatment physical therapy. What is important is HOW that PTSW is used. The level and method of supervision provided to the PTSW can be integral in making a determination about whether what the client receives is physical therapy.

If you determine, based on the assessment, that a client would benefit from physical therapy services and that it would be appropriate to involve a PTSW in their care, the Standard of Practice: Supervision and the Supervision Guide set out the College requirements that you must meet for what you offer to be considered physical therapy.

If you have assessed the client and provided the PTSW with an individualized treatment plan for your client, and you provide ongoing re-assessment and monitoring of the client, and you regularly revise their treatment goals and treatment plan, this may be considered physical therapy.

However, if the client is simply being seen by the PTSW for a generic “exercise program” where:

- the PTSW (rather than you, the physical therapist) determines and progresses the client’s exercises OR
- the activities are not based on the client’s individualized assessment findings (for example – they are completing a general yoga program) OR
- your involvement is only to refer the client to the program,

this would likely not be considered a physical therapy service.



Documentation of P.T.S.W. involvement must meet the requirements set out in the Standard of Practice: Documentation. When billing for services involving a P.T.S.W., as with any billing, it is important to be clear what services were provided and by whom on the invoice, in accordance with the Standard of Practice: Funding, Fees and Billing.

What if it is a group session?

According to College requirements, the same rules apply when providing physical therapy services in a group setting and when providing one-to-one treatment. This means that services provided must meet the requirements in the Bylaws, the Code of Ethical Conduct, the Standards of Practice, and any relevant legislation.

For example, for each client participating in a group, you must conduct a client-specific physical therapy assessment and develop individualized treatment goals and a treatment plan based on these assessment findings (see the Standard of Practice: Assessment, Diagnosis, Treatment). Your documentation must meet the requirements in the Standard of Practice: Documentation, and receipts must be transparent, clear and accurate with regards to the services you are providing (see the Standard of Practice: Funding, Fees and Billing)

Sometimes you may determine that it is appropriate for a P.T.S.W. to lead the physical therapy group session. Again, the same principles apply – in order for the group session to be considered a physical therapy service, the Bylaws, the Code of Ethical Conduct, the Standards of Practice, and any relevant legislation must be followed. Each individual client participating in the P.T.S.W.'s group physical therapy session must receive from you, the physical therapist, ongoing assessment, individualization, and progression of their treatment plan to meet their specific physical therapy needs and goals based on your reassessment findings. Group settings where the P.T.S.W. is acting independently (for example a kinesiologist or a personal trainer providing services in a gym) may not meet the criteria for a physical therapy service.

Multidisciplinary / Interprofessional programs

Sometimes physical therapy services are provided as part of a multidisciplinary / interprofessional or team-based program where multiple health professionals are involved (for example, a pain management program where several health professionals see the client together). From the physical therapy perspective, the same requirements apply; in order for what the physical therapist provides to be considered physical therapy it must meet all regulatory requirements. In an interprofessional scenario the portion of the session billed as physical therapy must reflect the actual time the physical therapist spent with the client and not the entire session length. Clients should check with their insurer as to whether physical therapy services delivered in these types of multidisciplinary sessions are reimbursable.



Injury prevention and health promotion programs

Physical therapists are well situated to provide education and strategies related to injury prevention and health promotion to an individual client; however not all such programs are considered physical therapy services. Injury prevention and health promotion may be part of an individualized treatment plan where physical therapy services are indicated, and in that situation would be considered part of the physical therapy treatment. But if the injury prevention / health promotion offered is a stand-alone program or consultative in nature rather than individualized, it would not necessarily be considered physical therapy unless all the performance expectations outlined in the Standards of Practice are met (as well as those in the Code of Ethical Conduct and the Bylaws). Provision of programs such as an injury prevention program to a community group, or general health promotion may not meet the requirements for provision of physical therapy services.

The Bylaws (Section 15: 3.2.1) states that marketing and advertising by physical therapists must not “promote unnecessary physical therapy services”. While some may argue that injury prevention/ health promotion is always a necessary service, it is important to bear in mind that when providing physical therapy services, you must be able to demonstrate (and document) that it is clinically indicated for the client and in the client interest (Standard of Practice: Assessment, Diagnosis, Treatment). If, in your clinical judgment, a client has a demonstrated need for injury prevention/ health promotion based on their individualized assessment findings, then this can be provided as part of the individualized treatment plan. As with any form of treatment, it is important to transition the client to self-management and discontinue services that are no longer required in a timely way. This means that injury prevention/ health promotion programs which are considered physical therapy should be targeted and time limited.

Suggesting to the client that they continue to see you for ongoing injury prevention or health promotion after resolution of their initial injury could be seen as a conflict of interest and treatment for financial gain rather than for the benefit of the client, unless the client assessment determines that ongoing physical therapy services are warranted (see the Standard of Practice: Conflict of Interest).

The Bylaws (Section 15: 3.2.5) state that physical therapists cannot “offer clients incentives or other inducements for services”. If you are advertising an injury prevention or health promotion program that is physical therapy, it is important to avoid incentives such as discounts, or lower rates for other physical therapy services if the client is enrolled in one of your programs. Any advertising and marketing undertaken or authorized by physical therapists must be “truthful, accurate, and verifiable”, and “must not promote unnecessary physical therapy services or provide unsubstantiated claims or guarantees of successful results” (for example: “avoid injury by attending this program!”). The performance expectations in the Standard of Practice: Marketing and Advertising must also be met.



What can I bill for?

If the services you provide do not meet College Standards of Practice, Bylaws, Code of Ethical Conduct and other relevant legislation, then you may not issue a receipt for physical therapy services.

We do not regulate what third party payors will and will not pay for. Any receipts need to be clear as to what services are being provided and by whom. In general, payors will only reimburse clients for treatments which fit their definition of “physical therapy”, and this might be different than how the College defines it. It is always good practice to check with the insurer ahead of time as to whether a specific program or treatment will be covered and to advise the client to also check with their provider before beginning any services, as insurance coverage varies widely from plan to plan, even within the same insurer.

If you need additional information or have specific questions, contact the Professional Practice Advisors.