



STANDARDS OF PRACTICE

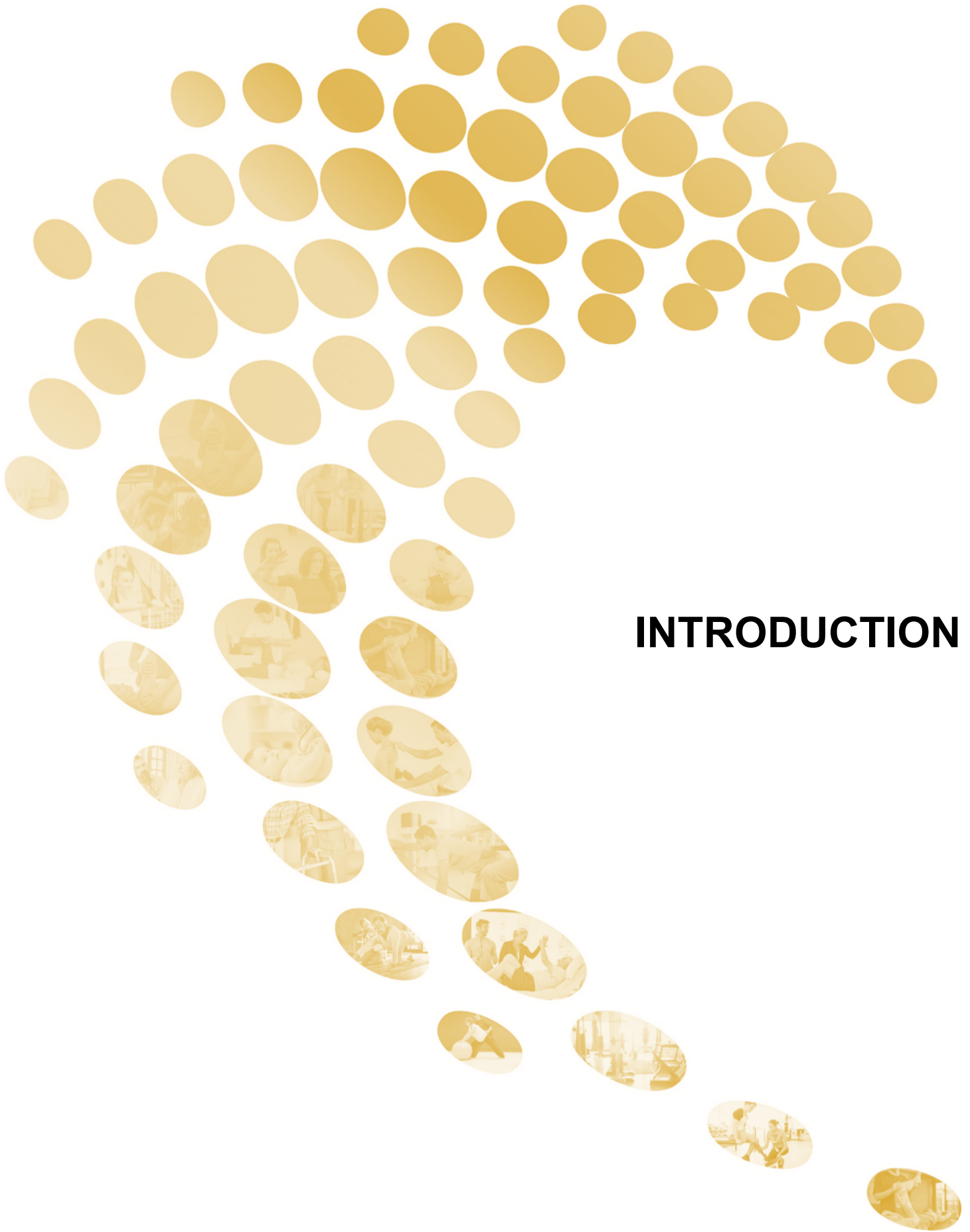
For Physical Therapists
in Saskatchewan

TABLE OF CONTENTS

INTRODUCTION	3
ETHICAL CODE OF CONDUCT	6
STANDARDS OF PRACTICE	13
ADVERTISING	14
CLIENT ASSESSMENT, DIAGNOSIS & INTERVENTIONS	15
CLIENT-CENTERED CARE	15
COLLABORATIVE PRACTICE	17
COMMUNICATION	18
COMPETENCE	19
CONFLICT OF INTEREST	20
CONSENT	21
DOCUMENTATION & RECORD KEEPING	22
EVIDENCE-INFORMED PRACTICE	23
FEES & BILLING	24
INFECTION CONTROL	25
LEGISLATIVE RESPONSIBILITIES	26
PRIVACY/ CONFIDENTIALITY	27
PROFESSIONAL BOUNDARIES	28
QUALITY IMPROVEMENT	29
RISK MANAGEMENT	30
SAFETY	31
SUPERVISION	32
TELEREHABILITATION	33
USE OF TITLE	34
SPECIALIZED PROCEDURES REGULATIONS	35
GLOSSARY	36

LINKED GLOSSARY

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. Ctrl+Clicking on the bold term will jump to the glossary.



INTRODUCTION

BACKGROUND

Standards of practice are one component of a continuum of documents including codes of ethics, position statements, practice guidelines, Essential Competencies, and Entry-to-Practice Milestones which direct the practice of professionals to provide quality care. In the physiotherapy profession each regulatory organization in Canada has its own set of standards and code of ethics, even though physiotherapy practice is more similar than dissimilar across the country. 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. The Core Standards of Practice have been used as a foundation for the Saskatchewan College of Physical Therapist's Standards of Practice.

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:

1. Physiotherapists
 - a. are typically autonomous self-regulated health care professionals bound by a code of ethics,
 - b. act in the best interests of clients and are committed to providing quality client-centered services, and
 - c. are expected to be knowledgeable of and comply with all standards at all times.
2. The Regulatory Organization
 - a. develops/adopts standards as a basis for monitoring registrants' performance, and
 - b. is committed to serving and protecting the interests of the public.
3. The Standards
 - a. outline minimum, mandatory performance requirements,
 - b. are interpreted within the context of the regional jurisdiction,
 - c. are one component of a continuum of professional documents outlining professionals' practice, and
 - d. are to be applied as a comprehensive unit that physiotherapists must comply with to direct their practice at all times.

ORGANIZATION OF CORE STANDARDS OF PRACTICE

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



Each standard includes the following:

1. A *standard statement* that outlines the expected performance of the regulated member.
2. *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.
3. *Expected outcome* that describes what clients can expect from services when the standard is met by the physiotherapist.
4. *Related standards* that provide complementary and/or additional information related to the specific standard.
5. *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.




ETHICAL CODE OF CONDUCT

PURPOSE

A code of ethical conduct sets out the ethical principles governing the conduct of members of the physiotherapy profession in Canada. It is a moral anchor that assures clients, the public, and other health care providers that members of the profession strive for the highest standards of ethical conduct. The code must reflect the societal ethics of the time, as well as the value systems and moral principles of the physiotherapy profession in Canada. The Code of Ethical Conduct applies to members of the physiotherapy profession in all contexts of practice and through all stages of their careers. It must always be used in conjunction with relevant federal and provincial legislation and with regulations, policies, procedures, and standards that regulate professional practice.

HOW TO USE THE CODE OF CONDUCT

The Code does not tell practitioners exactly how to act in every situation, rather it provides a benchmark against which to measure ethical decisions in every-day practice and in highly complex situations. In every situation, however, it is the duty of members of the profession to act in an ethically responsible manner, using the principles of the Code to guide ethical conduct. As ethical decision-making is often an interdisciplinary issue, practitioners are encouraged to seek additional advice or consultation when ethical decisions are unclear. Members of the physiotherapy profession should be able to articulate their rationale for all ethical decisions and should take responsibility for their decision-making and actions.



The ethical code of
conduct can also be found
on the SCPT website at this link:

<https://www.scpt.org>

> PT Resources

> Code of Ethical Conduct

This code applies to all registered
physiotherapists in Canada.

ETHICAL PRINCIPLES

Ethical principles form the foundation of ethical conduct and provide guidance along the pathway to ethical decision-making. While there are several approaches to ethical principles, this document uses the classical ethical principles described below as a basic guide to ethical conduct. Emphasis is on the pursuit of excellence in all professional activities, as well as the ability to act with integrity, accountability and good judgment in the best interests of the client, the public, the individual (self) and the profession.

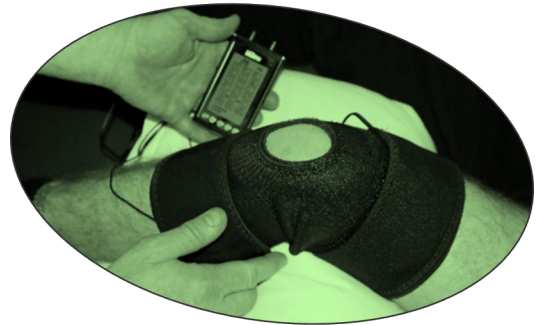


RESPECT FOR AUTONOMY

People should be allowed to make decisions that apply to their lives and to have control over their lives as much as possible. Autonomy requires a physiotherapist to respect a client's freedom to decide for themselves and includes obtaining informed consent.

BENEFICENCE

Guides the practitioner to do what is good with respect to the welfare of the client. In physiotherapy practice, the physiotherapist should provide benefit to the client's health.



LEAST HARM

Deals with situations in which none of the choices available are judged to be the best. In this case, a practitioner should choose to do the least harm possible and to do harm to the fewest people. For physiotherapists this may mean recommending an intervention that is the best of two alternatives even though both alternatives may have negative side effects.

JUSTICE

Requires that the actions chosen are objective and equitable to those involved. An ethical decision that relates to justice has a consistent logical basis that supports the decision. For physiotherapists, justice relates to treating people fairly and to allocating resources fairly between clients.

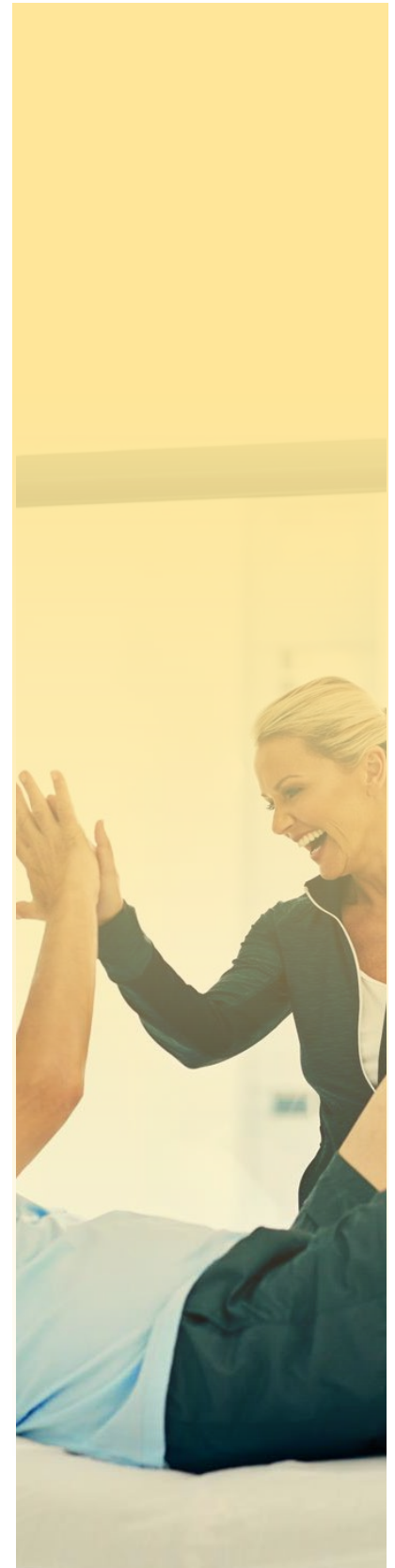


PROFESSIONAL VALUES

In addition to the ethical principles, there are several professional values that help to support ethical conduct in the profession - these are the values that underpin and motivate a member of the physiotherapy profession's efforts every day and inspire all of their actions. The key values include:

- | | |
|-------------------|-------------------|
| 1 Responsibility | 2 Excellence |
| 3 Trustworthiness | 4 Honesty |
| 5 Integrity | 6 Professionalism |
| 7 Citizenship | 8 Respect |
| 9 Dignity | 10 Communication |
| 11 Collaboration | 12 Advocacy |
| 13 Transparency | 14 Well-being |

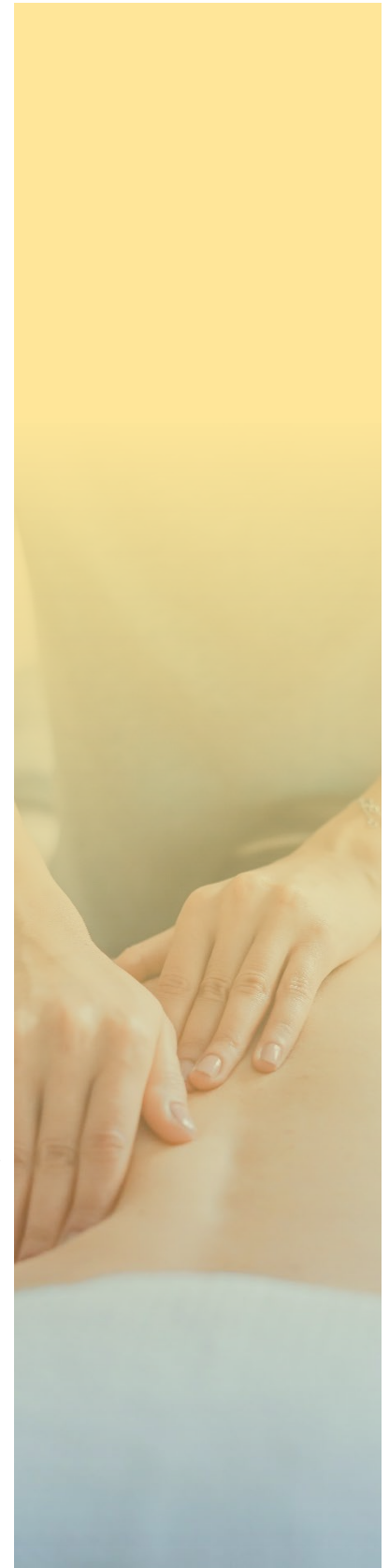
The ethical responsibilities below are described under three headings: those that apply to the client; those that apply to the public; and those that apply to the individual practitioner (self) and the profession. Ethical responsibilities are intended to serve as a guide to ethical conduct. They will not all apply all of the time nor in all situations, but they should serve as a reference to guide to sound ethical conduct and to help to prevent unethical behaviors and choices.



1. RESPONSIBILITIES TO THE CLIENT

MEMBERS OF THE PHYSIOTHERAPY PROFESSION HAVE AN ETHICAL RESPONSIBILITY TO:

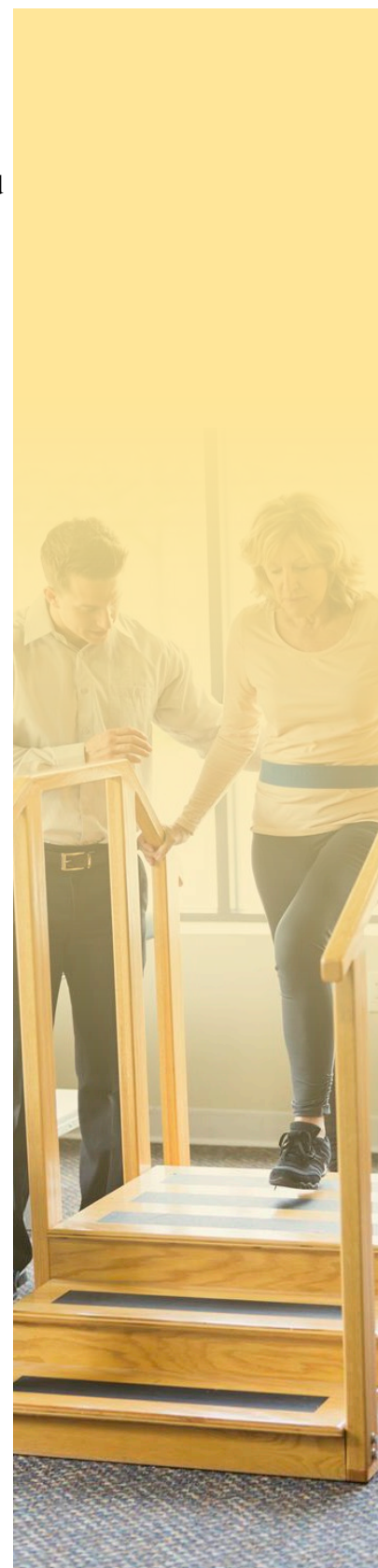
- 1 Demonstrate sensitivity toward individual **clients**, respecting and taking into consideration their unique rights, needs, beliefs, values, culture, goals, and environmental context.
- 2 Act in a respectful manner and do not refuse care or treatment to any client on the prohibited grounds of discrimination as specified in the Canadian Human Rights Act as well as on the grounds of social or health status.
- 3 Work in partnership with clients to improve, support and/or sustain their health status and well-being.
- 4 Maintain **professional boundaries** that honor and respect the **therapeutic relationship** with clients.
- 5 Communicate openly, honestly and respectfully with clients at all times.
- 6 Respect the principles of informed consent including by explaining service options, risks, benefits, potential outcomes, possible consequences of refusing treatment or services, and by avoiding coercion.
- 7 Treat clients only when the diagnosis or continuation of the intervention warrants treatment and is not contraindicated.
- 8 Respect and support the autonomy of the client to participate in the management and decision-making related to their own health.
- 9 Provide an alternative treatment option through referral to another health care provider/physiotherapist if the therapeutic relationship is compromised.
- 10 Respect the **confidentiality**, **privacy**, and security of client information in all forms of communication.
- 11 Use **electronic communication** and other forms of digital technology professionally and respectfully, conforming to confidentiality guidelines.
- 12 Practice in a safe, competent, accountable and responsible manner during the provision of services.
- 13 Take all reasonable steps to prevent harm to clients. Should harm occur disclose it to the client and others as required.
- 14 Take responsibility for the client care delegated to students and other members of the health care team.
- 15 Practice the profession of physiotherapy according to their own **competence** and limitations, referring the client to others as necessary.
- 16 Practice collaboratively with colleagues, other health professionals and agencies for the benefit of clients.
- 17 Enhance their expertise through lifelong acquisition and refinement of knowledge, skills, abilities and professional behaviours.
- 18 Comply with all legislation, guidelines, and regulatory requirements that pertain to the profession of physiotherapy.



2. RESPONSIBILITIES TO THE PUBLIC

MEMBERS OF THE PHYSIOTHERAPY PROFESSION HAVE AN ETHICAL RESPONSIBILITY TO:

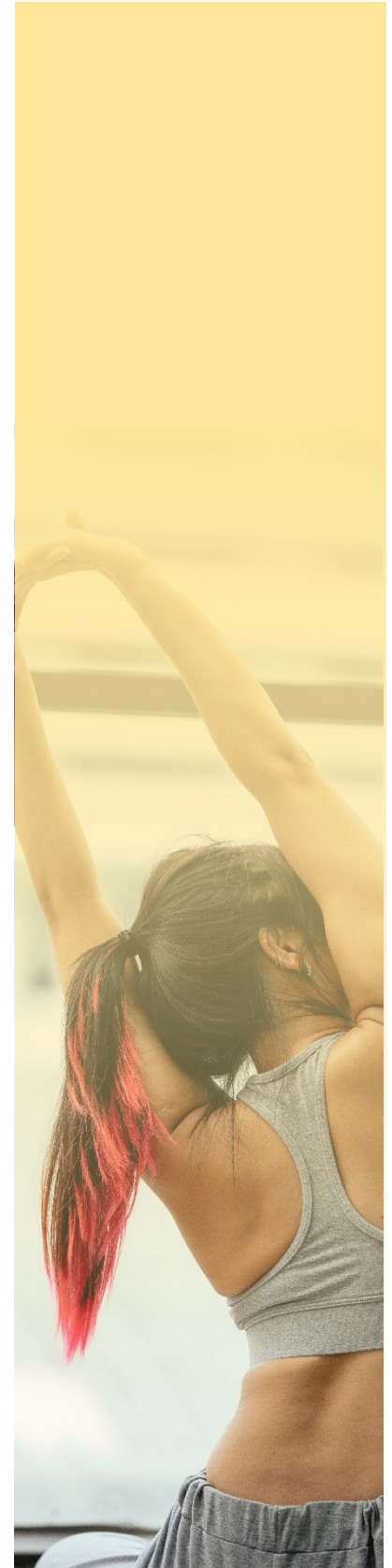
- 1 Conduct and present themselves with integrity and professionalism.
- 2 Respect diversity and provide care that is both culturally sensitive and appropriate.
- 3 Advocate within their capacity and context to address **clients** needs and the broad determinants of health and to improve the standards of health care.
- 4 Work effectively within the health care system and manage resources responsibly.
- 5 Act transparently and with integrity in all professional and business practices including fees and billing; advertising of professional services; and real and/or perceived **conflicts of interest**.
- 6 Assess the quality and impact of their services regularly.
- 7 Be professionally and morally responsible for addressing incompetent, unsafe, illegal, or unethical practice of any health care provider and legally responsible for reporting conduct that puts the client at risk to the appropriate authority/ies.
- 8 Take responsibility for their own physical and mental health and refrain from practicing physiotherapy while their ability to provide appropriate and competent care is compromised.



3. RESPONSIBILITIES TO SELF AND THE PROFESSION

MEMBERS OF THE PHYSIOTHERAPY PROFESSION HAVE AN ETHICAL RESPONSIBILITY TO:

- 1 Commit to maintaining and enhancing the reputation and standing of the physiotherapy profession, and to inspiring public trust and confidence by treating everyone with dignity and respect in all interactions.
- 2 Commit to life long learning and excellence in practice.
- 3 Act honestly, transparently and with integrity in all professional and business practices to uphold the reputation of the profession.
- 4 Recognize the responsibility to share evidence-informed and clinical best practices in physiotherapy with each other and other health care professionals.
- 5 Contribute to the development of the profession through support of research, mentoring, and student supervision.
- 6 Refrain from harassment, abuse or discrimination of colleagues, employees, or students.
- 7 Attend to their own health and well-being.





STANDARDS OF PRACTICE

1. ADVERTISING



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

RELATED STANDARDS

Standard 5: Communication

Standard 7: Conflict of Interest

Standard 14: Legislative Responsibilities

Standard 20: Use of Title

RELATED LEGISLATION

SCPT Bylaw 27

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Makes reasonable efforts to confirm that all advertising of **physiotherapy services** and products is truthful, accurate, and verifiable.
- 2 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
- 3 Advertises only the physiotherapy services that they are competent to perform. Advertising and marketing of physical therapy services and non-physical therapy services in the same advertisement, must, in addition to complying with any bylaws relating to advertising by members, be clear with respect to which services are physical therapy and which are not.

EXPECTED OUTCOME

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

2. CLIENT ASSESSMENT, DIAGNOSIS & INTERVENTIONS

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

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

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

RELATED STANDARDS

Standard 3 Client-Centered 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

RELATED LEGISLATION

SCPT Bylaw 17

SCPT Bylaw 18

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**.

3. CLIENT-CENTERED CARE



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

RELATED STANDARDS

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 5 Communication

Standard 8 Consent

Standard 9 Documentation and Record Keeping

Standard 15 Professional Boundaries

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Treats **clients** in a manner that recognizes and appreciates their autonomy, uniqueness, goals, and self-worth at all times.
- 2 Involves clients in decision-making regarding their care, respecting their independence and right to refuse or withdraw from treatment at any time.
- 3 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.
- 4 Monitors clients' responses throughout service delivery, adjusting and modifying **interventions**/approaches as required, and obtaining ongoing informed consent.
- 5 Treats all clients with compassion, respect, and dignity throughout the course of their care.

RELATED LEGISLATION

SCPT Bylaw 19

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.

4. COLLABORATIVE PRACTICE

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

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Works collaboratively with **clients**, health care team members, and other stakeholders to promote shared decision-making and integrated care.
- 2 Uses shared leadership and conflict resolution strategies to resolve or accept differences and optimize effective team collaboration.
- 3 Communicates effectively, obtaining informed consent and maintaining **confidentiality** with clients, team members, and other stakeholders at all times.
- 4 Shares information with clients, team members, and other stakeholders about the roles and responsibilities of physiotherapists in client-centered care.
- 5 Consults with/refers to the appropriate team member when aspects of clients' goals are best addressed by another provider.
- 6 Communicates effectively with clients, team members, and other stakeholders to facilitate collaboration and coordinate care.
- 7 Participates in **concurrent treatment** of the same condition when approaches are **complementary**, of benefit to clients, and an appropriate use of human/financial resources.
- 8 Discontinues concurrent services and documents when approaches conflict, there is inefficient use of resources, and/or the risks outweigh the benefits to clients.
- 9 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-Centered Care

Standard 5 Communication

Standard 8 Consent

Standard 9 Documentation and Record Keeping

Standard 14 Privacy/Confidentiality

Standard 15 Professional Boundaries

RELATED LEGISLATION

SCPT Bylaw 21

SCPT Bylaw 23

EXPECTED OUTCOME

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

5. COMMUNICATION



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

RELATED STANDARDS

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 3 Client-Centered Care

Standard 4 Collaborative Practice

Standard 9 Documentation and Record Keeping

Standard 14 Privacy/Confidentiality

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

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

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.

6. COMPETENCE



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

RELATED STANDARDS

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 10 Evidence-Informed Practice

Standard 13 Legislative Responsibilities

RELATED LEGISLATION

SCPT Bylaw 19

RELATED LINKS

SCPT Competency Program

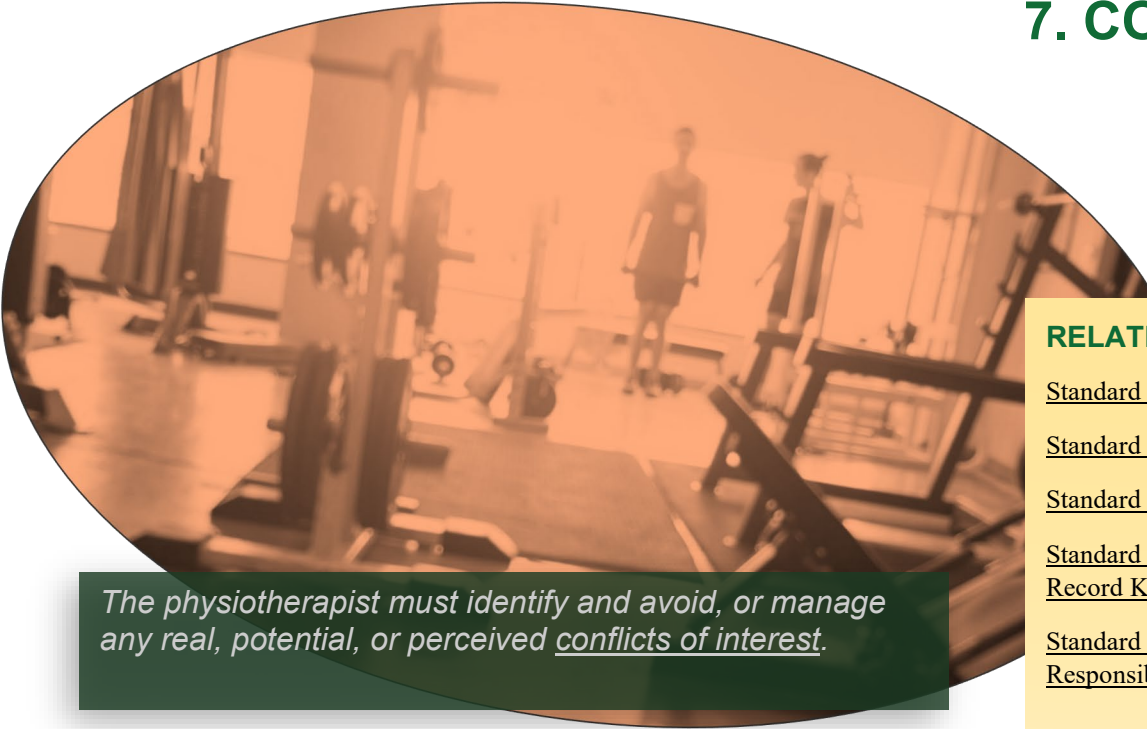
PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Practices within their level of **competence**, incorporating the required knowledge and skills to deliver quality client-centered care.
- 2 Takes appropriate actions (e.g., referral to another physiotherapist or health care provider, courses, mentorship) in situations where they do not have the required competence to deliver quality client-centered care.
- 3 Complies with the appropriate provincial/territorial regulatory requirements of continuing competence programs.
- 4 Engages in self-reflection to identify learning needs and objectives to maintain competence.
- 5 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.

EXPECTED OUTCOME

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

7. CONFLICT OF INTEREST



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

RELATED STANDARDS

Standard 1 Advertising

Standard 3 Client-Centered Care

Standard 8 Consent

Standard 9 Documentation and Record Keeping

Standard 13 Legislative Responsibilities

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

RELATED LEGISLATION

SCPT Bylaw 19

SCPT Bylaw 27

SCPT Bylaw 29

- 1 Identify and manage any situations of real, potential or perceived **conflicts of interest**. This includes but is not limited to:
 - a. receiving financial or other benefits from other providers related to accepting referrals, providing services, or selling products;
 - b. providing and/or accepting incentives to/from others to generate referrals, provide services, or sell products;
 - c. receiving financial incentives based on client numbers, service volumes, profits, etc.; and
 - d. self-referring **clients** acquired in the public sector for treatment in the private sector for their own personal gain.
- 2 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.
- 3 Make a reasonable effort to refrain from providing services to an individual with whom they have a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., where no other professional with the specific skills is available), fully disclose and document the conflict of interest, indicating how the relationship is to the client's benefit and in compliance with regulatory requirements.

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.

8. CONSENT



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

RELATED STANDARDS

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 3 Client-Centered Care

Standard 5 Communication

Standard 9 Documentation and Record Keeping

Standard 19 Supervision

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Communicates with **clients** to explain and facilitate their understanding of physiotherapy service options.
- 2 Explains to clients the risks and benefits of physiotherapy service options and the consequences of participating or not in proposed **interventions**.
- 3 Obtains and documents clients' ongoing informed consent to proposed services.
- 4 Respects the autonomy of clients to question, decline options, refuse, and/or withdraw from services at any time.
- 5 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.
- 6 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 LEGISLATION

SCPT Bylaw 23

SCPT Bylaw 26

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.

9. DOCUMENTATION & RECORD KEEPING

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.

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 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.
- 2 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.
- 3 Confirms that all correspondence (e.g., **electronic communication, social media**) and documentation is professionally written in compliance with applicable legislation and regulatory requirements.
- 4 Makes changes to existing records in compliance with applicable legislation and regulatory requirements.
- 5 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).
- 6 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).
- 7 Makes a reasonable effort to confirm that all professional electronic correspondence is sent to the intended recipient.
- 8 Retains records (e.g., client, equipment, financial) according to the length of time specified by applicable legislation and regulatory requirements.
- 9 Disposes of records (e.g., electronic, paper) in a manner that maintains **privacy** and confidentiality of personal information.
- 10 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

RELATED LEGISLATION

SCPT Bylaw 19

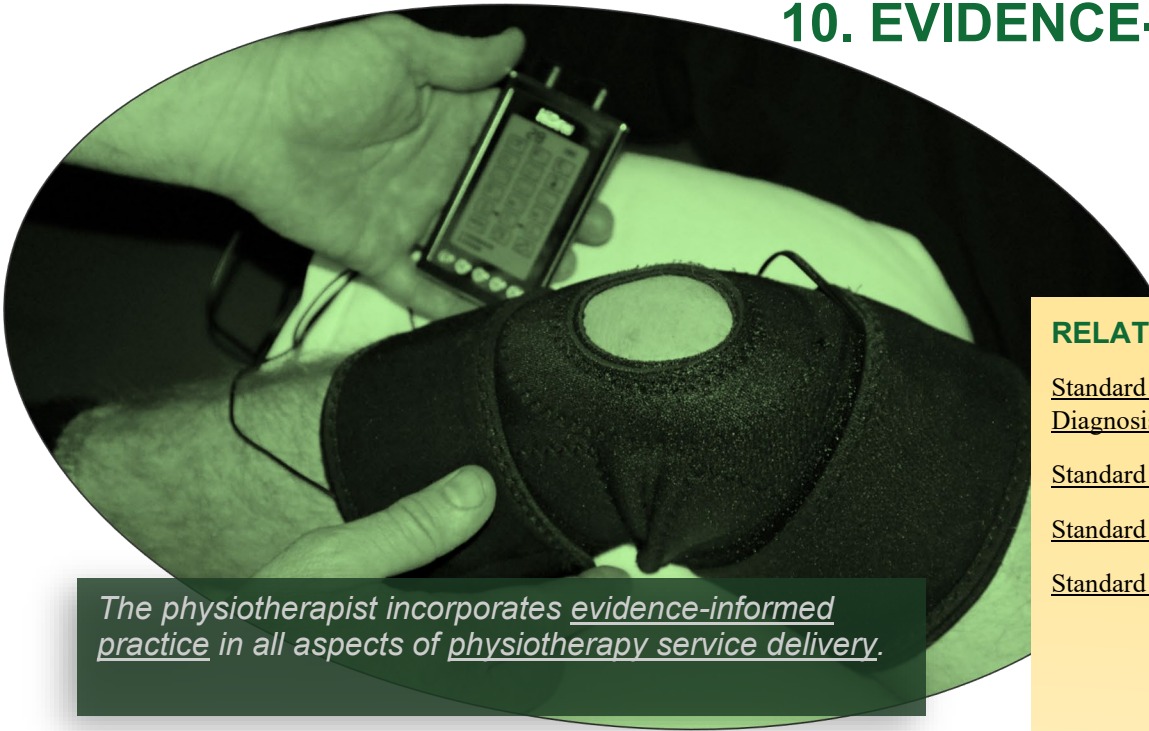
SCPT Bylaw 22

SCPT Bylaw 23

EXPECTED OUTCOME

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

10. EVIDENCE-INFORMED PRACTICE



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

RELATED STANDARDS

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 3 Client-Centered Care

Standard 6 Competence

Standard 8 Consent

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Incorporates current physiotherapy related evidence into client-centered care by reviewing relevant research/information and integrating findings into assessment and intervention plans.
- 2 Integrates critical thinking and professional judgment into client-centered care, evaluates their practice in terms of client outcomes, and modifies approaches based on this self-reflective process.
- 3 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.

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.

11. FEES & BILLING



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

RELATED STANDARDS

Standard 3 Client-Centered Care

Standard 7 Conflict of Interest

Standard 9 Documentation and Record Keeping

Standard 13 Legislative Responsibilities

RELATED LEGISLATION

SCPT Bylaw 22

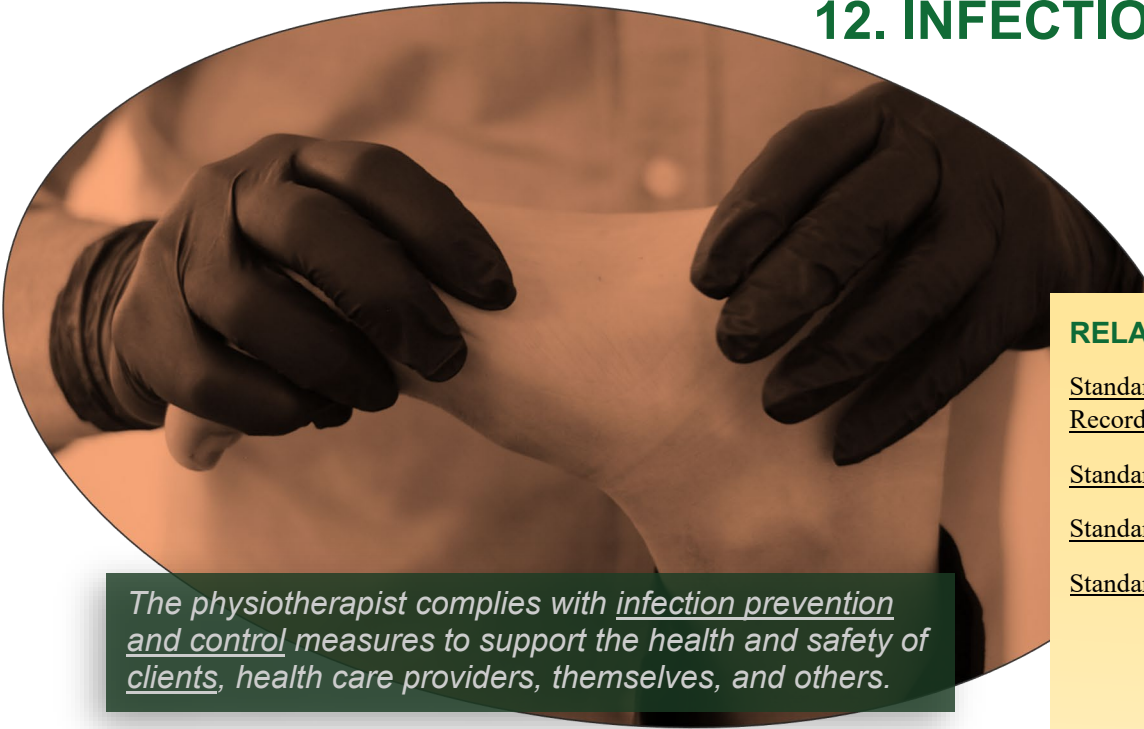
PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Clearly communicates applicable fees to **clients** prior to the provision of **physiotherapy services**.
- 2 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).
- 3 Provides clients with clear, transparent, accurate, and **comprehensive** invoices/receipts, in a **timely** manner.
- 4 Maintains accurate and complete financial records related to the provision of services.
- 5 Is responsible for all billing under their registration number, identifying and correcting any errors in a timely manner.
- 6 Confirms processes are in place to resolve issues arising from billing disputes.

EXPECTED OUTCOME

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

12. INFECTION CONTROL



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

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Acquires the education, training, and **proficiency** to apply **infection prevention and control** techniques in physiotherapy practice (e.g., when needling, suctioning).
- 2 Adheres to best practices of infection prevention and control in physiotherapy practice according to applicable legislation, regulatory requirements, standards, and guidelines.
- 3 Maintains the cleanliness of all spaces, equipment, and devices according to appropriate legislation, infection prevention and control standards/policies, and manufacturers' recommendations.
- 4 Disposes of devices and materials according to best practices and established protocols.
- 5 Uses **universal precautions** (e.g., hand washing, **personal protective equipment**) according to the risk assessment completed for all **clients**, to limit 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

RELATED LEGISLATION

SCPT Bylaw 18

RELATED RESOURCES

SHA Infection Prevention & Control Guidelines

SHA PPE Guidelines

Government of Saskatchewan Infection Prevention & Control Guidelines

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.

13. LEGISLATIVE RESPONSIBILITIES



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

RELATED STANDARDS

Standard 7 Conflict of Interest

Standard 8 Consent

Standard 14 Privacy/
Confidentiality

Standard 18 Safety

Standard 20 Use of Title

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Maintains current registration with the appropriate physiotherapy regulatory organization.
- 2 Is knowledgeable of and complies with relevant federal/provincial/territorial legislation (e.g., privacy legislation, health profession acts) applicable to their practice.
- 3 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).
- 4 Takes responsibility and is accountable for their actions.
- 5 Conducts themselves in a manner that promotes respect for the profession.

RELATED LEGISLATION

SCPT Bylaws

SCPT Personal Information and
Privacy Policy

Government of Saskatchewan
Personal Health Information &
Privacy

Health Information Privacy Act
(HIPA)

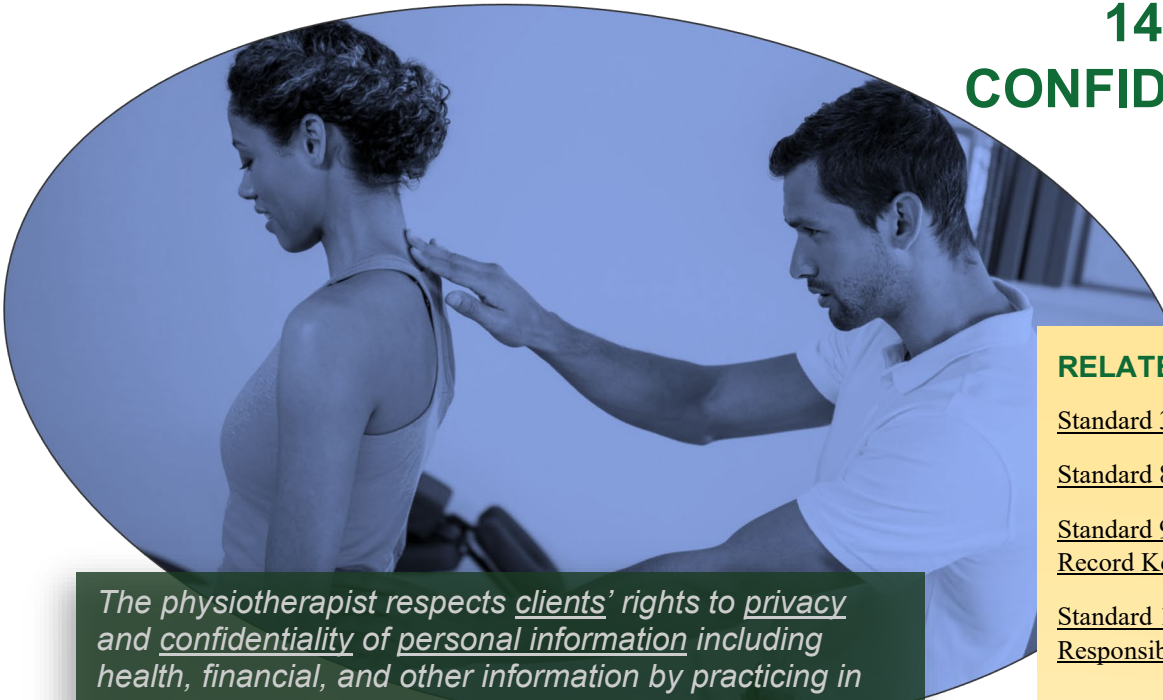
Saskatchewan Child Abuse
Protocol

Saskatchewan Substitute Health
Care Decision Makers Act, 2015

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 their practice.

14. PRIVACY/ CONFIDENTIALITY



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.

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Complies with all relevant federal/provincial/territorial legislation and regulatory requirements associated with **privacy** and **confidentiality** of **clients' personal information**.
- 2 Protects clients' privacy and personal information at all times.
- 3 Maintains security of all client documentation/records (e.g., paper, electronic) at all times (e.g., during data collection, storage, transfer, disposal).
- 4 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.
- 5 Only accesses relevant client information/data when providing professional services for the specific client, in keeping with legislative compliance.
- 6 Reports data breaches in keeping with relevant federal/provincial/territorial privacy legislation.

RELATED STANDARDS

Standard 3 Client-Centered Care

Standard 8 Consent

Standard 9 Documentation and Record Keeping

Standard 13 Legislative Responsibilities

RELATED LEGISLATION

Government of Saskatchewan
Personal Health Information &
Privacy

Health Information Privacy Act
(HIPA)

SCPT Personal Information and
Privacy Policy

RELATED RESOURCES

WCB

SGI

EXPECTED OUTCOME

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

15. PROFESSIONAL BOUNDARIES



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

RELATED STANDARDS

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 3 Client-Centered Care

Standard 7 Conflict of Interest

Standard 8 Consent

RELATED LEGISLATION

SCPT Bylaw 19

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Demonstrates sensitivity, accountability, integrity, honesty, compassion, and respect in all professional interactions.
- 2 Understands the impact of power, trust, respect, and physical closeness on relationships with **clients**, colleagues, students, and others.
- 3 Treats clients, colleagues, students and others with respect avoiding all situations, comments and/or actions (e.g., sexual, racial, **sexual abuse**) that would reasonably be perceived as unprofessional, in violation of human rights, or discriminatory.
- 4 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.
- 5 Manages situations of real, potential, or perceived **conflicts of interest** where the relationship with clients, colleagues, students, and others could be compromised.
- 6 Explains to clients beforehand any procedures that could be misinterpreted (e.g., removal of clothing, touching, physical closeness) and obtains ongoing informed consent.
- 7 Ends any therapeutic relationship with clients where professional boundaries cannot be maintained or re-established, by transferring care as required.
- 8 Confirms that any exchanges using **electronic communication** and social media are appropriate for therapeutic relationships established with clients.

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.

16. QUALITY IMPROVEMENT



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

RELATED STANDARDS

Standard 3 Client-Centered Care

Standard 10 Evidence-Informed Practice

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Accesses and applies relevant information to improve client care and the delivery of **physiotherapy services**.
- 2 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.
- 3 Supports the development of new evidence and best practices by participating in clinical research and program evaluation as appropriate.

EXPECTED OUTCOME

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

17. RISK MANAGEMENT



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

RELATED STANDARDS

Standard 3 Client-Centered Care

Standard 8 Consent

Standard 12 Infection Control

Standard 18 Safety

RELATED LEGISLATION

SCPT Bylaw 18

SCPT Bylaw 24

SCPT Bylaw 29

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Verifies that there are policies and procedures in place related to risk and crisis management and that they are knowledgeable about these procedures.
- 2 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).
- 3 Participates in emergency preparedness and response training appropriate to the practice setting (e.g., fire drills, CPR).
- 4 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.
- 5 Documents near misses and adverse events, and completes reports appropriate to the practice setting.
- 6 Contributes to the collection of data to identify, manage, and prevent potential risks and adverse events relevant to the practice setting.

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.

18. SAFETY

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

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Adheres to safety best practices and applicable legislation, to promote a safe practice environment.
- 2 Maintains **competency** in safety protocols by participating in appropriate training related to safe environments, including adherence to occupational health and workplace safety legislation.
- 3 Maintains a clean, accessible, and safe environment which promotes the safety of **clients** through all aspects of **physiotherapy service delivery**.
- 4 Uses **universal precautions** relevant to their practice context (e.g., **personal protective equipment**).
- 5 Verifies clients' identities to confirm that the intended services are provided to the appropriate individuals.
- 6 Informs clients about how to call for assistance if help is required during services.
- 7 Incorporates appropriate measures to maintain the health and safety of clients, themselves, and other colleagues during the provision of **physiotherapy services**.
- 8 Complies with reporting procedures related to **near misses** and incidents occurring in the workplace.
- 9 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.
- 10 Applies the appropriate safety procedures when using equipment in physiotherapy practice.

RELATED STANDARDS

Standard 3 Client-Centered Care

Standard 5 Communication

Standard 8 Consent

Standard 12 Infection Control

Standard 16 Quality Improvement

Standard 17 Risk Management

RELATED LEGISLATION

SCPT Bylaw 24

SCPT Bylaw 26

RELATED RESOURCES

SHA PPE Guidelines

EXPECTED OUTCOME

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

19. SUPERVISION

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

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Assesses the knowledge and skills of **supervisees**, and assigns only those tasks/activities that fall within the supervisee's **competence**.
- 2 Communicates to **clients** the roles, responsibilities, and accountability of supervisees participating in the delivery of **physiotherapy services**.
- 3 Uses mechanisms (e.g., name tags, introduction) so that supervisees are readily identifiable.
- 4 Assesses clients to determine those appropriate to receive services from supervisees, assigns tasks, and supervises accordingly and in compliance with applicable regulatory requirements.
- 5 Obtains clients' informed consent for the delivery of services by supervisees.
- 6 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.
- 7 Establishes ongoing communication processes with supervisees.
- 8 Monitors documentation by supervisees to confirm that this documentation is in accordance with regulatory requirements.
- 9 Monitors and evaluates the delivery of services by supervisees.
- 10 Reassesses clients, monitors outcomes, documents, and reassigns service delivery as determined by clients' needs.
- 11 Reassigns the supervision of supervisees when the physiotherapist is not available to supervise.
- 12 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-Centered Care

Standard 8 Consent

Standard 18 Safety

RELATED LEGISLATION

SCPT Bylaw 3

SCPT Bylaw 23

SCPT Bylaw 24

RELATED RESOURCES

SCPT Restricted License

Essential Competencies for PTAs

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.

20. TELEREHABILITATION

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.

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Is aware of and complies with licensing requirements in their **primary or home jurisdiction** and in the jurisdiction where the client is located.
- 2 Ensures they are competent to provide **telerehabilitation**.
- 3 Maintains professional liability insurance coverage inclusive of telerehabilitation services, in accordance with **primary jurisdictional** requirements.
- 4 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.
- 5 Discloses their location and registration status to the client prior to the initial encounter.
- 6 Advises the client of where they are licensed and how to contact the regulatory college in the primary or home jurisdiction.
- 7 Confirms the identity and location of the client and records that information in the clinical record at each consultation.
- 8 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.
- 9 Employs reasonable safeguards (physical, technical, and administrative) to protect the **privacy** and security of client information.
- 10 Identifies risks related to telerehabilitation service provision and provides telerehabilitation services only when they pose equal or lesser risk than in-person services.
- 11 Obtains **informed consent** from the client for the use of telerehabilitation technologies in the delivery of patient care services.
- 12 Provides telerehabilitation services only when the client's condition can be adequately assessed via telerehabilitation.
- 13 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 assessment and/or treatment of the client.
- 14 Has a critical event management plan in place to manage safety concerns and potential **adverse events**.

RELATED STANDARDS

Standard 3 Client-Centered Care

Standard 6 Competence

Standard 8. Consent

Standard 13 Legislative Responsibilities

Standard 14 Privacy/Confidentiality

EXPECTED OUTCOME

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

21. USE OF TITLE



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

RELATED STANDARDS

Standard 1 Advertising

Standard 13 Legislative Responsibilities

RELATED LEGISLATION

The Physical Therapists Act, 1998, Section 21 – Protection of Title

PERFORMANCE EXPECTATIONS OF THE PHYSIOTHERAPIST

- 1 Is registered with the appropriate physiotherapy provincial/territorial regulatory organization when using the protected title.
- 2 Identifies themselves using the protected title as outlined by the appropriate provincial/territorial regulatory organization.
- 3 Uses other credentials accurately, in association with and following the protected title according to regulatory requirements.
- 4 Uses the title 'Doctor' or 'Dr' and/or **clinical specialist** designations in accordance with regulatory requirements.
- 5 Reports the unauthorized use of the protected title to the appropriate physiotherapy regulatory organization.

EXPECTED OUTCOME

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

SPECIALIZED PROCEDURES REGULATIONS

The SCPT Regulatory Bylaws define specialized physical therapy procedures to include acupuncture, dry needling, spinal manipulation, and invasive techniques for the treatment of urogenital or rectal dysfunction (pelvic health).

Section 18 of the SCPT Regulatory Bylaws prohibits members from performing these procedures unless they have completed an educational program recognized by the council and are duly registered in the specialized procedure roster maintained by the SCPT. A list of approved courses as well as the process to obtain review/approval can be found on the SCTP website.

For all areas of specialized procedures:

- Physical therapists who have successfully completed a recognized educational program and are practicing a specialized procedure are expected to use professional judgment and act within their level of competence.

Pelvic Health Specific

- The College considers non-invasive techniques for the treatment of urogenital or rectal dysfunction to fall within the provision of basic physical therapy services.
- The Council recognizes the courses included in a recognized educational program provided by Canadian Universities as providing the education and training necessary to perform invasive techniques for the treatment of urogenital or rectal dysfunction taught in these programs.
- The physical therapist should:
 - a) treat only the patient population for which the physical therapist has had training;
 - b) adhere to all protocols generally accepted within the practice; and
 - c) use only assessment/treatment equipment that is medically approved by the Canadian Standards Association and maintained on an ongoing basis.

Spinal Manipulation Specific

- Council recognizes the courses included in a recognized educational program provided by Canadian Universities as providing the education and training necessary to perform spinal manipulation as taught in those programs.
- A physical therapist may perform spinal manipulation to the competencies for which they have been educated and trained in their recognized educational program and courses or other course recognized by council.
- Physical therapists must practice only those manipulative techniques for which they have been trained in and must have completed any and all requirements for that course/level.

EXPECTED OUTCOME

Clients can expect that the physical therapist has the required training and is practicing a specialized procedure using their professional judgment and within their level of competence.



GLOSSARY

A

ADVERSE EVENTS

Refers 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.” ⁴

B

C

CLIENT-CENTERED APPROACH

“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.” ⁵

CLIENTS

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

COLLABORATIVE PRACTICE

“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.” ⁷

CLINICAL SPECIALIST

A registrant who possesses a specialist certification in a defined area of physiotherapy practice (as approved by the Canadian Alliance of Physiotherapy Regulators clinical specialty recognition review process)

4. 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>

5. Physiotherapy Alberta College + Association. (2012). *Standards of Practice for Alberta Physiotherapists*. Available at: http://www.physiotherapyalberta.ca/files/practice_standards_all_2012_revised.pdf

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

7. Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://drive.google.com/file/d/1Des_mznc7Rr8stsEhHxl8XMjgiYWzRIn/view

COMPETENCE

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.⁸ Competence is developmental, impermanent, and context-specific.⁹ A competency is the ability to perform a practice task with a specified level of proficiency.

COMPLEMENTARY

The “use of two things when each adds something to the other or helps to make the other better: going together well: working well together.”¹⁰

COMPREHENSIVE

“Complete; including all or nearly all elements or aspects of something.”¹¹

CONCURRENT TREATMENT

“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.”¹²

CONFIDENTIALITY

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).¹³

CONFLICTS OF INTEREST

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.”¹⁴

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

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

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

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

12. 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

13. 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>

14. Physiotherapy Alberta College + Association. (2012). *Standards of Practice for Alberta Physiotherapists*. Available at: http://www.physiotherapyalberta.ca/files/practice_standards_all_2012_revised.pdf

D

E

ELECTRONIC COMMUNICATION, SOCIAL MEDIA

“Software, applications (including those running on mobile devices), e-mail and websites, which enable users to interact, create and exchange information online.”¹⁵ 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

“Derived from evidence-based practice¹⁶ 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.”¹⁷

F

G

H

I

INFECTION PREVENTION AND CONTROL

“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.”¹⁸

15. 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>

16. 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.

17. National Physiotherapy Advisory Group. (2017). *Competency Profile for Physiotherapists in Canada (2017)*

18. 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

INFORMED CONSENT

“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.”¹⁹

INTERVENTIONS

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.”²⁰

J

K

L

M

N

NEAR MISSES

“A patient safety incident that did not reach the patient. Replaces ‘close call’.”²¹

19. Physiotherapy Alberta College + Association. (2012). Standards of Practice for Alberta Physiotherapists. Available at: http://www.physiotherapyalberta.ca/files/practice_standards_all_2012_revised.pdf

20. 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>

21. 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>

PERSONAL INFORMATION

“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...”²²

PERSONAL PROTECTIVE EQUIPMENT

The use of items such as gloves, gowns and goggles to protect the physiotherapist during client treatment and interactions.

PHYSIOTHERAPY SERVICES

“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.”²³

PHYSIOTHERAPY SERVICE DELIVERY

The period from the initial client assessment to discharge from services provided by the physiotherapist.

PLAIN LANGUAGE

“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.”²⁴

PRIMARY JURISDICTION

The jurisdiction in which the physical therapist is licensed and where their primary residence is located.

PRIVACY

“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.”²⁵

22. 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

23. 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>

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

25. 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

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

PROFICIENCY

Performance consistent with the established standards in the profession. Quality of health care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety”²⁷ of the services provided.

Q

QUALITY IMPROVEMENT

“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.”²⁸

R

REGULATED MEMBERS

Physiotherapists registered with a provincial/territorial regulatory organization.

RISK MANAGEMENT

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”.²⁹

26. 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

27. Health Quality Council of Alberta. (2005). Alberta Quality Matrix for Health. Available at: https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf

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

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

SEXUAL ABUSE

Includes:

- a. sexual intercourse or any other form of sexual activity between a client and a member;
- b. touching of a sexual nature between a client and the member including:
 - i. touching or massaging breasts or pelvic area, or any sexualized body part for any purpose other than that required for therapeutic evaluation or treatment;
 - ii. kissing of a sexual nature;
- c. behaviour or remarks of a sexual nature between a client and member including:
 - i. verbal or written comments, inappropriate procedures, gestures or expressions that are seductive or sexually demeaning to the client;
 - ii. deliberately watching a client dress or undress, except for the purpose of assessment where the client has provided specific consent;
 - iii. failure to explain to the client the relevance of a procedure involving the breast or pelvic area;
 - iv. failure to receive consent for a procedure involving the breast or pelvic area;
 - v. subjecting a client to an examination of the breast or pelvic area in the presence of students or others without obtaining specific consent;
 - vi. questioning the client regarding the client's sexual performance, history, or orientation unless relevant to the client's assessment or treatment;
 - vii. discussion of a client's sexual performance, history or orientation unless clinically relevant ³⁰

STANDARDIZED MEASURES

“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.” ³¹

SUPERVISEES

Students, assistants, and other support personnel.

30. Saskatchewan College of Physical Therapists Regulatory Bylaw 19 (2)

31. 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.

T

TELEREHABILITATION

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

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.³²

TIMELY

“Happening at the correct or most useful time: not happening too late.”³³

U

UNIVERSAL PRECAUTIONS

“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.”³⁴

V

W

X/Y/Z

32. 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

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

34. World Health Organization. (2007). Infection Control Standard Precautions in Health Care. Available at: <https://www.who.int/publications/m/item/standard-precautions-in-health-care>