

Performance of Authorized Activities

College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists/physical therapists 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

Authorized activities are legally restricted health care activities. In other words, authorized activities may only be performed by people who have an appropriate legal authority.

While authorized activities are most frequently associated with the “controlled acts” described in Section 27 of the Regulated Health Professions Act (RHPA), other statutes such as the Healing Arts Radiation Protection Act and the Laboratory and Specimen Collection Centre Licensing Act also include restrictions on who can perform certain kinds of health care activities. To simplify the discussion of these varied kinds of activities, the College has chosen to refer to all such restricted activities as “authorized activities”.

The standard, Physiotherapists’/Physical Therapists’ Performance of Authorized Activities, sets out the College’s performance expectations when physiotherapists/physical therapists perform any authorized activities, regardless of the authority mechanism.

The standard statement in Part Two and the expectations defined in Part Three of this standard apply to the performance of all authorized activities. Registrants should note that if they perform any authorized activity associated with the ordering of diagnostic investigations, then additional performance expectations, defined in Part Four, apply.

Part One—Authorized Activities Governed by This Standard

Note: All of the activities described in this section are subject to the standard statement Part Two and the performance expectations in Part Three of this standard. If these authorized activities are diagnostic in nature, they are also subject to the performance expectations in Part Four of the standard.

1. Activities directly authorized by the Physiotherapy Act

1. Communicating a diagnosis identifying a disease, a physical disorder or dysfunction as the cause of a person’s symptoms.
2. Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.
3. Tracheal suctioning¹.

1 This is a component of the controlled act of putting an instrument, hand or finger beyond the entrance to various body orifices — Subsection 27(2)6 of the RHPA.

4. Treating a wound below the dermis using any of the following procedures:
 - i. cleansing,
 - ii. soaking,
 - iii. irrigating,
 - iv. probing,
 - v. debriding,
 - vi. packing,
 - vii. dressing².
5. For the purpose of assessing or rehabilitating pelvic musculature relating to incontinence or pain disorders, putting an instrument, hand or finger,
 - i. beyond the labia majora, or
 - ii. beyond the anal verge³.
6. Ordering the application of a prescribed form of energy. (This will permit physiotherapists/physical therapists to order diagnostic ultrasound and magnetic resonance imaging studies in accordance with the regulations).
7. Administering a substance by inhalation. (This will permit physiotherapists/physical therapists to administer substances if these substances have been ordered by either a member of the College of Physicians and Surgeons of Ontario or a member of any other College who is authorized to order substances for administration by inhalation)⁴.

2. Activities directly authorized by the regulations under the Regulated Health Professions Act (RHPA)

Acupuncture. Ontario Regulation 107/96, Controlled Acts, which is a regulation that was made by the Minister of Health and Long-Term Care, provides the authority for physiotherapists/physical therapists to perform acupuncture.

Acupuncture is a restricted activity as it is a component of the second controlled act—performing a procedure on tissue below the dermis, etc. However, this regulation includes a provision which exempts physiotherapists/physical therapists from the restriction on the performance of acupuncture. Therefore, this regulation permits physiotherapists/physical therapists to provide acupuncture, provided it is within the scope of practice of physiotherapy/physical therapy.

3. Activities directly authorized by the regulations under the Healing Arts Radiation Protection Act (HARP Act)

Ordering the application of x-rays for diagnostic imaging purposes.
(This will permit physiotherapists/physical therapists to order x-rays/CT scans in accordance with the regulations).

Note: The HARP Act regulations are not yet approved by government. More detail will be made available when the approval process is complete.

2 This is a component of the controlled act of performing a procedure on tissue below the dermis etc.—Subsection 27(2)2 of the RHPA.
3 This is a component of the controlled act of putting an instrument, hand or finger beyond the entrance to various body orifices—Subsection 27(2)6 of the RHPA.
4 This is a component of the controlled act of administering a substance by injection or inhalation—Subsection 27(2)5 of the RHPA.

4. Activities directly authorized by the regulations under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA)

Ordering laboratory tests. (This will permit physiotherapists/physical therapists to order laboratory investigations in accordance with the regulations).

Note: The LSCCLA regulations are not yet approved by government. More detail will be made available when the approval process is complete.

5. Activities indirectly authorized by delegation, direct orders or medical directives

When a physiotherapist/physical therapist does not have the direct authority to perform an authorized activity, the physiotherapist/physical therapist may have the authority granted indirectly through means such as delegation, direct orders and medical directives.

For more information on indirect authority mechanisms, please see Appendix One.

Part Two—Standard Statement

Registrants may perform authorized activities that are within the scope of practice of physiotherapy/physical therapy when:

- the patient's circumstances indicate the services are clinically indicated,
- they have the appropriate authority and the knowledge, skill and judgement required to perform the activity and manage any foreseeable outcomes,
- they assume responsibility for the services and meet any other relevant statutory, regulatory and professional responsibilities that apply⁵.

When the authorized activities performed by registrants include the ordering of diagnostic investigations, registrants will also assure that:

- investigations are ordered within the context of an existing patient relationship,
- they communicate appropriately with the patient and other members of the patient's health care team, and
- they have the requisite knowledge to ensure that the investigations are ordered safely and appropriately.

⁵ While physiotherapists/physical therapists may have the authority to perform authorized activities in some circumstances, their ability to act on this authority may be limited by other legislation or regulations. For example, Regulation 965 under the Public Hospitals Act currently does not permit physiotherapists/physical therapists to treat a patient without an order from another health professional, such as a physician.

Part Three—Performance Expectations for All Authorized Activities

A registrant demonstrates the standard by:

Assessment

- (1) Prior to performing authorized activities, taking the patient's history and assessing the patient to:
 - i. identify the relevant investigation or treatment options, including authorized activities, that exist for that patient,
 - ii. ensure that the health concern for which the authorized activity is being proposed is within the scope of practice of physiotherapy/physical therapy, and
 - iii. ensure it is a reasonable outcome that the patient's condition would benefit from the authorized activity(ies) proposed as an investigation or treatment.

Risk

- (2) Prior to performing authorized activities, assessing the risk(s), benefits and side effects associated with performing the authorized activity to ensure that the benefits associated with the performance of the activity outweigh the reasonably foreseeable risk(s).

Authorization

- (3) Prior to performing authorized activities:
 - i. ensuring he or she has the appropriate legal authority to perform the activity through one of the authorization mechanisms found in the Regulated Health Professions Act (RHPA), through an appropriate legal authority under another statute, or under a directive from an authorized health professional, and
 - ii. ensuring he or she is performing the authorized activity within the scope of practice of physiotherapy/physical therapy.
- (4) Performing authorized activities and any associated health care:
 - i. in accordance with the standards of practice of the profession, and
 - ii. in compliance with the requirements of any applicable legislation or regulations.

Competence

- (5) Upon request from the College, being able to demonstrate successful completion of a relevant educational program, or some reasonable equivalent, that includes as a minimum:
 - i. a didactic component including theoretical information on the indications, contraindications and risks associated with the performance of the activity,

- ii. a practical component including information on the technical performance of the activity and an opportunity to perform the activity under the supervision of a person who is authorized to perform it, and
- iii. an assessment method that evaluates theoretical and practical knowledge associated with the safe and competent performance of the authorized activity(ies).

(6) Upon request from the College, being able to demonstrate the appropriate knowledge, skills and judgement that will enable him or her to perform the authorized activity safely and competently.

Adverse Consequences

(7) Performing an authorized activity only in circumstances where:

- i. he or she assumes accountability for the decisions and actions associated with performing the activity,
- ii. he or she is able to manage the reasonably foreseeable outcomes related to the performance of the activity, and
- iii. he or she has a protocol available that defines the course of action to follow if the performance of the authorized activity results in an adverse outcome.

Collaborative Care

(8) Providing other relevant members of the patient's health care team with timely and appropriate information in circumstances where the patient is receiving health care from other health professionals, and the authorized activity performed may have an impact on the patient's care in this context.

Roster

(9) Being listed on the relevant College roster of registrants who are permitted to perform that authorized activity. Authorized activities include:

- a controlled act that is directly authorized under the Physiotherapy Act (except for the controlled act of communicating a diagnosis)⁶;
- an act that is exempted from the performance restrictions in the Regulated Health Professions Act (RHPA) in the regulations under the RHPA⁷;
- procedures described in Subsection 6(2) of the Healing Arts Radiation Protection Act⁸; or
- procedures authorized to registrants in regulations made under the Laboratory and Specimen Collection Centre Licensing Act⁹.

6 The act of communicating a diagnosis identifying a disease, a physical disorder or dysfunction as the cause of a person's symptoms is specifically excluded since all physiotherapists/physical therapists will be permitted to communicate diagnoses without being on a roster to perform this activity (making diagnoses that are within the scope of practice of physiotherapy/physical therapy is considered to be an essential competency for physiotherapists/physical therapists).

7 This would include acupuncture, when it is performed within the scope of practice of physiotherapy/physical therapy.

8 This would include the ordering of x-ray or CT investigations in accordance with the regulations under the Healing Arts Radiation Protection Act.

9 This would include the ordering of laboratory investigations in accordance with the regulations under the Laboratory and Specimen Collection Centre Licensing Act.

Delegation, Orders and Directives (Including Direct Orders, Medical Directives or Designation)

(10) In circumstances in which he or she performs authorized activities under the authority of a delegation, an order or a directive, only doing so when:

- i. the activity has been appropriately delegated, ordered or directed, and
- ii. patients are provided with appropriate information on the authority under which the authorized activity is being performed.

(11) When accepting the delegation, order or directive to perform an authorized activity:

- i. providing any information the delegating, ordering or directing health professional may need to appropriately delegate, order or direct the authorized activity,
- ii. only accepting the delegation, order or directive when the delegating, ordering or directing health professional has provided the information required for the appropriate acceptance of the delegation, order or directive including:
 - a) the specific authorized activity being delegated, ordered or directed;
 - b) the circumstances or limitations in which the delegation order or directive is granted; and
 - c) the patient or a class of patients to whom the delegation order or directive applies, and
- iii. having a reasonable belief that the regulated health professional delegating, ordering or directing the authorized activity:
 - a) has the ability to perform the authorized activity safely, competently and ethically;
 - b) is authorized to delegate, order or direct the authorized activity; and
 - c) has delegated, ordered or directed the authority to perform the authorized activity appropriately.

(12) Refraining from delegating the delegated, ordered or directed authority to perform an authorized activity to any other person¹⁰.

Part Four – Performance Expectations: Ordering of Diagnostic Investigations

A registrant demonstrates the standard by:

(1) Only ordering diagnostic investigations when:

- i. the investigations are ordered within the context of patient/provider relationships, and
- ii. the investigations are clinically indicated, that is the results would assist the physiotherapist/physical therapist to:
 - (a) make a diagnosis of a condition that is within the scope of practice of physiotherapy/physical therapy to treat, or
 - (b) determine an appropriate physiotherapy/physical therapy intervention.

¹⁰ Delegating a delegated, ordered or directed authority to another person who does not have this authority is called sub-delegation. Sub-delegation of an authorized activity is not permitted.

(2) Ordering the application of prescribed forms of energy in accordance with the authority granted to them in the regulations under the Regulated Health Professions Act (RHPA).

(3) Ordering x-ray investigations in accordance with the authority granted to them in the regulations under the Healing Arts Radiation Protection Act (HARP Act).

(4) Ordering laboratory tests in accordance with the authority granted in the regulations under the Laboratory Specimen Collection Centre Licensing Act (LSCCLA).

(5) Only ordering diagnostic investigations in circumstances where he or she:

- i. explains the rationale for the investigation to the patient,
- ii. explains the process for communicating results to the patient,
- iii. makes reasonable efforts to consult with the patient, the patient's representative, or if needed, other relevant members of the patient's health care team (including the primary care provider) to determine whether the same or generally equivalent investigations have been done within a time frame that makes repeating the proposed investigation unnecessary or inadvisable,
- iv. shares relevant investigation results on a timely basis with, as a minimum, the patient's primary health care provider (if one has been designated), as well as other members of the patient's health care team, as appropriate, unless the patient refuses to consent to the disclosure,
- v. has a process in place to ensure that diagnostic investigation results are reviewed by an appropriate health professional,
- vi. assures that appropriate and timely follow-up occurs when the result of an investigation ordered has a significant outcome,
- vii. refers the patient to another health care provider with an appropriate scope of practice when investigation results suggest that the patient's health condition may be all or partially outside the scope of practice of physiotherapy/physical therapy, and
- viii. promptly refers the patient to an appropriate health profession where the results of an investigation ordered indicate that a referral is warranted.

X-ray Investigations

(6) Only ordering x-ray investigations when he or she is able to, upon request by the College, demonstrate theoretical knowledge and understanding of the following:

- i. what x-ray investigations are generally within the scope of practice of physiotherapy/physical therapy,
- ii. the relevant rules and regulations governing the irradiation of humans,
- iii. the potential hazards associated with irradiating humans, including awareness of radiation risk factors and risk of unnecessary exposure to ionizing radiation,
- iv. the indications and contraindications for requesting x-ray investigations,
- v. the appropriate study to order in the context of the body part and condition being assessed,
- vi. the normal anatomy of the relevant body part (for example, upper and lower extremities, spine),

- vii. the role of the physiotherapist/physical therapist respecting the ordering of x-ray investigations, which does not extend to undertaking an interpretation of them,
- viii. the role of the radiographer respecting the ordering of x-ray investigations, which is to operate the x-ray technology, and
- ix. the role of the radiologist respecting the ordering of x-ray investigations, which is to interpret the x-ray investigation and provide a report to the person who ordered it.

(7) Only ordering x-ray investigations when he or she is able to, upon request, demonstrate practical knowledge and understanding of the following:

- i. how the x-ray investigations he or she orders are within his or her personal scope of practice and/or competence,
- ii. the ability to identify whether there are clinical indications/contraindications for x-ray investigations in specific patients,
- iii. the ability to assess the radiation load that specific patients have been exposed to in order to assure that the patient does not receive any more additional radiation than is reasonable in the circumstances, and
- iv. the ability to complete required requisitions including all relevant details (for example, such as the views required etc.).

(8) Only ordering the x-ray views that are appropriate based on the body component or part that is being assessed and condition or therapy that is being considered. In this context, registrants are not permitted to order, on their own authority, investigations including:

- i. x-ray investigations of internal organs (other than lungs),
- ii. CT scans of the abdomen,
- iii. CT scans of the brain,
- iv. angiograms,
- v. nuclear medicine scans.

Appendix One—Indirect Authority Mechanisms

1. The Regulated Health Professions Act

The Regulated Health Professions Act (RHPA) includes mechanisms that permit people to perform controlled acts without having these acts directly authorized to them.

Delegation

The most common of these mechanisms is the use of delegation. Delegation is the process by which a person who is member of a regulated health profession that has controlled acts authorized to it delegates the authority to perform one or more of these controlled acts or components of controlled acts to another person, who is then authorized to perform these acts¹¹. Delegation may take place by direct order, through the use of a medical directive or by designation.

A direct order is an instruction from one health professional (often a physician) to one or more members of another health profession. An order relates to only one patient and initiates a specific intervention or treatment to be delivered at a specific time. It may be verbal or written.¹²

A medical directive is a blanket instruction by one of more physicians to other health professionals. It pertains to classes of patients that meet the criteria set out in the directive. A directive contains the delegation and provides the authority for interventions to be carried out, provided that certain conditions and circumstances are met.¹³

A designation is a special kind of delegation. It relates to circumstances where the person who is delegating the activity (the authorizer) has the authority to perform a controlled act but does not have the authority to order or perform the activity on his or her own initiative. This means that the performance of procedures delegated by non-ordering authorizers is also subject to a requirement for an order for the activity¹⁴.

Exception

A less common tool is the use of exceptions. Exceptions are circumstances, defined in law, where the restrictions on performing controlled acts do not apply (for example, in an emergency). The following is the provision in the statute indicating the exceptional circumstances:

29. (1) An act by a person is not a contravention of Subsection 27 (1) if it is done in the course of,
- (a) rendering first aid or temporary assistance in an emergency;
 - (b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;

11 Delegation is only needed for authorized activities that a health professional is not authorized to perform on their own authority.

12 College of Physicians and Surgeons of Ontario. Delegation of Controlled Act, Published March/April 2004, last review, 2010.

13 *ibid*

14 Federation of Health Regulatory Colleges of Ontario. An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario. <http://www.regulatedhealthprofessions.on.ca>

- (c) treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;
- (d) treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of Subsection 27 (2); or
- (e) assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of Subsection 27 (2).

Counselling

(2) Subsection 27 (1) does not apply with respect to a communication made in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes members to make. 1991, c. 18, s. 29.

2. Other Statutes

The authority to perform the activities restricted by other statutes such as the Healing Arts Radiation Protection Act and the Laboratory and Specimen Collection Centre Licensing Act may also be indirectly transferred to another person through a means somewhat similar to delegation.

In circumstances where someone has the authority to perform these kinds of authorized activities, the transfer of authority to another health professional can take the form of either direct orders or medical directives. (Please see the discussion on delegation above for more information on direct orders and medical directives). This would then enable physiotherapists/physical therapists to perform these activities under the indirect authority of the authorized health professional.