

# Guide to Therapeutic Relationships and Professional Boundaries

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## Introduction

Quality practice by a physiotherapist is multi-faceted and complex. It includes staying competent, using professional judgment, acting ethically and ensuring appropriate professional boundaries within the therapeutic relationship.

To establish and maintain appropriate professional boundaries, a physiotherapist must understand the difference between a therapeutic relationship and a personal relationship. The therapeutic relationship differs from a personal relationship in two ways:

- 1) the interests of the patient always come first and
- 2) there is an imbalance of power between the physiotherapist and the patient. This difference in power means that it is not usually possible to maintain a therapeutic and personal relationship with a patient at the same time.

The expectations for physiotherapists are outlined in the **College's Standard for Professional Practice: Therapeutic Relationships and Professional Boundaries**. Physiotherapists should be aware of the expectations, use their professional judgment at all times and ask for feedback from others when in doubt.

This Guide provides a more detailed description of the expectations of the Standard. It also serves as a resource for patients and others to help them better understand the range of appropriate and inappropriate behaviours.

## Components of a Therapeutic Relationship

Trust, respect, power and personal closeness are always present and form the foundation of the physiotherapist-patient therapeutic relationship.

### Trust

Patients trust that the physiotherapist possesses the knowledge, skills and intent to provide them with quality care. Physiotherapists have a responsibility to neither harm nor exploit and to create a safe environment. Patients trust that physiotherapists will act in their best interests. Trust is vital and once lost, it is very difficult to re-establish.

### Respect

Physiotherapists have a responsibility to understand and respect individuals regardless of differences that may include but are not limited to race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability<sup>1</sup>. Physiotherapists should act in a way that is respectful of the patient.

### Power

In the therapeutic relationship between a physiotherapist and patient, there is an imbalance of power favouring the physiotherapist. The imbalance results from a number of factors: the physiotherapist's authority in the health care system, their unique knowledge, and the patient's dependence on the service provided by the physiotherapist. A physiotherapist can influence other health care providers and payers, has access to privileged information and has the ability to influence decisions made by the patient's caregivers and/or significant others. Patients may not want to compromise the relationship and may be afraid to challenge or even question the physiotherapist. While patients trust that physiotherapists will use their skill and influence in their best interest, they can also feel vulnerable in a relationship that creates a dependence on the physiotherapist. It is up to the physiotherapist to be aware of the vulnerability of patients and the imbalance of power, and to create an environment in which the patient feels safe and able to ask questions.

### Personal Closeness

This component does not refer to sexual intimacy. Personal closeness is part of a therapeutic relationship and includes aspects such as:

- physical closeness
- disclosure of personal information
- being in varying degrees of undress
- witnessing emotional behaviours

Although these behaviours are an important part of a therapeutic relationship, utmost care should be taken to ensure dignity and respect, and to not further deepen a patient's feelings of vulnerability.

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1 Ontario Human Right's Code

## Establishing a Therapeutic Relationship and Managing Boundaries

One of the most important tools to manage the boundaries of the therapeutic relationship is the ability to use effective communication strategies and interpersonal skills. This involves:

- introducing yourself to patients by name and professional title and describing your role in the care of the patient
- addressing patients by their preferred name or title
- listening to patients in an open and non-judgmental manner
- adopting a patient-centered approach to treatment goals and a plan of care
- being vigilant for and proactively addressing comments, attitudes or behaviours that may be inappropriate
- providing information to promote patients' free and independent choice and obtaining informed consent before proceeding with treatment
- assisting patients to find the best possible solution for themselves, given their personal values, beliefs and decision-making processes
- discussing the boundaries of confidentiality
- adopting a risk management approach when using informal communication methods with patients (such as text or instant messaging)

Successful therapeutic relationships require effective strategies to manage the limits or boundaries of the relationship. These strategies include practices such as:

### **Implement Reflective Practice**

Physiotherapists should continuously reflect on their interactions with patients and on their own personal needs, wishes, feelings, reactions and fears that can interfere with understanding the patient perspective and the ability to provide each patient with quality care. A physiotherapist's past experiences, age, values, gender, cultural and religious beliefs have an impact on interactions with patients. Through reflection, you can gain an understanding of how these attributes can affect your relationship with patients and how your attitudes and actions may be perceived differently than intended. Consider seeking feedback from others to reflect on your own practice.

### **Follow a Plan of Care**

Physiotherapists should develop and follow a plan of care with the patient, family and other members of the health care team. The plan of care helps everyone to know what is expected (this includes discussing the projected time period over which care will take place) and can provide guidance in establishing the boundaries of a therapeutic relationship.

## Be Sensitive to the Context in Which Care is Provided

Care is provided in a variety of settings such as hospitals, long-term care facilities, rehabilitation centres, private clinics, schools and patients' homes for example. Physiotherapists should take time to clarify their role within the practice context. Some environments may feel very informal and the boundary between professional and personal relationships may become less clear. For example, it may be tempting to do more for the patient than is warranted by the care plan, such as sharing a meal, answering the telephone and conveying messages of a personal nature or transporting the patient to personal appointments. While these activities may be helpful in nature, they may be perceived as being outside the professional role.

### When in doubt, ask yourself:

- Am I doing something to assist the patient towards becoming independent? (i.e. is it therapeutic?)
- Can/should other resources be used to meet this need?
- Will the patient expect that all physiotherapists will perform these activities?
- Will performing these activities cause difficulties when other physiotherapists will not or cannot do the same?
- Will the activities cause confusion for the patient about the role of a physiotherapist?
- Who benefits the most from performing these tasks?
- How would others perceive these actions?
- Would the payer fund these activities as part of the plan of care?
- Would I tell a colleague about this activity?

While it is important to be nice, it is also important to maintain the boundaries between a personal relationship and a therapeutic one. When a boundary is crossed, it is the physiotherapist who is responsible to take action to remedy the situation.

If you are concerned that a boundary may have been crossed, you may wish to speak with a College Practice Advisor at 1-800-583-5885/416-591-3828 ext. 241 or [practiceadvice@collegept.org](mailto:practiceadvice@collegept.org)

## Warning Signs within a Therapeutic Relationship

There are a number of warning signs that indicate that you may be crossing professional boundaries.

### **Examples include:**

- spending time with a patient beyond what is needed to meet the therapeutic needs
- picking and choosing which patients are incorporated into your case load for non-clinical reasons (e.g., because you think the patient is attractive or friendly or nice)
- responding to personal offers, requests or suggestions by the patient
- disclosing personal problems to a patient
- dressing differently when seeing a particular patient
- frequently thinking about a patient outside of the context of the therapeutic relationship
- being guarded or defensive when someone comments on or questions your interactions with a patient
- being hesitant (except for reasons of confidentiality) or embarrassed to discuss with your colleagues or family your activities with a patient
- spending time outside of the therapeutic relationship with a patient
- ignoring organizational policy or established patterns when working with a specific patient (e.g., scheduling the patient during lunch hour or outside of normal hours of business)
- providing the patient with a home phone number unless it is required in the context of a therapeutic relationship
- maintaining a patient on treatment longer than is required

If one or more of these signs are present, and you believe boundaries are being crossed, you may want to discuss with a colleague, employer or the College Practice Advisor. The physiotherapist is responsible of ensuring boundaries are adjusted to maintain the integrity of the therapeutic relationship.

## Behaviours that May be Acceptable in a Therapeutic Relationship

There are some behaviours within the therapeutic relationship that, when exhibited appropriately, may be helpful to the patient. These behaviours are deliberate, purposeful and in the patient's best interest. It is recommended that physiotherapists think carefully and use professional judgment before disclosing personal information; accepting or giving gifts; providing care to family or friends; or start a social relationship with a former patient. In some circumstances, these behaviours may be seen as boundary crossings and would be considered unacceptable when they meet the physiotherapist's personal needs (rather than the patient's clinical needs) or pose a risk to the therapeutic relationship.

### **Self-Disclosure**

It is normally inappropriate for a physiotherapist to disclose details of their personal lives. However, there may be occasions where a physiotherapist may choose to disclose personal information to a patient if he or she believes the information will assist in meeting the therapeutic needs of the patient.

### ***Example: Self-Disclosure***

Susan is providing physiotherapy treatment to an elderly woman in a long-term care setting. The woman expresses her feelings of displacement and loss of independence. Susan shares her recent similar experience with her own mother and how she benefited greatly from speaking with a social worker.

### ***Discussion***

This self-disclosure was appropriate because it met the therapeutic needs of the patient. Susan demonstrated empathy and validated the patient's feelings by acknowledging that her mother felt the same. Susan also provided the patient with an option that the patient may want to consider in the future.

## **Accepting Gifts from Patients**

Gifts should never be solicited from patients. It may be acceptable on some occasions to accept a modest gift from a patient. When deciding whether or not to accept a gift, the physiotherapist should consider:

- whether the gift will change the nature of the relationship
- the context in which the gift is offered, including the monetary value and appropriateness of the gift
- the patient's intent in offering the gift
- whether the patient will expect a different level or nature of care
- the policies of the organization where the physiotherapist is working

### ***Example: Accepting Gifts from Patients***

Alice has been treating a patient in his home for several weeks. The patient has offered Alice and her family the use of his condominium apartment in Florida for a week during March break as a thank you for all the great care he has received.

### ***Discussion***

The value of the gift has the potential to change the dynamics of the relationship and means Alice should likely decline the offer. Had the patient offered Alice a bottle of wine or a pair of tickets to a movie, Alice likely could have accepted the gift.

## **Giving Gifts to Patients**

In some circumstances, physiotherapists may consider giving gifts to patients. When giving gifts to patients, the context is again very important.

### **Giving gifts may be acceptable when:**

- the gift is given from a corporation or an agency, rather than an individual
- the physiotherapist has made clear the therapeutic purpose of the gift and that a gift is not expected in return

- the gift does not change the dynamics of the relationship with the patient
- the gift does not affect the relationship that the physiotherapist or other practitioners have with the patient
- the gift has modest value

**Example: Giving Gifts to Patients**

John is treating Sam, a young boy who fractured his wrist. Sam's family doesn't have a lot of money. While treating Sam, John learns that Sam loves baseball and wants to be able to play on the school team. John has a baseball glove at home that he would like to give to Sam. He suggests to Sam's mother that playing catch would be therapeutic and help speed up his recovery. He asks Sam's mother for permission to give her son the baseball glove.

**Discussion**

In this situation, John has Sam's interest as his primary motivation for giving the gift and he has linked the rationale to the therapeutic needs of the patient. John was also sensitive to the family situation and was careful to speak with the mother prior to giving his patient the glove.

## Providing Physiotherapy Services to Family or Friends

Treating family and friends is generally not appropriate because of the inherent conflict of interest (i.e., professional judgment can be impaired by a personal relationship). However, physiotherapists can, in certain instances, provide treatment to family or friends if other options are not available. When treating a related person (see the glossary for definition), physiotherapists should disclose the potential conflict of interest to third parties who may rely on reports about the care and no fee should be charged for the provision of services.<sup>2</sup>

If for any reason you believe that initiating a therapeutic relationship with an individual could be a conflict of interest, or there is a potential that your judgment may in any way be affected, and the individual has the option to receive physiotherapy services from another provider, it would be wise to manage the situation proactively and advocate for the patient to receive services from another provider.

**The following are some factors to consider when deciding to enter into a therapeutic relationship with family or friends:**

**Input from the patient:** The patient must not feel pressured in any way to receive services because they are a friend or family member. The patient must be free to choose the provider of their choice and must be comfortable in the therapeutic relationship.

**Self-reflection:** Physiotherapists should consider whether they are truly able to remain objective and impartial (i.e. free from any conflict of interest or bias) and able to place the patient's needs as primary.

**Managing dual relationships:** In a dual relationship, (i.e. where the physiotherapist has both a personal and a therapeutic relationship with a patient) the physiotherapist must acknowledge

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<sup>2</sup> Standard and Guide for Professional Practice: Conflict of Interest

the inherent conflict of interest, be aware of the potential difficulties in maintaining professional boundaries and institute measures to manage the situation.

**Confidentiality:** The duty to keep information confidential is an area where the physiotherapist should pay special attention as there may be increased potential or opportunity to inadvertently reveal information.

**Therapeutic context:** When conditions are likely to require extended involvement (either in length of time or amount of personal closeness) it is usually less appropriate to undertake a therapeutic relationship with family or friends. Similarly, conditions that requires extensive disrobing or touching of an intimate area may not be appropriate.

***Example: Treating a Family Member***

Tanya is a sole practitioner working in a small town. Her brother was injured while working at the local pulp and paper mill. Tanya is the only physiotherapist in the community and she is unsure about her ability to treat her brother.

***Discussion***

Given that there are no other physiotherapists in the community, Tanya might be able to provide physiotherapy treatment for her brother. Tanya should disclose the relationship to any third party who may rely on her reports of the care provided (for example WSIB). Tanya is being transparent and is addressing the possibility of a perceived conflict of interest. Tanya is still required to fulfill all her professional obligations but is unable to charge a fee for her services.

***Example: Treating a Friend/Dual Relationships***

Steve lives next door to Max, a physiotherapist. The two have been friends and neighbours for many years. Joe lives across the road and is currently receiving physiotherapy treatment from Max. One day, while Steve and Max are outside having a beer together, Steve asks Max if Joe will be well enough to go to the old-timers' hockey practice in the fall.

***Discussion***

In situations such as these it is relatively easy for the boundaries of the therapeutic relationship to become blurred. Max has a responsibility to maintain the confidentiality of all aspects of the therapeutic relationship between he and Joe. Max should tell Steve that he cannot disclose any information about Joe's treatment, and that it is best for Steve to ask Joe directly.

## **Commencing a Social Relationship with the Family of a Patient**

Physiotherapists should be sensitive to the possibility that their therapeutic relationship with a patient may create a dependency on the part of the patient's family. Before commencing a social relationship with a member of the patient's family, the physiotherapist should be thoughtful about the impact(s) this may have on the patient and the therapeutic relationship. Conflicts may arise when the physiotherapist is both a therapist for the patient and a friend of the family.

## Starting a Social Relationship with a Former Patient

Prior to initiating a social relationship with a former patient, the physiotherapist should consider the following factors:

- the nature of the physiotherapy treatment provided
- the duration of the physiotherapist-patient therapeutic relationship
- the degree, if any, to which the patient has developed an emotional dependency on the physiotherapist as a result of the therapeutic relationship
- the potential impact on the well-being of the patient
- all other circumstances that might have impact on the physiotherapist-patient relationship and/or may affect the ability of the patient to act freely

Physiotherapists are encouraged to consult with their colleagues, the College Practice Advisor and any other relevant resources when they are considering starting a social relationship with a former patient or their family member.

If, after the therapeutic relationship has ended and careful consideration has been given to the factors above, a physiotherapist decides to start a social relationship with a former patient, it is often best to wait a reasonable length of time. A reasonable length of time will vary based on how long the therapeutic relationship existed, the amount of intimate disclosure and degree of vulnerability of the patient. In some cases it will not ever be appropriate to enter into a relationship with a former patient.

### ***Example: Starting a Social Relationship with a Former Patient***

It has been a year since Tom was discharged from the rehab unit. He has returned to work and has resumed all of his pre-injury activities. He calls Jenna, his former physiotherapist, and asks her out for coffee.

### ***Discussion***

Jenna is interested in seeing Tom but wonders if it is appropriate to do so. She meets him for coffee at the coffee shop intending this to be a social visit and not a date. She wants to be sure that Tom is coping well and is not seeking professional advice from her. When they meet, Tom expresses his wish to date Jenna. He also describes some physical signs and symptoms and wonders if a short period of physiotherapy treatment might be indicated. Whether or not Jenna decides to pursue a personal relationship with Tom, she should likely refer him to another physiotherapist for treatment. The fact that Tom has disclosed to Jenna his feelings about her is a potential impediment to her ability to manage the therapeutic relationship.

### ***Example: Starting a Social Relationship With a Patient's Partner***

Isaac has a complex medical history that includes diabetes and severe heart disease. Two years ago, he had an amputation of the right leg and then suffered a stroke. Since then, his medical condition has continued to deteriorate. His wife Ruby has been looking after him with assistance from the CCAC. Judy, a physiotherapist, has been treating Isaac for a long time. Recently, Judy treated Isaac for a respiratory infection and taught Ruby how to suction Isaac's airway. Last week Isaac was admitted to the complex continuing care floor of his local hospital because of his deteriorating health and Ruby's inability to continue to care for him at home.

Ruby is lonely without Isaac and called Judy to invite her for dinner.

### **Discussion**

It is understandable that Judy would have developed a relationship with Ruby. Now that Isaac has been admitted to hospital and Judy is no longer involved in his care, one could argue that there is no therapeutic relationship to be concerned about and it may be acceptable for Judy to accept the dinner invitation. However, Ruby may still view Judy as being in a position to provide advice. It would be important for Judy to explain that she is coming to dinner as a friend and not as Isaac's physiotherapist. Creating this distinction will be helpful in allowing the physiotherapist currently treating Isaac to develop an appropriate therapeutic relationship with Isaac and to gain Ruby's trust and confidence.

### **Example: Developing a Social Relationship with a Patient's Partner**

Maria was involved in a severe automobile accident 3 months ago. Elaine, a physiotherapist, has been treating Maria for the last six weeks. Maria's husband José comes to the hospital three times a week and is frequently present for her physiotherapy sessions. José often brings Elaine coffee and is very appreciative of the time and effort she puts into Maria's treatment. José wants to become more involved with Maria's therapy and Elaine believes that José is capable of working with Maria when she is not available. José offers to take Elaine out for dinner to discuss this in greater detail.

### **Discussion**

Elaine likely should not accept Jose's offer. Teaching a family member how to perform some aspects of the physiotherapy treatment plan is part of a physiotherapist's role and should be conducted during the workday and at the workplace.

While José may see this gesture as a reasonable way of expressing his gratitude for everything that Elaine is doing for Maria; it is Elaine's responsibility to explain to José her role as Maria's physiotherapist and to establish clear boundaries around her role with José.

## Behaviours that are Unacceptable in a Therapeutic Relationship

There are some behaviours that are always unacceptable because they are harmful and counterproductive to meeting a patient's therapeutic needs. These include but are not limited to: emotional or verbal abuse, physical abuse, sexual abuse, or financial abuse. Any abuse of patients is unacceptable. It breaches the trust in the therapeutic relationship and crosses the boundaries of acceptable care.

### **Dating a Patient**

Any form of sexual relationship with a patient is unacceptable. Such actions may constitute professional misconduct and/or criminal offence. Sexual abuse is defined in Regulated Health Professions Act (RHPA), Schedule 2 paragraph 1(3) as:

- sexual intercourse or other forms of physical sexual relations between the physiotherapist and the patient
- touching, of a sexual nature, of the patient by the physiotherapist
- behaviour or remarks of a sexual nature by the physiotherapist towards the patient

Even if the patient is the initiator of the relationship, the physiotherapist always has the responsibility to maintain the boundaries of the therapeutic relationship. The crossing of boundaries usually begins with seemingly innocent comments or disclosures and escalates from there. The physiotherapist must always be vigilant to the subtle behaviours that may be the initial steps of a boundary crossing and has the responsibility to immediately re-frame and re-establish professional boundaries.

The sexual abuse of a patient by a regulated health care provider cannot be tolerated and requires that a Mandatory Report be submitted to the appropriate regulatory College. Health care professionals, under the Regulated Health Professions Act, have a duty to report such behaviours. Failure to do so can result in a \$25,000 fine (see the **Mandatory Reporting fact sheet** on the College website [www.collegept.org](http://www.collegept.org)).

## **Managing Patient Initiated Boundary Crossings**

Physiotherapists are responsible for maintaining the boundaries of a therapeutic relationship. Even if the patient initiates the behaviour, the physiotherapist is responsible to manage any potential boundary crossing.

### ***Example: Managing a Potential Boundary Crossing***

Susan has been treating Jacob for two weeks. During this time, Jacob has expressed concerns about how much of a recovery he will make and what this will mean for him in the future. Susan provides Jacob with support and encouragement by discussing his progress with him and reminding him of his achievements since treatment was initiated. During treatment, Jacob tells Susan that he is developing feelings for her.

### ***Discussion***

Susan has a professional obligation to manage the therapeutic relationship and ensure that appropriate boundaries remain intact. She should objectively review her behaviour over the previous two weeks and reflect on how she may have contributed to Jacob's misunderstanding. She will also want to recalibrate the boundaries and inform Jacob about what her responsibilities are in the therapeutic relationship. If she feels she is unable to re-establish and maintain the therapeutic relationship, she will have to consider transferring Jacob's care to another physiotherapist.

## **Being Sensitive to Religious and Cultural Beliefs, Values and Lifestyle**

Cultural competence refers to an ability to interact effectively with people of different cultures and socio-economic backgrounds. Cultural competence is made up of four components: (a) Awareness of one's own cultural worldview (b) attitude towards cultural differences (c) knowledge of different cultural practices and worldviews and (d) cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with and effectively interact with people across cultures.

For physiotherapists, cultural competence is essential in developing a rapport, collecting and synthesizing patient data, recognizing personal concerns about functioning and developing a plan of care that is patient centered and culturally sensitive. If a physiotherapist is not sensitive to the unique differences between individual patients, the possibility exists for misinterpretation of the patients' behaviours by the physiotherapist. Similarly, patients may misinterpret the physiotherapist's behaviours.

The physiotherapist must behave in a manner that is sensitive and respectful to the patient's values, culture, religious beliefs and sexual orientation.

***Example: Cultural Competence/Sensitivity***

Yasmin is a new physiotherapist who has accepted a position in northern Ontario. Yasmin grew up in a large city, attended private school and completed her degree in physiotherapy at a large urban university. She is seeing an aboriginal woman today for the first time. The woman is accompanied by six other family members. Yasmin is not sure how to manage the situation.

***Discussion***

Yasmin may have had minimal experience in working with First Nations People and may wonder about the following: Is it customary for many people to attend the physiotherapy visit? Is it inappropriate to ask them to wait outside? How will this woman be viewed by her society? What are the woman's beliefs about medicine and healing? It would be reasonable and helpful for Yasmin to have some insights into these and possibly other issues relevant to establishing and maintaining the physiotherapist-patient therapeutic relationship.

## Conclusion

All physiotherapists expected to establish and maintain appropriate therapeutic relationships with patients and ensure safe, effective, ethical care.

**Each physiotherapist should:**

- understand the nature of the physiotherapist-patient therapeutic relationship
- establish and maintain the boundaries of the relationship
- ensure that the patient understands the role of the physiotherapist and the limits of that role
- be aware of situations that are high risk for boundary violation (for example, settings where therapeutic relationships are long in duration, settings where the environment is informal or settings where the physiotherapist works alone)
- practice self-reflection to achieve awareness of their own behaviour and to understand the dynamics of patient situations
- ensure that the therapeutic relationship is not used to meet his or her own personal needs
- take action to deal with personal and job-related stress to reduce their risk
- exercise professional judgment, consult others and use available resources when faced with challenging situations
- intervene when witnessing colleagues crossing boundaries or abusing patients

Establishing appropriate therapeutic relationships and maintaining professional boundaries is fundamental to high-quality, safe and ethical physiotherapy care.

## Glossary

**Boundary Crossing:** A behaviour by a physiotherapist that exceeds the prescribed boundaries of a therapeutic relationship and is not necessary to ensure that the physiotherapist fulfills his or her professional obligations related to the delivery of physiotherapy treatment to the patient.

**Boundary Violation:** A deliberate behaviour by a physiotherapist that is recognizably inappropriate and in violation of the nature of a therapeutic relationship.

**Confidentiality:** The obligation of a registrant not to disclose information obtained from a patient in a therapeutic relationship without the consent of the patient, or his or her authorized agent, or as required by law.

**Mandatory Report:** Regulated health care providers and employers of regulated health care providers have a legal duty to file a report with the College or other organizations in certain circumstances. These obligations relate to the sexual abuse of patients, employee termination or resignation and child abuse to name a few.

**Patient-Centered Care:** An approach to providing physiotherapy that embraces a philosophy of respect for and partnership with people receiving services. Patient-centered care recognizes the autonomy of individuals, the need for patient choice in making decisions about goals, the strengths patients bring to a physiotherapy encounter, the benefits of the patient-physiotherapy partnership, and the need to ensure that services are accessible and fit the context in which a patient lives. (Adapted from Canadian Association of Occupational Therapy (CAOT))

**Professional Boundaries:** Professional Boundaries outline the limits of the therapeutic relationship between a patient and a physiotherapist. They are the lines within which a patient's best interests are consistently served, and they function to separate the therapeutic behaviour of a physiotherapist from any behaviour, well intentioned or otherwise, that could compromise those interests. Without these boundaries, a patient may lose personal autonomy and integrity and the therapeutic benefit from the services of the physiotherapist maybe put at risk.

**Related person:** A related person is a person related by blood, marriage, partnership or adoption, or a corporation in which a registrant or a related person has an interest (unless the interest is ownership of shares of a publicly traded corporation that the registrant or the related person does not directly or indirectly control). For more specificity:

- Persons are related by blood if one person is the child or other descendent of the other or one person is the brother or sister of the other;
- Persons are related by marriage if one person is the spouse of another or is the spouse of a person who is connected by blood relationship to the other;
- Persons are spouses if they are married to each other or are living in a conjugal relationship outside marriage and have cohabited for at least one year, are together the parents of a child or have entered into a cohabitation agreement under the Family Law Act;

- Persons are partners if they are either of two persons who have lived together for at least one year and have a close personal relationship that is of primary importance in both persons' lives; and
- Persons are related by adoption when one person has been adopted, either legally or in fact, as the child of the other or as the child or a person who is connected by blood relationship (other than as a brother or sister) to the other.

**Social Relationship:** A relationship that is outside a professional relationship and is based on two individuals sharing a common set of values and interests. The relationship is generally developed by a desire to interact with each other and is not dependent on an individual possessing knowledge or skills that the other person does not have.

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

**Voluntary Report:** A report that is made by a physiotherapist that is not mandated by any law or statute. Generally it occurs after a situation has arisen whereby a physiotherapist feels morally and or ethically compelled to make a report believing that it is in the best interest of the patient or the public to do so. When making a voluntary report, a physiotherapist has a duty to act in good faith.

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