



PROFESSIONAL  
PRACTICE STANDARDS  
FOR  
PHYSIOTHERAPISTS

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The Nova Scotia College of Physiotherapists has revised the practice standards to reflect current health care and to facilitate collaborative and multidisciplinary practice. Professional practice standards provide guidance in clinical decision-making and outline practice expectations to assure quality service for our public. If the expectations regarding physiotherapy practice are being met, the public will maintain their confidence in physiotherapy. These standards reflect the minimum level of quality service expected of a physiotherapist and will be used by the College as a tool against which to measure a physiotherapist's skill of practice and professional conduct.

## **Introduction to Professional Practice Standards**

Physiotherapists<sup>1</sup> are required to perform within their scope of practice<sup>2</sup> and to meet the practice standards of the profession in Nova Scotia as established by the Nova Scotia College of Physiotherapists (hereafter referred to as “the College”). The expectation for the College to develop standards is derived from Section 4(3) Of the Physiotherapy Act, which lays out the Objects of the College. Standards are intended to help members understand their professional obligation when practicing as physiotherapists. It is recognized that individual physiotherapists will strive to exceed these standards; however all physiotherapists are required to meet the expected performance level defined in these practice standards as appropriate for their practice. These standards include performance criteria that will form the basis for guiding a reasonable competent practice. Professional practice standards are used to educate and guide physiotherapists in their practice. In the regulatory process we also use these standards, and the suggested performance criteria, to refine the measurement tools for peer assessment and for Complaint investigation. The expectation is that all members would meet at least 80% of these criteria as they apply to their own practice.

### **There are four subdivisions of standards in physiotherapy practice:**

- 4. Standards for Professional Qualification (Refer to registration requirements)**
- 5. Standards for Professional Ethics (Refer to Code of Ethics)**
- 6. Standards for Continuing Competency (Refer to Competency profile)**
- 7. Standards For Professional Practice (Refer to this document)**

### **Assumptions Behind Professional Practice Standards**

These Standards are based on the following principles and reflect the beliefs and values intrinsic to physiotherapists:

4. Physiotherapists are bound by a code of ethics and understand their obligations to the public as self-regulated professional practitioners.
5. Physiotherapists are committed to providing patient-centered services informed by best practice.
6. Physiotherapists maintain competence by building on their unique body of knowledge and clinical reasoning skills.
7. Physiotherapists act as public advocates in issues related to the delivery of rehabilitation services generally and physiotherapy services specifically.
8. Physiotherapists always act in the best interests of their patients.<sup>3</sup>

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<sup>1</sup> Physiotherapy, physiotherapist, physical therapy, physical therapist, physiothérapeute, physiothérapie, PT, and pht are official marks used with permission. The terms physiotherapy and physiotherapist are considered synonyms for physical therapy and physical therapist respectively.

<sup>2</sup> Physiotherapy is the application of professional physiotherapy knowledge, skills and judgment by a physiotherapist to obtain, regain or maintain optimal health and functional performance. [Section 29 ( r ) of the Physiotherapy Act]

<sup>3</sup> The terms patient and client may be used interchangeably and would include the legal proxy of a patient where appropriate.

**THERE ARE SEVEN MAJOR AREAS OF RESPONSIBILITY FOR PHYSIOTHERAPISTS WITH STANDARDS RELATED TO EACH AREA:**

**I Professional Accountability and Maintenance of Competence**

1. Practice within legal and ethical requirements.
2. Respect the autonomy of the patient.
3. Demonstrate professional integrity and fiduciary responsibility.
4. Ensure patient safety.

**II Communication**

5. Respect the confidentiality of personal health information.
6. Communicate effectively.
7. Maintain appropriate clinical records.

**III Evaluation**

8. Conduct an appropriate physiotherapy evaluation.

**IV Physiotherapy Diagnosis and Intervention**

9. Establish a physiotherapy diagnosis
10. Establish a treatment plan
11. Explain the expected outcome.

**V Implementation and evaluation**

12. Implementation of the treatment plan.
13. Evaluate the response to treatment and the outcomes.

**VI Organization and Delivery of service**

14. Deliver safe quality service

**VII Practice Environment/Setting**

15. Work in a safe practice setting

## **I PROFESSIONAL ACCOUNTABILITY AND MAINTENANCE OF COMPETENCE**

Physiotherapists are accountable for their professional behavior. They exercise sound judgment in the best interest of their patients and demonstrate safe, ethical, culturally sensitive and autonomous professional practice.

*There are four standards related to professional accountability and maintenance of competence.*

### **1. Practice within legal and ethical requirements**

- Performance criteria:
- a. Demonstrate knowledge of, and access to, the Physiotherapy Act, Regulations and Code of Ethics
  - b. Self assess practice to identify learning needs and maintain your competency with ongoing professional development.
  - c. Provide service within scope of practice and your own personal competence.
  - d. Ensure full disclosure of any potential conflict of interest.

### **2. Respect the Autonomy of the patient**

- Performance criteria:
- a. Obtain and document informed consent prior to any application of any physiotherapy procedure. Respect the patient's right to refuse.
  - b. Share decision making with the patient and/or family.
  - c. Actively involve the patient and /or family and caregivers in establishing treatment goals.
  - d. Respect the patient's right to and desire for privacy and maintain confidentiality.

### **3. Demonstrate Professional Integrity and Fiduciary Responsibility**

- Performance criteria:
- a. Maintain autonomy in practice and accept responsibility for your own actions and decisions at all times.
  - b. Charge justifiable fees and explain all fees prior to provision of service.
  - c. Provide patient centered care with consideration of the needs and resources of the patient, ensuring that the type and duration of service reflect best practice.
  - d. Apply an ethical framework to all decision making.
  - e. Recognize and report any error or adverse situation.

#### **4. Ensure Patient Safety**

- Performance criteria:
- a. Follow appropriate infection control and WHMIS procedures,
  - b. Be aware of the fire and emergency plans in your area.
  - c. Use proper disposal techniques and containers for sharps and hazardous waste.
  - d. Perform appropriate screening and safety tests and record results prior to initiation of treatment.
  - e. Explain procedures, precautions and potential risks of any examination or treatment technique to be used on the patient.
  - f. Ensure that equipment is in proper working order and use it safely and effectively.
  - g. Educate patients about safe techniques, warning signs to watch for and appropriate action to take.
  - h. Delegate tasks only to appropriate personnel/staff under your supervision (i.e. PT assistants/aides or PT students) and document. Monitor the delegated task
  - i. Orient patients to practice setting and ensure that they know when and how to contact staff when left unsupervised.
  - j. Recognize when a patient's problem or issue is beyond your scope of practice and refer the individual to the appropriate health professional.

## **II COMMUNICATION**

Physiotherapists must understand the importance of patient confidentiality while at the same time demonstrate an ability to communicate effectively, and in a timely fashion with the patient, patient's family (where appropriate) and the members of the patient's health care team. They must be effective in both verbal and written communication. Physiotherapists must maintain a complete and accurate clinical record which includes a record of examination and evaluation results, treatment plan, goals set, interventions used, outcomes achieved and any errors made, along with dates of all visits or communications as appropriate for the practice setting. Entries are signed and completed in a timely fashion.

*There are three standards related to communication.*

#### **5. Respect the confidentiality of personal health information**

- Performance criteria:
- a. Comply with legislation for collection, use, storage, and disclosure of personal and health information.
  - b. Ensure automatic back up and recovery of electronic files and take measures to protect against loss of/damage to information.

- c. Receive written consent from the patient when you need to share information with third party payers, and document when patient consent is given to share information with health team members.
- d. All communication must respect an individual's right to privacy and confidentiality, be it patient or a co-worker.
- e. Ensure that charting is done in a non-public area so as to maintain confidentiality, and that charts are securely stored.

## 6. Communicate Effectively

Performance criteria:

- a. Answer questions and address concerns about any aspect of the patient's physiotherapy care from the patient or other team members involved in care.
- b. Respond to requests for reports about the physiotherapy care in a timely and comprehensive manner where patient has given consent.
- c. Review, update and maintain notes keeping the physiotherapy entries identifiable in the healthcare team record.

## 7. Maintain Appropriate Clinical Records

Performance criteria:

- a. Maintain a complete and legible client record, including copies of referrals and correspondence with other parties and ensure that the patient's name is on each page.
- b. Document information about delegation of tasks, interventions used, and the patient's response, including errors or adverse reactions.
- c. Ensure that the physiotherapy entries are identifiable in team notes.
- d. Document all consents and any verbal information received.
- e. Sign all entries and maintain them in chronological order. Co-sign notes as needed (i.e. PT students) and review those entries making notations as needed if note is not appropriate.
- f. Corrections or changes are to be struck through with a single line and initialed.
- g. Patient records must be maintained for seven years after the date of the last entry, and in the case of minors, seven years past the 18<sup>th</sup> birthday.

## III EVALUATION

Physiotherapists conduct a complete examination and clinical evaluation of their patients. When a patient visits a physiotherapist for consultation, examination or treatment, informed consent is always obtained

prior to the examination and also prior to any intervention. The patient is informed as to the nature and purpose of the examination and costs associated with the evaluation process.

*There is 1 standard related to evaluation.*

#### **8. Conduct an Appropriate Physiotherapy Evaluation**

- Performance criteria:
- a. Explain the process and procedures, and obtain consent prior to the examination.
  - b. Interview patient to obtain detailed relevant information and health history (and review chart if available).
  - c. Perform a thorough clinical evaluation using appropriate standardized assessment tools /techniques available including screening and safety tests. Document findings.
  - d. Identify the associated health factors affecting physical and occupational performance, and assess the patient's perception of their functional status and quality of life.
  - e. Monitor the patient for changes during the examination.
  - f. Document the health history, current complaint, data collected (key observations and test results), analysis, treatment plan, and goals.
  - g. Recognize when findings indicate a need for referral to another discipline, or are not within your scope of practice, and make the appropriate referral.

### **IV PHYSIOTHERAPY DIAGNOSIS AND TREATMENT PLANNING**

Physiotherapists collect all the necessary health history and pertinent information about a patient prior to formulating a physiotherapy diagnosis and a treatment plan. The outcome of the examination and evaluation is the Physiotherapy Diagnosis. Once this is established, and the patient's expectations and needs are understood, the treatment planning begins.

*There are 3 standards related to diagnosis and treatment.*

#### **9. Establish a Physiotherapy Diagnosis**

- Performance criteria:
- a. Document the physiotherapy diagnosis.
  - b. Communicate the physiotherapy diagnosis to the patient.
  - c. Explain the nature of the problem and the rationale for the treatment plan, or further consultation, to the patient.
  - d. Communicate physiotherapy diagnosis to other health team members if appropriate.

#### **10. Establish a Treatment Plan**

- Performance criteria:
- a. Use best available evidence to develop a treatment plan considering patient preference, resources and abilities.
  - b. Establish and document patient-centered goals that are specific, measurable, attainable and realistic and time based.
  - c. Collaborate with other health team members as appropriate
  - d. Discuss concurrent treatments and possible effects
  - e. Recommend duration and frequency of treatment in collaboration with the patient.
  - f. Identify types of resources needed to carryout home programs i.e. time, assistance, equipment and/or supplies.
  - h. Document the modalities used, dosages applied and placement of any electrodes, pads, etc.

#### **11. Explain the Expected Outcome**

- Performance criteria:
- a. Promote informed decision-making by helping patient and /or family understand the evaluation and treatment plan.
  - b. Outline the patient's responsibilities relative to the treatment plan as well as outlining the potential risks and alternate treatment options.
  - c. Inform patient and/or family of the expected outcomes and obtain consent to initiate and follow the treatment plan.

### **V IMPLEMENTATION AND EVALUATION**

Physiotherapists initiate treatment plans that are patient-centered and goal orientated to maximize positive outcomes. The implementation of any physiotherapy intervention would include consent to utilize support personnel or students for service delivery as appropriate.

*There are 2 standards related to implementation and evaluation.*

#### **12. Implementation of the Treatment Plan**

- Performance criteria:
- a. Minimize risk by performing appropriate screening tests prior to treatment, and follow universal (routine practice) precautions at all times.
  - b. Discontinue treatment at patient's request or if it is no longer effective.
  - c. Perform only the treatments for which there is informed consent.
  - d. Refer to another physiotherapist any desired treatment that is beyond the physiotherapist's level of competency.

- e. Educate the patient and/or family with information on self-management, prevention and health promotion.
- f. Maintain continuity in service by communicating effectively to the substitute service provider, and by charting clearly, the current treatment plan and progression.
- g. Ensure that any delegation of service is appropriate and supervised in accordance with the College Regulations.
- h. Document on each page of notes the modalities used, dosages applied, placement of equipment, measurements and ongoing analysis of data.

**13. Evaluate the Response to Treatment and the Outcomes.**

- Performance criteria:
- a. Evaluate/review the treatment plan regularly with patient and modify /update on an ongoing basis to maximize progress.
  - b. Discuss discharge with patient when service is no longer indicated and prepare discharge report.
  - c. Recommend options for ongoing care as appropriate.
  - d. Use standardized measures to compare initial status with discharge status.

**VI ORGANIZATION AND DELIVERY OF SERVICE**

Physiotherapists practice in a manner consistent with their skills and knowledge to deliver quality care. They adapt their caseload to the physical limitations of the space and the level of staffing available to provide the best care for their patients.

*There is 1 standard related to organization and delivery of care.*

**14. Deliver Safe Quality Service**

- Performance criteria:
- a. Demonstrate an understanding of the organizational structure and the scope and limitations of the service. There should be a Policy and Procedure Manual available onsite
  - b. Ensure that patients are aware of the procedures for calling staff to their area, and are given a call bell or safety switch where appropriate.
  - c. There are sufficient numbers of professional staff to safely meet the scope and volume of the services offered,
  - d. Only physiotherapists, or their delegates, are doing the physiotherapy treatment.
  - e. A staff development plan with consideration for continuing education is in place.

## **VII PRACTICE ENVIRONMENT / SETTING**

Physiotherapists are accountable for all aspects of the service they deliver. They play a role in maintaining the physical environment and practice setting, understanding the billing and records system, as well as scheduling their bookings.

*There is 1 standard related to practice environment / setting*

### **15. Work in a Safe Practice Setting**

- Performance criteria:
- a. Understand the fire plan and the emergency response plan for the practice setting. Ensure fire extinguishers are present and functioning.
  - b. There is adequate space to meet the workload and allow for safe movement about the area, with exits clearly marked.
  - c. The space is clean and tidy and wheelchair accessible.
  - d. The electrical equipment is functioning properly, with documented calibration and service done annually.
  - e. All outlets are properly installed and meet the current electrical code requirements.<sup>4</sup> There should be written documentation of same.

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<sup>4</sup> At present (2007) the code requires orange grade plugs with ground fault circuit interrupters in all patient treatment areas

1.

## 2. GLOSSARY

### **Competence**

The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice. (Adapted from Epstein, R. M. and E. Hundert, 2002)

### **Competency**

A competency is: 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 in practice, that can be measured against well-accepted standards, and that can be improved via training and development. (Adapted from Parry, 1996)

### **Informed consent**

Consent is informed if, before giving it, the person received information that a reasonable person in the same circumstances would require in order to make a decision about the treatment, as well as responses to requests for additional information.

(A Member's Reference Guide to the Health Care Consent Act 1996, Ontario)

It is important to note that informed consent is a process of ongoing dialogue between the physiotherapist and patient. Having a signature on a piece of paper does not guarantee that the consent was informed.

### **Outcome**

A characteristic or construct that is expected to change as a result of the provision of a strategy, intervention, or program. A successful outcome includes improved or maintained physical function when possible, the slowing of functional decline where status quo cannot be maintained, and/or the outcome is considered meaningful to the client. (Finch, E, et al., 2002)

### **Patient**

A person who receives clinical physiotherapy services. A patient may also be a client (Adapted from Canadian Alliance of Physiotherapy Regulators, 2004)

### **Professional Accountability**

Professional accountability means being responsible for one's actions and decisions, and accepting the consequences. Health care professionals demonstrate accountability through their decision-making process, ethics, competency and integrity and reflect accountability through actions and accurate documentation. (Adapted from the College of Nurses of Ontario, 2002)

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