

RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.



College of

HEALTH AND CARE PROFESSIONALS OF BC



Physical Therapists

Therapeutic Touch

The professional practice advice team received a call from a member of the public who asked if it was appropriate for their physical therapist to ask a client to put their hands on the physical therapist to feel a muscle contraction. From this member of the public's perspective, it seemed an odd request, so much so that it prompted them to call the College to ask whether this was appropriate behaviour.

During the course of assessment and treatment we use many techniques to facilitate client understanding, to assist them in recruiting the correct muscle, to help them visualize or feel what a normal contraction or movement pattern would look/feel like.

Here's the trouble: sometimes we forget that what seems professional to us might be experienced differently by our clients. When we lay our hands on a client (with consent), it's for the therapeutic purpose of assessing them and providing physical therapy services. The same is not true when asking a client to lay their hands on us even if the intent is to facilitate client understanding. This recent question added a new perspective for us to consider:

Is it ever appropriate to ask a client to put their hands on us, the treating physical therapist, to facilitate their learning?

The answer? It depends.

- There may be scenarios where it is appropriate to offer a client the option to place their hands on you to facilitate learning (for example, to feel your forearm's contraction or your scapula moving normally during abduction.) However, we must always remain sensitive to the fact that this might not be comfortable for our client, and they may not speak up because of the power differential that exists in the therapeutic relationship. When offering this option to a client also offer other ways to provide the same information, perhaps via a short video clip. Offering both options would respect professional boundaries, make it easier for your client to decline the option to put their hands on you, and would minimize the chance of them feeling uncomfortable.
- There are sensitive areas of the body where we should avoid asking a client putting their hands on us to facilitate learning. Avoid asking a client to put their hands on your body's pectoral, lower abdominal, groin, or gluteal areas.



Physical touch is part of how we assess and treat our clients but to ensure client comfort, we must remain sensitive to how our clients experience therapeutic touch. Use clear communication to share your clinical rationale, always offer alternative options to facilitate client learning, avoid sensitive areas of the body, and be sure to discuss and confirm consent.

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

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