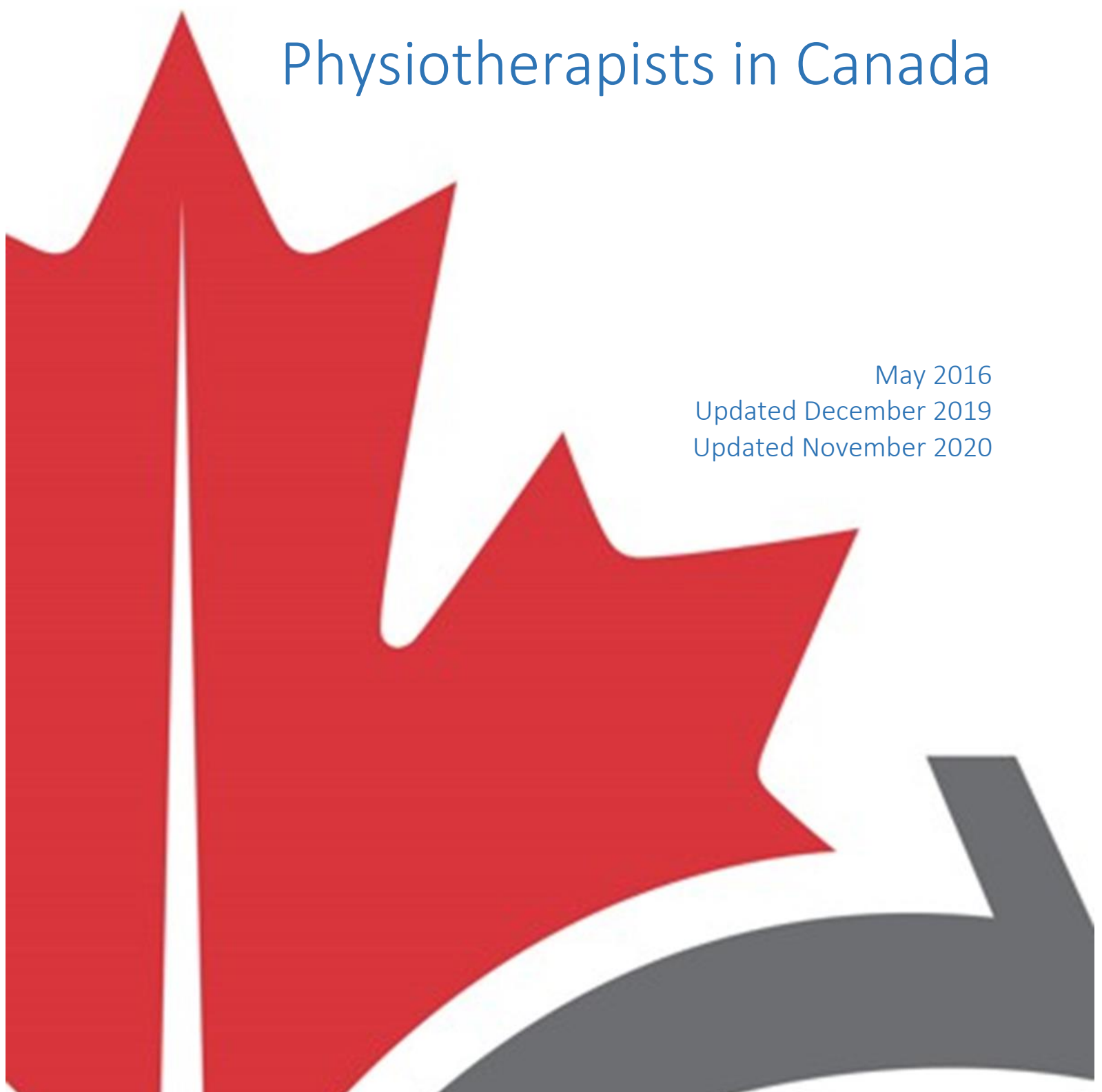


# Core Standards of Practice for Physiotherapists in Canada

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*Core Standards of Practice*

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## I. INTRODUCTION

### Background

Standards of practice are one component of a continuum of documents including codes of ethics, position statements, practice guidelines, Essential Competencies, and Entry-to-Practice Milestones which direct the practice of professionals to provide **quality**<sup>1</sup> care. In the physiotherapy<sup>2</sup> profession each regulatory organization in Canada has its own set of standards and code of ethics, even though physiotherapy practice is more similar than dissimilar across the country. The Core Standards of Practice have been developed to reflect current and future practice trends, and to be generally applicable to all physiotherapists in Canada.

The Core Standards of Practice are intended to serve as a guide and resource to Canadian physiotherapy regulatory organizations. In each jurisdiction they may be used: in their entirety or in sections; in modified form to reflect jurisdictional legislation; or as a resource for the development of standards for the specific jurisdiction. The Core Standards are to be applied and interpreted in conjunction with federal/provincial/territorial legislation, regulatory requirements and guidelines. In the case of inconsistencies between the Core Standards of Practice and provincial/territorial legislation, the latter will apply.

### Purpose of Standards of Practice

Standards of Practice serve several purposes including:

- Defining the minimum performance expectations that **regulated members** of the profession must meet. Standards inform physiotherapists of the expectations, obligations, and requirements of their professional role.
- Fulfilling the requirements for self-regulation and providing a frame of reference for regulatory organizations against which actual performance can be compared for quality practice.
- Providing a reference to the public related to expectations for quality care delivered by professionals.

### Assumptions

The Core Standards of Practice are based on assumptions which frame the context for the Standards. The assumptions underpinning the Standards are listed with reference to the professional Physiotherapist, the Regulatory Organization, and the Standards themselves as follows:

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

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<sup>1</sup> A glossary of terms is included at the end of this document. Terms included in the Glossary are indicated in **bold** the first time they appear in the Standards.

<sup>2</sup> The terms physical therapy/physiotherapy and physical therapist/physiotherapist are considered synonymous and are used interchangeably in this document.

- The Regulatory Organization
  - develops/adopts standards as a basis for monitoring registrants' performance, and
  - 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, and
  - are to be applied as a comprehensive unit that physiotherapists must comply with to direct their practice at all times.

### **How the Core Standards of Practice are Organized**

The Core Standards of Practice are organized alphabetically for ease of access.

Each standard includes the following:

- *A standard statement* that outlines the expected performance of the regulated member.
- *Expected outcome* that describes what clients can expect from services when the standard is met by the physiotherapist.
- *Performance expectations* that outline the actions that must be demonstrated by the physiotherapist to indicate how the standard is met in practice. The expectations are not all inclusive nor are they listed in order of importance.
- *Related standards* that provide complementary and/or additional information related to the specific standard.
- *Resources* that support and provide additional information related to each standard. In addition to the resources listed, legislation in place in each provincial/territorial jurisdiction should also be considered.

## II. CORE STANDARDS OF PRACTICE

### Standard 1. Advertising

#### Standard

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

#### Expected Outcome

**Clients** can expect that advertising of **physiotherapy services** and products is not misleading and enables them to make informed choices.

#### Performance Expectations

The physiotherapist:

- a. Makes reasonable efforts to confirm that all advertising of physiotherapy services and products is truthful, accurate, and verifiable.
- b. Refrains from using advertising that:
  - i. promotes unnecessary services;
  - ii. provides unsubstantiated claims or guarantees of successful results;
  - iii. makes comparative statements about service quality, health providers, and products and/or endorses products for financial gain; and
  - iv. questions or diminishes the skills of other providers or the services of other clinics or facilities.
- c. Advertises only the physiotherapy services that he/she is competent to perform.

#### Related Standards

- Standard 5. Communication
- Standard 7. Conflict of Interest
- Standard 13. Legislative Responsibilities
- Standard 20. Use of Title

## Standard 2. Client Assessment, Diagnosis, Interventions

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

- a. Obtains clients' ongoing informed consent to proposed services.
- b. Applies appropriate assessment procedures to evaluate clients' health status using **standardized measures** as available.
- c. Uses critical thinking and professional judgment to interpret the assessment findings and determine a physiotherapy diagnosis.
- d. In collaboration with clients, develops realistic intervention plans to address clients' needs and goals.
- e. Applies intervention procedures safely and effectively.
- f. Assigns appropriate tasks to **supervisees** with clients' consent.
- g. Re-evaluates and monitors clients' responses throughout the course of interventions, making adjustments and discontinuing services that are no longer required or effective.
- h. Makes appropriate referrals when clients' needs are best addressed in collaboration with/or by another provider.
- i. Collaborates with clients and other providers as appropriate to plan and implement discharge plans.
- j. Provides client education to enable and optimize clients' transition to self-management.
- k. Promotes continuity in service by collaborating and facilitating clients' transition from one health sector or provider to another.
- l. Delivers only services that are clinically indicated for clients, and that he/she is competently able to provide.
- m. Advocates within her/his capabilities and context of practice for clients to obtain the resources they require to meet their health goals.

### Related Standards

- Standard 3. Client-Centred Care
- Standard 4. Collaborative Practice
- Standard 6 Competence
- Standard 8. Consent
- Standard 9. Documentation and Record Keeping
- Standard 10. Evidence-Informed Practice
- Standard 19 Supervision

### **Standard 3. Client-Centred Care**

#### **Standard**

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

#### **Expected Outcome**

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

#### **Performance Expectations**

The physiotherapist:

- a. Treats clients in a manner that recognizes and appreciates their autonomy, uniqueness, goals, and self-worth at all times.
- b. Involves clients in decision-making regarding their care, respecting their independence and right to refuse or withdraw from treatment at any time.
- c. Communicates with clients to facilitate their understanding of the care plan and how it addresses their goals; outline the risks and benefits of services; and obtain informed consent.
- d. Monitors clients' responses throughout service delivery, adjusting and modifying interventions/approaches as required, and obtaining ongoing informed consent.
- e. Treats all clients with compassion, respect, and dignity throughout the course of their care.

#### **Related Standards**

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 5. Communication
- Standard 8. Consent
- Standard 9. Documentation and Record Keeping
- Standard 15. Professional Boundaries



## Standard 4. Collaborative Practice

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

- a. Works collaboratively with clients, health care team members, and other stakeholders to promote shared decision-making and integrated care.
- b. Uses shared leadership and conflict resolution strategies to resolve or accept differences and optimize effective team collaboration.
- c. Communicates effectively, obtaining informed consent and maintaining confidentiality with clients, team members, and other stakeholders at all times.
- d. Shares information with clients, team members, and other stakeholders about the roles and responsibilities of physiotherapists in client-centred care.
- e. Consults with/refers to the appropriate team member when aspects of clients' goals are best addressed by another provider.
- f. Communicates effectively with clients, team members, and other stakeholders to facilitate collaboration and coordinate care.
- g. Participates in **concurrent treatment** of the same condition when approaches are **complementary**, of benefit to clients, and an appropriate use of human/financial resources.
- h. Discontinues concurrent services and documents when approaches conflict, there is inefficient use of resources, and/or the risks outweigh the benefits to clients.
- i. Treats clients, health care team members, and other stakeholders with dignity and respect at all times.

### Related Standards

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 3. Client-Centred Care
- Standard 5. Communication
- Standard 8. Consent
- Standard 9. Documentation and Record Keeping
- Standard 14. Privacy/Confidentiality
- Standard 15. Professional Boundaries

## Standard 5. Communication

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

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

### Related Standards

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 3. Client-Centred Care
- Standard 4. Collaborative Practice
- Standard 9. Documentation and Record Keeping
- Standard 14. Privacy/Confidentiality

## **Standard 6. Competence**

### **Standard**

The physiotherapist practices within her/his level of **competence** and actively pursues continuous lifelong learning to maintain competence in existing and emerging areas of her/his practice.

### **Expected Outcome**

**Clients** can expect that the services they receive are delivered by a physiotherapist who actively maintains her/his competence in existing and emerging areas of practice.

### **Performance Expectations**

The physiotherapist:

- a. Practices within her/his level of competence, incorporating the required knowledge and skills to deliver quality client-centred care.
- b. Takes appropriate actions (e.g., referral to another physiotherapist or health care provider, courses, mentorship) in situations where he/she does not have the required competence to deliver quality client-centred care.
- c. Complies with the appropriate provincial/territorial regulatory requirements of continuing competence programs.
- d. Engages in self-reflection to identify learning needs and objectives to maintain competence.
- e. Actively participates in self-directed life-long learning to maintain competence in existing practice areas and to acquire competence in new and emerging areas of practice.

### **Related Standards**

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 10. Evidence-Informed Practice
- Standard 13. Legislative Responsibilities

## **Standard 7. Conflict of Interest**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist must:

- a. Identify and manage any situations of real, potential or perceived conflicts of interest. This includes but is not limited to:
  - i. receiving financial or other benefits from other providers related to accepting referrals, providing services, or selling products;
  - ii. providing and/or accepting incentives to/from others to generate referrals, provide services, or sell products;
  - iii. receiving financial incentives based on client numbers, service volumes, profits, etc.; and
  - iv. self-referring clients acquired in the public sector for treatment in the private sector for her/his own personal gain.
- b. Refrain from participating in any real, potential, or perceived conflicts of interest. In situations where conflict of interest cannot be avoided; manage and provide full disclosure of the conflict of interest to clients and others as appropriate; and document in a complete, open, and timely manner how the conflict was managed.
- c. Make a reasonable effort to refrain from providing services to an individual with whom he/she has a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., where no other professional with the specific skills is available), fully disclose and document the conflict of interest, indicating how the relationship is to the client's benefit and in compliance with regulatory requirements.

### **Related Standards**

- Standard 1. Advertising
- Standard 3. Client-Centred Care
- Standard 8. Consent
- Standard 13. Legislative Responsibilities

## **Standard 8. Consent**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist:

- a. Communicates with clients to explain and facilitate their understanding of physiotherapy service options.
- b. Explains to clients the risks and benefits of physiotherapy service options and the consequences of participating or not in proposed interventions.
- c. Obtains and documents clients' ongoing informed consent to proposed services.
- d. Respects the autonomy of clients to question, decline options, refuse, and/or withdraw from services at any time.
- e. Obtains informed consent from the appropriate individual, according to applicable legislation and regulatory requirements, in cases when clients are incompetent, incapacitated, and/or unable to provide consent.
- f. In situations of physiotherapy research, obtains approval from the appropriate research ethics authority and informed consent from clients prior to their participation in studies.

### **Related Standards**

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 3. Client-Centred Care
- Standard 5. Communication
- Standard 9. Documentation and Record Keeping
- Standard 19. Supervision

## Standard 9. Documentation and Record Keeping

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

- a. Maintains and shares all documentation, correspondence, and records (e.g., paper, electronic) in compliance with applicable legislation and regulatory requirements including confidentiality and privacy standards.
- b. Maintains legible, accurate, complete (e.g., date, provider signature, unique client identification), and timely records related to all aspects of client care in either French or English.
- c. Confirms that all correspondence (e.g., **electronic communication, social media**) and documentation is professionally written in compliance with applicable legislation and regulatory requirements.
- d. Makes changes to existing records in compliance with applicable legislation and regulatory requirements.
- e. Verifies that personal information (documents/data) contained in electronic record systems is protected when in storage and transferred through the appropriate use of electronic security mechanisms (e.g., passwords, encryption).
- f. Verifies that electronic records have an audit trail that clearly captures access and documentation or alterations made to the record (e.g., the time and date, individuals who access the record and/or make late entries, and changes).
- g. Makes a reasonable effort to confirm that all professional electronic correspondence is sent to the intended recipient.
- h. Retains records (e.g., client, equipment, financial) according to the length of time specified by applicable legislation and regulatory requirements.
- i. Disposes of records (e.g., electronic, paper) in a manner that maintains privacy and confidentiality of personal information.
- j. Takes action to prevent abandonment of client records (e.g., in the case of retirement, closing a practice).

### Related Standards

- Standard 5 Communication
- Standard 13. Legislative Compliance
- Standard 14. Privacy/ Confidentiality

## **Standard 10. Evidence-Informed Practice**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist:

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

### **Related Standards**

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 3. Client-Centred Care
- Standard 6. Competence
- Standard 8. Consent

## Standard 11. Fees and Billing

### Standard

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

### Expected Outcome

Clients can expect that fee schedules and billing practices for physiotherapy services are transparent, justifiable, and clearly communicated.

### Performance Expectations

The physiotherapist:

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

### Related Standards

- Standard 3. Client-Centred Care
- Standard 7. Conflict of Interest
- Standard 9. Documentation and Record Keeping
- Standard 13. Legislative Responsibilities



## Standard 12. Infection Control

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

- a. Acquires the education, training, and proficiency to apply infection prevention and control techniques in physiotherapy practice (e.g., when needling, suctioning).
- b. Adheres to best practices of infection prevention and control in physiotherapy practice according to applicable legislation, regulatory requirements, standards, and guidelines.
- c. Maintains the cleanliness of all spaces, equipment, and devices according to appropriate legislation, infection prevention and control standards/policies, and manufacturers' recommendations.
- d. Disposes of devices and materials according to best practices and established protocols.
- e. Uses **universal precautions** (e.g., hand washing, personal protective equipment) when in contact with potentially infectious substances (e.g., sputum, blood).

### Related Standards

- Standard 9. Documentation and Record Keeping
- Standard 16. Quality Improvement
- Standard 17. Risk Management
- Standard 18. Safety

## **Standard 13. Legislative Responsibilities**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist:

- a. Maintains current registration with the appropriate physiotherapy regulatory organization.
- b. Is knowledgeable of and complies with relevant federal/provincial/territorial legislation (e.g., privacy legislation, health profession acts) applicable to her/his practice.
- c. Practices in accordance with physiotherapy regulatory requirements (e.g., scope of practice, code of ethics, standards of practice, continuing competence, mandatory reporting, use of title).
- d. Takes responsibility and is accountable for her/his actions.
- e. Conducts her/himself in a manner that promotes respect for the profession.

### **Related Standards**

- Standard 7. Conflict of Interest
- Standard 8. Consent
- Standard 14. Privacy/ Confidentiality
- Standard 18. Safety
- Standard 20. Use of Title

## **Standard 14. Privacy/Confidentiality**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist:

- a. Complies with all relevant federal/provincial/territorial legislation and regulatory requirements associated with privacy and confidentiality of clients' personal information.
- b. Protects clients' privacy and personal information at all times.
- c. Maintains security of all client documentation/records (e.g., paper, electronic) at all times (e.g., during data collection, storage, transfer, disposal).
- d. Obtains and documents clients' informed consent prior to disclosing confidential information to other parties including communicating and sharing information electronically in accordance with applicable legislation and regulatory requirements.
- e. Only accesses relevant client information/data when providing professional services for the specific client, in keeping with legislative compliance.
- f. Reports data breaches in keeping with relevant federal/provincial/territorial privacy legislation.

### **Related Standards**

- Standard 3. Client-Centred Care
- Standard 8. Consent
- Standard 9. Documentation and Record Keeping
- Standard 13. Legislative Responsibilities

## Standard 15. Professional Boundaries

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

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

### Related Standards

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 3. Client-Centred Care
- Standard 7. Conflict of Interest
- Standard 8. Consent

## **Standard 16. Quality Improvement**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist:

- a. Accesses and applies relevant information to improve client care and the delivery of physiotherapy services.
- b. Engages in continuous quality improvement processes that include the development, implementation, and evaluation of new and improved physiotherapy services to enhance client care as appropriate.
- c. Supports the development of new evidence and best practices by participating in clinical research and program evaluation as appropriate.

### **Related Standards**

- Standard 3. Client-Centred Care
- Standard 10. Evidence-Informed Practice

## Standard 17. Risk Management

### Standard

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

### Expected Outcome

**Clients** can expect that they will be informed of risks inherent to their care, measures will be taken to minimize risks, and they will be safe in the care of the physiotherapist.

### Performance Expectations

The physiotherapist:

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

### Related Standards

- Standard 3. Client-Centred Care
- Standard 8. Consent
- Standard 12. Infection Control
- Standard 18. Safety

## Standard 18. Safety

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

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

### Related Standards

- Standard 3. Client-Centred Care
- Standard 5. Communication
- Standard 8. Consent
- Standard 12. Infection Control
- Standard 16. Quality Improvement
- Standard 17. Risk Management

## Standard 19. Supervision

### Standard

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

### Expected Outcome

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

### Performance Expectations

The physiotherapist:

- a. Assesses the knowledge and skills of supervisees, and assigns only those tasks/activities that fall within the supervisee's competence.
- b. Communicates to clients the roles, responsibilities, and accountability of supervisees participating in the delivery of physiotherapy services.
- c. Uses mechanisms (e.g., name tags, introduction) so that supervisees are readily identifiable.
- d. Assesses clients to determine those appropriate to receive services from supervisees, assigns tasks, and supervises accordingly and in compliance with applicable regulatory requirements.
- e. Obtains clients' informed consent for the delivery of services by supervisees.
- f. Employs supervision strategies (direct and indirect) to maintain client safety and the provision of quality care which take into account the competence of the supervisee, the client care needs, and other factors related to the practice environment.
- g. Establishes ongoing communication processes with supervisees.
- h. Monitors documentation by supervisees to confirm that this documentation is in accordance with regulatory requirements.
- i. Monitors and evaluates the delivery of services by supervisees.
- j. Reassesses clients, monitors outcomes, documents, and reassigns service delivery as determined by clients' needs.
- k. Reassigns the supervision of supervisees when the physiotherapist is not available to supervise.
- l. Advises clients and employers that delivery of physiotherapy services by supervisees must be discontinued when the physiotherapist is no longer involved in client care.

### Related Standards

- Standard 2. Client Assessment, Diagnosis, Interventions
- Standard 3. Client-Centred Care
- Standard 8. Consent
- Standard 18. Safety



## **Standard 20. Use of Title**

### **Standard**

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

### **Expected Outcome**

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

### **Performance Expectations**

The physiotherapist:

- a. Is registered with the appropriate physiotherapy provincial/territorial regulatory organization when using the protected title.
- b. Identifies her/himself using the protected title as outlined by the appropriate provincial/territorial regulatory organization.
- c. Uses other credentials accurately, in association with and following the protected title according to regulatory requirements.
- d. Uses the title 'Doctor' or 'Dr' and/or clinical specialist designations in accordance with regulatory requirements.
- e. Reports the unauthorized use of the protected title to the appropriate physiotherapy regulatory organization.

### **Related Standards**

- Standard 1. Advertising
- Standard 13. Legislative Responsibilities

## Standard 21. Telerehabilitation

### Standard

Physiotherapists integrate **telerehabilitation** into their physiotherapy practice, when indicated and appropriate, to address **client** care needs considering contextual factors, respecting all ethical and professional expectations, and legal requirements regarding the provision of **physiotherapy services**.

### Expected Outcome

Clients can expect to receive quality and safe care when receiving physiotherapy services via telerehabilitation.

### Performance Expectations

The physiotherapist:

- a. Is aware of and complies with licensing requirements in their **primary or home jurisdiction** and in the jurisdiction where the client is located.
- b. Ensures they are competent to provide telerehabilitation.
- c. Maintains professional liability insurance coverage inclusive of telerehabilitation services, in accordance with primary jurisdictional requirements.
- d. Is aware of and complies with all standards of practice and the code of ethical conduct, with attention to their unique application to the delivery of telerehabilitation services.
- e. Discloses their location and registration status to the client prior to the initial encounter.
- f. Advises the client of where they are licensed and how to contact the regulatory college in the primary or home jurisdiction.
- g. Confirms the identity and location of the client and records that information in the clinical record at each consultation.
- h. Discloses the identities and roles of other participants involved in the delivery of telerehabilitation and confirms client consent to their involvement in advance of service provisions, documenting this in the clinical record.
- i. Employs reasonable safeguards (physical, technical, and administrative) to protect the privacy and security of client information.
- j. Identifies risks related to telerehabilitation service provision and provides telerehabilitation services only when they pose equal or lesser risk than in-person services.
- k. Obtains **informed consent** from the client for the use of telerehabilitation technologies in the delivery of patient care services.
- l. Provides telerehabilitation services only when the client's condition can be adequately assessed via telerehabilitation.
- m. As is feasible considering geography, transfers the client to in-person services (including referral to a new physiotherapist if necessary) or recommends the same to the client, if telerehabilitation services do not allow for appropriate<sup>3</sup> assessment and/or treatment of the client
- n. Has a critical event management plan in place to manage safety concerns and potential **adverse events**.

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<sup>3</sup> Appropriate means of sufficient quality and comprehensiveness to determine a physiotherapy diagnosis and treatment plan.

**Related Standards**

- Standard 3. Client-Centred Care
- Standard 6. Competence
- Standard 8. Consent
- Standard 13. Legislative Responsibilities
- Standard 14. Privacy/Confidentiality

### III. GLOSSARY

**Adverse events** refer to “an event that results in unintended harm to the patient and is related to the care and/or services provided to the patient rather than to the patient’s underlying condition.”<sup>4</sup>

**Client-centred approach** refers to “an approach which recognizes the physiotherapist’s expertise and values, respect for and partnership with the people receiving physiotherapy care, including the client’s ability to make key choices in services delivered.”<sup>5</sup>

**Clients** are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances clients/patients may be represented by their substitute decision-makers.<sup>6</sup>

**Collaborative practice** refers to “the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships.”<sup>7</sup>

**Competence** is the degree to which an individual can use the knowledge, skills, and judgements associated with the profession to perform effectively within the domain of professional encounters defining the scope of professional practice.<sup>8</sup> Competence is developmental, impermanent, and context-specific.<sup>9</sup>

**(A) competency** is the ability to perform a practice task with a specified level of proficiency.

**Complementary** refers to “use of two things when each adds something to the other or helps to make the other better: going together well: working well together.”<sup>10</sup>

**Comprehensive** refers to “complete; including all or nearly all elements or aspects of something.”<sup>11</sup>

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<sup>4</sup> Canadian Patient Safety Institute. (2009). *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*. Available at:

<http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf>

<sup>5</sup> Physiotherapy Alberta College + Association. (2012). *Standards of Practice for Alberta Physiotherapists*. Available at: [http://www.physiotherapyalberta.ca/files/practice\\_standards\\_all\\_2012\\_revised.pdf](http://www.physiotherapyalberta.ca/files/practice_standards_all_2012_revised.pdf)

<sup>6</sup> Adapted from National Physiotherapy Advisory Group. (2017). *Competency Profile for Physiotherapists in Canada*. Available at: <https://www.peac-aepc.ca/pdfs/Resources/Competency%20Profiles/Competency%20Profile%20for%20PTs%202017%20EN.pdf>

<sup>7</sup> Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)

<sup>8</sup> Kane, M. T. (1992). The Assessment of Professional Competence. *Evaluation & The Health Professions*, Vol. 15, No. 2, 163-182, Sage Publications Inc.

<sup>9</sup> Epstein, R. M., & Hundert, E. M. (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, 287, 226–235.

<sup>10</sup> Merriam-Webster. (2015). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/complementary>

<sup>11</sup> Merriam-Webster. (2015). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/comprehensive>

**Concurrent treatment** refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”<sup>12</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>13</sup>

**Conflicts of interest** refers to situations that arise when the physiotherapist has a relationship or interest that may be seen as improperly influencing their professional judgement or ability to act in the best interest of the client.”<sup>14</sup>

**Electronic communication, social media** refers to “software, applications (including those running on mobile devices), e-mail and websites, which enable users to interact, create and exchange information online.”<sup>15</sup> While not strictly speaking electronic communication or social media, the use of videography or the taking and communication of photographs are included in this definition relating to technology.

**Evidence-informed practice** is “derived from evidence-based practice<sup>16</sup> and involves clinical problem solving and decision making informed by integrating best available evidence, client context and the personal knowledge and experience of the physiotherapist.”<sup>17</sup>

**Infection prevention and control** refers to “measures practiced by healthcare personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between patients, from healthcare workers to patients, and from patients to healthcare workers in the healthcare setting.”<sup>18</sup>

**Informed consent** refers to “receiving client or their legally authorized representative’s permission to proceed with an agreed course of physiotherapy service. Consent may be revoked at any time... Consent can be written or oral, and may be expressed or implied. Having a written consent form does not mean there is informed consent. Informed consent involves ongoing communication between the parties involved.”<sup>19</sup>

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<sup>12</sup> College of Physiotherapists of Ontario. (2007). *Concurrent Treatment of a Patient by a Physiotherapist and another Health care Professional – Standards for Professional Practice*. Available at: [http://www.collegept.org/Assets/website/registrants/guideenglish/standards\\_framework/standards\\_practice\\_guides/StandardConcurrentTreatmentOfPatient.pdf](http://www.collegept.org/Assets/website/registrants/guideenglish/standards_framework/standards_practice_guides/StandardConcurrentTreatmentOfPatient.pdf)

<sup>13</sup> Indiana University Office of Research Administration. (2015). *FAQs What is the Difference between Confidentiality and Privacy?* Available at:

<https://www.indiana.edu/~orafaq/faq/index.php?template=standaloneFAQ&action=artikel&cat=24&id=188&artlang=en>

<sup>14</sup> Physiotherapy Alberta College + Association. (2012). *Standards of Practice for Alberta Physiotherapists*. Available at: [http://www.physiotherapyalberta.ca/files/practice\\_standards\\_all\\_2012\\_revised.pdf](http://www.physiotherapyalberta.ca/files/practice_standards_all_2012_revised.pdf)

<sup>15</sup> Ontario College of Teachers. (2011). *Professional Advisory Use of Electronic Communication and Social Media*. Available at: <https://www.oct.ca/-/media/PDF/Advisory%20Social%20Media/ProfAdvSocMediaENPRINT.pdf>

<sup>16</sup> Sackett D.L., Straus S.C., Richardson W.S., Rosenbert W. & Harnes R.B. (2000). *Evidence Based Medicine: How to practice and teach EBM*. (2nd ed). Edinburgh: Churchill Livingstone.

<sup>17</sup> National Physiotherapy Advisory Group. (2016). *Essential Competencies and Entry to Practice Milestones*. (Presently under development.)

<sup>18</sup> College of Physiotherapists of Ontario. (2012). *Infection Control – Standards for Professional Practice*. Available at: [http://www.collegept.org/Assets/website/registrants/guideenglish/standards\\_framework/standards\\_practice\\_guides/Standard\\_Infection\\_Control\\_120726.pdf](http://www.collegept.org/Assets/website/registrants/guideenglish/standards_framework/standards_practice_guides/Standard_Infection_Control_120726.pdf)

<sup>19</sup> Physiotherapy Alberta College + Association. (2012). *Standards of Practice for Alberta Physiotherapists*. Available at: [http://www.physiotherapyalberta.ca/files/practice\\_standards\\_all\\_2012\\_revised.pdf](http://www.physiotherapyalberta.ca/files/practice_standards_all_2012_revised.pdf)

**Interventions** refer to physiotherapy services that “include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices.”<sup>20</sup>

**Near misses** refer to “a patient safety incident that did not reach the patient. Replaces ‘close call’.”<sup>21</sup>

**Personal information** refers to “information about an identifiable individual that is included in any form including...information relating to the education or the medical, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved...”<sup>22</sup>

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

**Physiotherapy services** are “services provided by or under the direction of a physiotherapist. This includes client assessment and intervention, and related communication with and reporting to various parties for the purposes of delivering patient care.”<sup>23</sup>

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

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

- Find what they need;
- Understand what they find; and
- Use what they find to meet their needs.”<sup>24</sup>

**Primary Jurisdiction** refers to the jurisdiction in which the physical therapist is licensed and where their primary residence is located.

**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>25</sup>

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<sup>20</sup> National Physiotherapy Advisory Group. (2009). *Essential Competency Profile for Physiotherapists in Canada*. Available at: <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>

<sup>21</sup> Canadian Patient Safety Institute. (2012). *Canadian Incident Analysis Framework*. Available at: <http://www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Documents/Canadian%20Incident%20Analysis%20Framework.PDF#search=near%20misses>

<sup>22</sup> Office of the Privacy Commissioner of Canada. (2015). *Frequently Asked Questions – What is personal information?* Available at: [https://www.priv.gc.ca/faqs/index\\_e.asp#q003](https://www.priv.gc.ca/faqs/index_e.asp#q003)

<sup>23</sup> National Physiotherapy Advisory Group. (2017). *Competency Profile for Physiotherapists in Canada*. Available at: <https://www.peac-aepc.ca/pdfs/Resources/Competency%20Profiles/Competency%20Profile%20for%20PTs%202017%20EN.pdf>

<sup>24</sup> Plain Language Action and Information Network. (2016). *What is plain language?* Available at: <http://www.plainlanguage.gov/whatisPL/>

<sup>25</sup> Indiana University Office of Research Administration. (2015). *FAQs What is the Difference between Confidentiality and Privacy?* Available at: <https://www.indiana.edu/~orafaq/faq/index.php?template=standaloneFAQ&action=artikel&cat=24&id=188&artlang=en>

**Professional boundaries** set the limitations around relationships between clients and health care providers to ensure the delivery of safe, ethical, client-centred care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with patients that are free of abuse, sexual and/or romantic encounters.<sup>26</sup>

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

**Quality** of health care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety”<sup>27</sup> of the services provided.

**Quality improvement** refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners, and educators — to make better and sustained improvements.”<sup>28</sup>

**Regulated members** refers to physiotherapists registered with a provincial/territorial regulatory organization.

**Risk management** refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events”.<sup>29</sup>

**Standardized measures** refers to “measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.”<sup>30</sup>

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<sup>26</sup> Adapted from College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Available at: [http://www.physiotherapyalberta.ca/physiotherapists/resources\\_to\\_help\\_you\\_meet\\_practice\\_standards/therapeutic\\_relationships](http://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/therapeutic_relationships)

<sup>27</sup> Health Quality Council of Alberta. (2005). *Alberta Quality Matrix for Health*. Available at: [https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA\\_Quality\\_Matrix\\_061713.pdf](https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf)

<sup>28</sup> Health Quality Ontario. (2015). *What is Quality Improvement?* Available at: <http://www.hqontario.ca/Quality-Improvement>

<sup>29</sup> Hubbard, D. (2009). *The Failure of Risk Management: Why it is Broken and How to Fix it*. John Wiley & Sons. P. 46.

<sup>30</sup> Fawcett, A. J. L. (2007). *Principles of Assessment and Outcome Measurement for Occupational Therapists and Physiotherapists: Theory, Skills and Application*. Hoboken, NJ; Chichester, West Sussex, England: John Wiley & Sons.

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

**Telerehabilitation** refers to the provision of services, support and information within the scope of practice of physical therapy, which are delivered remotely via technologies and devices which connect a service user and a physiotherapist at a distance. These may include, but are not limited to videoconferencing, email, apps, web-based communication, wearable technology, virtual reality or, artificial intelligence. Telerehabilitation may also be known as virtual care, digital practice or remote practice.

**Therapeutic relationship** refers to the relationship that exists between a physical therapist and a patient 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 patient in any way.<sup>31</sup>

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

**Universal precautions** refers to “precautions (that) are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.”<sup>33</sup>

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<sup>31</sup> Adapted from the College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries - a Resource Guide for Physical Therapists*. Available at: [https://www.physiotherapyalberta.ca/files/guide\\_therapeutic\\_relations.pdf](https://www.physiotherapyalberta.ca/files/guide_therapeutic_relations.pdf)

<sup>32</sup> Merriam-Webster. (2015). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely>

<sup>33</sup> World Health Organization. (2006). *Infection Control Standard Precautions in Health Care*. Available at: [http://www.who.int/csr/resources/publications/4EPR\\_AM2.pdf](http://www.who.int/csr/resources/publications/4EPR_AM2.pdf)