Standards for Professional Practice

Therapeutic Relationships and Professional Boundaries

College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Introduction

The relationship between a patient and a physiotherapist/physical therapist is fundamental to the delivery of safe, quality and effective physiotherapy care. This therapeutic relationship is based on trust, respect, personal closeness and the appropriate use of the physiotherapist’s inherent power. The physiotherapist establishes and maintains this essential relationship not only by using knowledge, skills and judgment but also by applying effective communication strategies and interpersonal skills. Regardless of the setting and the length of the interaction, the physiotherapist is expected to act professionally and appropriately manage the boundaries of the relationship.

This standard describes the expectations of physiotherapists in establishing appropriate therapeutic relationships and maintaining professional boundaries with patients.

Standard Statement

Physiotherapists are responsible for understanding the difference between a therapeutic and personal relationship with a patient in order to establish and maintain appropriate professional boundaries. They are responsible for managing the relationship at all times in the best interest of the patient.

Performance Expectations

Physiotherapists demonstrate the Standard by:

1. Understanding the difference between a therapeutic relationship and a personal relationship with a patient and being cognizant of the components that characterize the difference:
   - Power
   - Trust
   - Respect
   - Personal Closeness

2. Refraining from any activity that constitutes sexual abuse, neglect or any other types of abuse such as emotional, financial or physical.
3. Accepting the responsibility for always managing the patient-therapist relationship by:
   • continuously self-evaluating their conduct and correcting any inappropriate comments, behaviours or attitudes; and
   • recognizing the signs in an interaction with a patient that, if not managed appropriately, could lead to a boundary crossing and taking immediate remedial action.

4. Demonstrating sensitivity to religious and cultural beliefs, values and lifestyles.

5. Recognizing that the treatment of a partner or family member may constitute a conflict of interest and should only occur after other options have been explored or are unavailable.

6. In all other circumstances, excluding paragraph five (5), refraining from entering into a close personal relationship with a patient, a patient’s partner or family member while the patient is receiving physiotherapy treatment.

7. Refraining from entering into a close personal relationship with a former patient unless:
   • a reasonable period of time has elapsed since the patient was discharged from physiotherapy care;
   • the physiotherapist is reasonably satisfied that the power differential inherent in a therapeutic relationship no longer exists; and
   • the physiotherapist reasonably believes the patient is not dependent on him/her.

Definitions

**Therapeutic Relationship:** The relationship that exists between a physiotherapist and patient during the course of physiotherapy care.

**Close Personal Relationship:** A “close personal relationship” in the context of this Standard means a relationship with a person that has elements of specialness, exclusivity or intimacy. Joining the same community organization would not usually, in the context of this Standard, constitute a close personal relationship.

**Sexual Abuse:** Schedule 2, paragraph 1(3) of the Regulated Health Professions Act (RHPA), defines sexual abuse as:
   • sexual intercourse or other forms of physical sexual relations between the member and the patient,
   • touching, of a sexual nature, of the patient by the member, or
   • behaviour or remarks of a sexual nature by the member towards the patient

“sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the services provided
References

College of Physiotherapists of Ontario Standards for Professional Practice: Conflict of Interest (+ Guide to the Standard)
Managing Challenging Interpersonal Situations (+ Guide to the Standard)
Code of Ethics
Briefing Note: Professional Reporting Obligations
For further information and assistance in incorporating this Standard into practice, see the accompanying Guide to Therapeutic Relationships and Professional Boundaries.

Legislative References

Regulated Health Professions Act (RHPA), 1991
Ontario Human Rights Code, 1990

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