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NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

STANDARDS OF PRACTICE

FOR PHYSIOTHERAPISTS

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NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

STANDARDS OF PRACTICE FOR PHYSIOTHERAPISTS

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INTRODUCTION

One of the functions of government is the regulation of professions where such regulation is deemed necessary. The government has the right to delegate matters lying within its jurisdiction to some other person or body.

When the provincial legislature enacted the “Physiotherapy Act” it established the Newfoundland and Labrador College of Physiotherapists (the College). The regulation of the profession of physiotherapy was thus delegated by the government of Newfoundland and Labrador to the profession itself.

Therefore the profession of physiotherapy is self regulating and has the privilege and the responsibility of ensuring that the public receives the best possible service. Self regulation ensures that control over quality is granted to those who can best determine what are appropriate standards. Regulation of entry to the profession, monitoring competence and regulation of conduct of members are among the responsibilities of the College.

The College has the powers granted by legislation in the “Physiotherapy Act.” Section 4 of the Act states “the objects of the College are to promote, encourage and improve the status of physiotherapists and to maintain, improve and increase the knowledge, ability and competence of its members...” This includes the recognition of standards of practice for members of the College.

When groups in society are provided a measure of independence and legislative protection in providing a service to the public, the public expects that standards will be applied in the provision of that service. Self-regulated professions establish minimum standards to ensure that the public interest is protected in the delivery of that service. Standards of practice in a profession help create credibility with the public, both of the profession and the services it provides.

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Standards are also established to promote the best of practices throughout the profession. Standards encourage competency and accountability among the members of the profession. Compliance with standards that are accepted as common practice within the profession will strengthen the profession's authority in regulating itself. The profession has the knowledge and expertise to establish standards and assess compliance.

A self-regulated profession accepts the responsibility afforded by legislation to administer the affairs of the profession, both for the protection of the public and the benefit of the profession.

ASSUMPTIONS

The standards are based on the following assumptions which reflect the beliefs and values intrinsic to the profession:

- Physiotherapists are bound by a code of ethics.
 - Physiotherapists are committed to providing client-centered services.
 - Physiotherapists are committed to evidence based practice.
 - Physiotherapists are self regulated.
 - Physiotherapists maintain competencies by building on their specialized body of knowledge.
 - Physiotherapists exercise specialized problem solving skills.
 - Physiotherapists act as public advocates in identifying and addressing issues related to the delivery of rehabilitation services.
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- Physiotherapists are reflective practitioners.

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These standards reflect the minimum level of professional service provided by members of the College.

Members of the College are required to perform according to the standards of the College.

The Code of Ethics adopted by the College is that of the Canadian Physiotherapy Association.

CODE OF ETHICS

Physiotherapists are committed to act with integrity, to honor the rights and dignity of all individuals, to recognize their responsibility to society, and to pursue a quest for excellence in professional activities.

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STANDARDS

1. CLINICAL

1.1 PATIENT CARE

1.1.1 Assessment:

The Physiotherapist

- obtains the client's ongoing informed consent for initiation of physiotherapy services
- collects relevant subjective and objective data
- obtains a health history
- interviews the client and/or family
- performs a clinical examination as determined by the nature of the presenting problem, impairment, disability and/or handicap
- uses standardized measures where applicable
- communicates assessment findings to the client and/or family.

1.1.2 Analysis and Problem Identification:

The Physiotherapist

- analyses assessment findings
- uses clinical reasoning to synthesize assessment findings and determine a clinical diagnosis and prognosis within physiotherapy scope of practice
- determines client's functional problems, abilities and potential for change.

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1.1.3 Goal Setting:

The Physiotherapist

- promotes the active involvement of the client and/or family/caregivers in establishing
 - (i) goals of treatment
 - (ii) the anticipated frequency of treatments and
 - (iii) duration of service.

1.1.4 Treatment Planning:

The Physiotherapist

- designs a treatment plan
- informs the client and/or family of
 - (i) the nature of interventions
 - (ii) the relevant precautions and
 - (iii) expectations
- obtains informed consent for interventions prescribed
- collaborates with other members of the client's health-care team to coordinate plans, support comprehensive service delivery, and avoid service duplication.

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1.1.5 Interventions:

The Physiotherapist

- re-establishes and documents consent in cases where treatment plans change
- implements physiotherapy interventions as determined by the presenting problem, impairment, function, activity restriction and consistent with evidence-based practice.
- ensures the extent, intensity, and duration of the intervention are compatible with the client's general health status, functional needs and assessment findings.

1.1.6 Ongoing Evaluation and Goal Review:

The Physiotherapist

- ☐ evaluates and updates intervention plans
 - (i) at a frequency suited to the client's clinical profile
 - (ii) after a reasonable length of time with no clinical improvement
 - (iii) with a deterioration in functional status
 - (iv) with the onset of new symptoms
 - (v) when goals are met
- ☐ reviews the treatment goals in accordance with
 - (i) the needs and expected outcomes of the client and/or family
 - (ii) the significance of the clinical benefits achieved and
 - (iii) resource constraints
- ☐ informs the client and/or family about
 - (i) the nature and purpose of interventions and expected outcomes
 - (ii) results of ongoing assessments and
 - (iii) reasons for recommended changes to program

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- communicates the results of ongoing evaluation with other members of the client's health-care team.

1.1.7 Treatment Progression or Modification:

The Physiotherapist

- revises the treatment plan based on reassessment findings
- discontinues interventions that are no longer necessary or effective
- discontinues specific interventions when requested to do so by the client.

1.1.8 Discharge Planning:

The Physiotherapist

- plans discharge with the client and/or family
- recommends discharge of the client when indicated.

1.1.9 Discharge:

The Physiotherapist

- ☐ discharges the client when
 - (i) treatment goals have been met
 - (ii) physiotherapy services are no longer indicated
 - (iii) the client requests that physiotherapy be discontinued
 - (iv) the client is unable to reach a mutual agreement with a physiotherapist on a physiotherapy management plan
 - (v) progress has stopped.

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1.2 DOCUMENTATION and RECORD KEEPING

1.2.1 Responsibilities:

The Physiotherapist

- who provides treatment is the person who makes the entry in the record and signs the record
- establishes a separate record for each client
- records the date of each entry
- ensures errors are crossed out with a single line and initialled
- uses standardized measures, where available and appropriate to compare impairment, function, or activity restriction on discharge, compared with the baseline values recorded during the initial assessment.
- uses client satisfaction tools, where available and appropriate to
 - (i) determine how well services delivered and outcomes achieved met client expectations and
 - (ii) identify opportunities to improve overall service delivery
- participates in program evaluation and clinical effectiveness studies
- ensures all records are legible, accurate and complete.
- ensures charts are stored/filed in a secure and confidential location.

1.2.2 Documentation:

The Physiotherapist

- documents a relevant health history
- includes information obtained in the client interview relevant to the condition
- incorporates into the client's record supplementary information relating to the client's health status, health history and previous health management
- records key observations and measurements

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- records analyses of assessment findings
- records treatment goals, treatment plan and client's consent to proposed treatment
- documents interventions implemented
- records progress notes, results of ongoing evaluations and treatment modifications
- maintains copies of reports sent or received
- records all aspects of care delegated.
- ensures treatment records are confidential
- ensures financial records are confidential
- ensures electronic records are protected

1.2.3 Communication:

The Physiotherapist

- documents the communication of ongoing evaluation with other members of the client's health care team.

1.2.4 Discharge:

The Physiotherapist

- ensures physiotherapy discharge documentation is complete.

1.2.5 Confidentiality:

The Physiotherapist

- protects confidentiality of client information in all communications.

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1.2.6 Retention of Records:

The Physiotherapist

- retains client records in the practice or institution for at least seven years after the date of the last entry in the record.
- retains records for the inspection, maintenance and repair of all equipment used to render physiotherapy services for at least two years after the date of the last entry in the record.
- Where applicable, keeps a financial record for each client containing
 - (i) the service and product provided
 - (ii) the cost of each service and/or product
 - (iii) the date each service and/or product is provided
 - (iv) the date of receipt of payment
 - (v) any outstanding balance.

1.2.7 Release of Information:

The Physiotherapist

- obtains a written authorization from the client enabling the physiotherapist to release such information as is required by law, health regulators, insurers and payors of services to that client
- provides a copy of the record to the client or his/her authorized representative upon request
- files a receipt from the client of a copy of the record which would indicate the content of the record provided
- informs the client of any fee associated with the release of the record or report at the time the request is made
- releases client information without the client's permission only if required by law.

1.2.8 Computer/Electronic Records:

The Physiotherapist

- ensures that records are stored in a computer system the system can
 - (i) display the recorded information visually
 - (ii) maintain separate records for each client
 - (iii) print a separate record for each client
 - (iv) visually display and print the recorded information for each client in chronological order
 - (v) provide protection against unauthorized access
 - (vi) provide automatic back-up and recovery of files, or otherwise protect against loss of, damage to and inaccessibility of information
 - (vii) maintain an audit trail, which records the date of each entry and subsequent change, preserves the original content when changes are made, and identifies the person making the entry and rendering the service.

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2. SAFETY

2.1 ENVIRONMENT:

2.1.1 Physical Facilities:

The Physiotherapist

- ensures services are provided in a clean, safe, and accessible area.

2.1.2 Supervision:

The Physiotherapist

- provides for supervision and monitoring during an intervention.
- ensures clients understand when, why and how to alert the treating physiotherapist or support personnel or PTA/OTA staff.
- ensures tasks assigned to support personnel, students and volunteer personnel are appropriate and supervised.

2.1.3 Infection Control:

The Physiotherapist

- follows infection control procedures
- uses universal precautions.

2.2 REFERRALS:

2.2.1 To another Physiotherapist:

The Physiotherapist

- refers clients to another registered physiotherapist for consultation when a second opinion is indicated.
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2.2.2 To another Health Professional:

The physiotherapist

- refers clients to another health professional, when additional investigations and/or treatments are beyond a physiotherapist's scope of practice.

2.3 RISK MANAGEMENT

2.3.1 Prevention:

The Physiotherapist

- minimizes the risk of an adverse reaction to an intervention by performing appropriate testing before an intervention
- identifies hazards in the physical environment and takes action to minimize risk
- follows precautions and contraindications associated with the intervention and the client's condition.

2.3.2 Action:

The Physiotherapist

- recognizes an adverse reaction to an intervention or occurrence when it occurs
- takes immediate steps to minimize the adverse effects
- documents the event, action taken and effects of the action
- makes necessary adjustments to the intervention plan
- analyses the risk, causes and effects and takes action to prevent a recurrence.

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2.3.3 Preventative Maintenance:

The Physiotherapist

- ensures that therapeutic equipment is subjected to regular checks to verify safe working order
- is familiar with the system in place for preventative maintenance
- has access to equipment service records for reference and where applicable maintains such records.

3. COMPETENCY

3.1 PROFESSIONAL COMPETENCE:

The Physiotherapist

- engages in continuing education for professional growth and development in order to provide competent care
- assumes responsibility for recognizing and practising within his or her levels of competence
- maintains current levels of competence by building on a specialized body of knowledge
- critically appraises new health information and technology, as a self-directed learner, to enhance knowledge and skill base and to develop basic and advanced skills in assessment, clinical analysis and intervention through formal education, clinical experience and continuous quality improvement initiatives.

3.2 POST GRADUATE EDUCATION:

The College recognises that the scope of physiotherapy is constantly expanding and physiotherapists continue to acquire new skills through post graduate education.

The Physiotherapist

- practices in the areas in which he/she has been educated
- is cognisant of and complies with the current standards for the specific discipline
- bases the practice on available evidence

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- measures outcomes
- maintains quality service and public safety as prime considerations.
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4. PROFESSIONAL CONDUCT

4.1 RESPONSIBILITIES TO THE CLIENT

4.1.1 Human Rights:

The Physiotherapist

- respects the clients rights, dignity, needs, wishes and values
- may not deny or discriminate against a person with respect to services, facilities or goods to which members of the public customarily have access or which are customarily offered to the public because of race, religion, religious creed, political opinion, colour, or ethnic, national or social origin, gender, marital status, physical disability or mental disability of that person.

4.1.2 Health Equity and Anti Discrimination

4.1.3 Indigenous Cultural Safety and Humility

4.1.4 Clinical Practice:

The Physiotherapist

- is solely responsible for the functions of assessment, treatment planning, treatment progression, reevaluation and discharge planning
- makes a clinical diagnosis
- will not treat clients when the medical diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is not warranted or is contraindicated.

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4.1.5 Delegation:

The Physiotherapist

- identifies when to enlist the collaboration of a non-physiotherapist to perform acts that come within the scope of physiotherapy treatment, when the client's condition requires it.
- with the client's consent may delegate limited and specific aspects of the care of that client to a non-physiotherapist
- may not delegate client assessment, analysis and problem-identification, goal setting, treatment planning, treatment progression, on-going evaluation and goal review, treatment modification discharge planning or discharge
- may not delegate any task or procedure that requires continuous clinical judgement by the physiotherapist during its application
- provides the non-physiotherapist with precise instructions concerning the program specifically developed to meet the needs of the client's condition
- clarifies to the non-physiotherapist, his or her role and its limitations
- teaches the non-physiotherapist the chosen technique, clearly indicating the important parameters, namely the affected region, the position in which to place the patient, and the duration of treatment
- ensures that the non-physiotherapist can demonstrate the technique he or she has been taught before applying it to the client
- agrees on an effective means of communication with the non-physiotherapist, making sure that the latter understands the importance of communicating with the physiotherapist as soon as he or she notices a change in the client's status or feels insecure about performing one or several of the acts he or she has been taught to perform
- ensures adequate supervision with a frequency which allows the physiotherapist to evaluate the impact the treatments provided by the non-physiotherapist have had on the physical status of the client, (since the physiotherapist is the only person qualified to evaluate the impact of physiotherapy treatment)
- ensures that all information relevant to this type of intervention is noted in the client's file
- assumes responsibility for all care provided including what is delegated.

4.2 RESPONSIBILITIES TO SOCIETY

4.2.1 Professional Performance:

The Physiotherapist

- recognizes his/her responsibility to improve quality of care
- obeys all laws and regulations pertaining to the practice of physiotherapy.

4.2.2 Reporting:

The Physiotherapist

- reports to The College any member who appears to be incompetent or whose conduct while practicing Physiotherapy appears to be unethical or illegal or a breach of standards of practice.

4.2.3 Fees and Billing:

The Physiotherapist

- ensures that the fees charged for physiotherapy services and products are transparent and justifiable; to enable clients to make informed choices.
- where a direct fee is charged, clients are informed in advance of the fee before they become subject to them.
- clearly communicates fees and billing practices to the client accurately and with all potential charges.
- if selling products, must sell the product at a fair market price
- must inform the client that they have the option to purchase the product from another supplier and that their choice to do so will not affect their physiotherapy services.

4.2.4 Advertising and Marketing:

The Physiotherapist

- ensures that any advertising is truthful, accurate, verifiable and acceptable according to legal, social and professional norms and does not bring the profession into disrepute.
- advertising is not deceptive or misleading
- marketing communication must not discredit, disparage or undermine skills of other providers or services of other clinics.
- does not offer incentives or other inducements such as: offering discounts, gift certificates, time limited pricing, prizes or gifts

4.3 RESPONSIBILITIES TO THE PROFESSION

4.3.1 Professional Conduct:

The Physiotherapist

- conducts him or herself in such a manner as to merit the respect of society for the profession and its members
- ensures that professional judgements and integrity are not compromised by motives of profit
- enters into contracts and agreements only when professional integrity can be maintained.

4.3.2 Boundary Violations

- The physiotherapist acts with integrity and maintains appropriate professional boundaries in all interactions.
- treats patients with dignity and respect.
- treats colleagues, students and others with respect.
- does not promote their personal, political or religious beliefs or causes during therapeutic relationship.
- does not make abusive, sexually suggestive or harassing comments or engage inappropriate physical contact with patients.

4.3.3 Sexual Misconduct

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4.3.4 Evidence Informed Practice:

The Physiotherapist

- advances the science of physiotherapy
 - (i) by sharing relevant information
 - (ii) by supporting or engaging in research activities
- ensures that research protocols respect the rights of research subjects and complies with the standards of the research community.

4.3.5 Continuing Competency:

The Physiotherapist

- ensures they are current in knowledge and therapeutic guidelines for management of patients in their care
- utilizes portfolio to facilitate self-directed upgrading of skills
- submits portfolio as part of process to documents their efforts at developing and maintaining their competence.

4.3.6 Clinical Education

The Physiotherapist

- participates in the clinical education of physiotherapists.

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The Canadian Alliance of Physiotherapy Regulators

REFERENCES

The Competency Profile for the Entry-level Physiotherapist in Canada, April 1998

CPA National Office, 2345 Yonge St., Suite 410, Toronto, Ontario. M4P 2E5

Position Statements of the Canadian Physiotherapy Association:

Acupuncture

Conflict of Interest/Referral for Profit

Independent Contractors

Manipulation

Physiotherapy Support Personnel

GLOSSARY OF TERMS

advertising – the action of calling something to the attention of the public especially by paid announcements.

anti-discrimination – a form of action against discrimination and the systemic racism and the oppression of marginalized groups.

assessment and analysis – The process of obtaining a client’s health history; completing an examination using specific tests and measures; interpreting and analyzing findings to classify the client’s problems and determine the client’s needs and prognosis.

client – A person or group who uses or receives professional services, products or information from another (Toward 200 Breakthrough Strategies, June 1993, Report to the Canadian Physiotherapy Association Board of Directors).

confidentiality – the state of keeping or being kept secret or private

competence – The capacity to apply judgment and purposeful action to work with clients to achieve and maintain desired health outcomes. (adapted from Glover Takahashi, 1997). The extent to which a physiotherapist translates knowledge, attitudes and judgements into a service which makes a valued difference to customers in a given environment (*Summary Report: National Competency Forum for Physiotherapy*, Canadian Alliance of Physiotherapy Regulatory Boards, Canadian Council of Physiotherapy Academic Programs, Canadian Physiotherapy Association, May 1995).

competency – A cluster of related knowledge, skills and attitudes that affects a major part of one’s job (a role or responsibility) that correlates with performance on the job, and that can be measured against accepted standards (adapted from Parry, 1996). The key elements (knowledge, skills, attitudes, judgement) and processes (assessment, planning, implementation, evaluation) intrinsic to effective practice of physiotherapy (see “competence”).

cultural humility – a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

cultural safety – an environment free of racism and discrimination, where people feel safe when receiving healthcare.

diagnosis - The formulation of a conclusion based on analysis of client assessment findings, which indicates a need for physiotherapy intervention.

evaluation – The process of determining the result, impact or effectiveness of physiotherapist management in relation to the client’s needs, goals, and outcomes established with the client.

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evidence based practice – Practice which has a theoretical body of knowledge, uses the best available scientific evidence in clinical decision making and standardized outcome measures to evaluate the care provided.

health team – A group of individuals who share common health goals and objectives determined by client needs. Each member of the team contributes to achieving the objectives in accordance with their degree of such cooperation will vary according to client needs and available resources.

implementation – Performance of necessary and appropriate interventions to achieve the desired benefit for the client with minimal risk. Interventions can be either direct or indirect.

interpretation and analysis – A dynamic process in which the physiotherapist makes clinical judgments and justifiable decisions based on data gathered during the examination.

marketing – the process or technique of promoting, selling and distributing a product or service,

non-physiotherapist – A family member, support personnel, assistant, aide, volunteer or professional who is not a physiotherapist.

outcome – The result of physiotherapy management; a successful outcome includes improved or maintained physical function when possible, slows functional decline where the status quo cannot be maintained, and/or is considered meaningful to the (client).

physiotherapist – Used interchangeably with physical therapist to describe the primary health service practitioner licensed or registered to use that title.

physiotherapy assessment – The process of obtaining a client's health history, determining functional status and completing a thorough examination using specific tests and measures to determine whether a physiotherapy intervention is required.

physiotherapy intervention – The purposeful and skilled interaction of the physiotherapist with the client, using various methods and techniques to produce changes in a client's condition and to meet established client-centered goals and health outcomes.

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planning – The process of developing the most appropriate (intervention) strategy for a client based on the assessment findings, analysis and interpretation, the client's needs, goals and desired outcomes.

scope of practice – A profession's scope of practice encompasses the services its practitioners are educated, competent, and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners. The actual scope of practice of individual practitioners influenced by the settings in which they practice, the requirements of the workplace, and the needs of their patients or clients.

standard – A desired and achievable level of performance against which actual performance can be compared (Canadian Council for Health Services Accreditation, 1995).

supervision of physiotherapy support personnel – Supervision allows the physiotherapist to make a judgment about the supervisee's abilities to competently perform certain tasks. Supervision must include direct observation until a judgment about competence is made. Thereafter, the type of supervision, i.e. direct versus indirect, will be determined by the supervising physiotherapist. Indirect types of supervision include: videotape reviews, client feedback; team member feedback; and case review.

supervision – The purpose of supervision is to oversee the actions or work of an individual and to ensure that he or she has the knowledge, skills and abilities to perform a given task.

support personnel – Health workers who enhance the role of physiotherapists in the provision of physiotherapy services by performing delegated tasks under professional supervision.