

Establishing and Maintaining Therapeutic Relationships with Patients

Guide to the Standards for Professional Practice

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NOTE: This Guide to Complementary and Alternative Therapies is intended to assist registrants in understanding the expectations of the College as defined in the Standard for Professional Practice: Complementary and Alternative Therapies, and in conjunction with other standards of practice for the profession, including those defined in the Standards for Practice for Physiotherapists.

Introduction

Quality practice by a physiotherapist is multi-faceted and complex. It includes competence, ethical and professional conduct and the establishment and maintenance of appropriate behaviour within the context of a therapeutic relationship with a patient. The College's Standard for Professional Practice - Establishing and Maintaining Therapeutic Relationships with Patients describes the performance expectations registrants are required to meet in order to establish and maintain an appropriate therapeutic relationship with each of their patients.

In order to establish and maintain a successful therapeutic relationship with a patient, a physiotherapist must understand the difference between a therapeutic relationship and a personal relationship. The therapeutic relationship differs from a personal relationship in that the interests of the patient always come first and there is always an inherent power imbalance present in the relationship. Physiotherapists are in a privileged position because of the trust the patient places in them. Physiotherapists must not abuse this trust by using the power inherent in the relationship to meet their own needs. By virtue of the nature of the therapeutic relationship, it is not usually possible to maintain a therapeutic and personal relationship with a patient at the same time.

The purpose of this Guide is to provide a more detailed resource to the College's expectations as set out in the Standard of Professional Practice - Establishing and Maintaining Therapeutic Relationships with Patients. The document also serves as a resource for individuals receiving treatment from a physiotherapist about the appropriate elements and prohibitions in the physiotherapist-patient therapeutic relationship.

Both the Standard and the Guide will be used in assessing reports of unprofessional conduct or abuse of patients by a registrant. They are not intended to address the separate issue of abuse of a physiotherapist.

Components Of A Therapeutic Relationship

The following components are always present and form the foundation of the physiotherapist-patient therapeutic relationship: power, trust, respect and personal closeness.

Power

In a physiotherapist-patient therapeutic relationship, there is an imbalance of power favouring the physiotherapist. The imbalance is a result of 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 by challenging the knowledge and expertise of the physiotherapist. Usually patients trust that the physiotherapist will use his or her skill and influence in their best interest, while sometimes feeling vulnerable in a relationship that creates a dependence on the physiotherapist. As a consequence, there is a higher onus on the physiotherapist to be cognizant of this inherent vulnerability and the resulting power imbalance, and to create an

environment in which the patient feels safe and undeterred from asking questions.

Trust

Patients trust that their physiotherapist possesses the requisite knowledge, abilities and skills to provide them with quality care. Physiotherapists have a responsibility not to harm or exploit and to create a safe environment. Patients trust that physiotherapists will act in the best interest of the patient. Trust is important and once breached, 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; age; marital status; family status or disability¹. Physiotherapists should act in a way that is respectful of the client.

Personal Closeness

This component does not refer to sexual intimacy. Personal closeness is inherent in a therapeutic relationship and may include but is not limited to:

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

Although these practices are acceptable when carried out appropriately, they do carry with them a greater degree of personal closeness than normally exists in other relationships, and may further deepen a patient's feelings of vulnerability.

Establishing a Therapeutic Relationship and Managing Boundaries

Central to the establishment of the physiotherapist-patient therapeutic relationship is the physiotherapist's ability to use effective communication strategies and interpersonal skills. Regardless of the setting and length of the interaction, it is expected that the physiotherapist will act professionally in the management of the boundaries of the relationship. This involves:

- introducing him/herself to the patient by name and professional title and describing his/her role in the care of the patient
- addressing patients by their preferred name or title unless inappropriate
- listening to the patient or caregiver in an open and non judgmental manner without dismissing their feelings
- adopting a patient-centered approach in establishing treatment goals and a plan of care
- being vigilant for comments, attitudes or behaviours of patients that appear inappropriate in a

¹ Ontario Human Rights Code

- therapeutic relationship
- providing sufficient information to promote the patient's free, 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 with the patient including the physiotherapist's legal responsibilities

To be successful at establishing and maintaining therapeutic relationships with patients, physiotherapists need to adopt effective strategies to manage the limits or boundaries of therapeutic relationships. These strategies include but are not limited to the following practices.

Implement Reflective Practice

Physiotherapists must continuously reflect on their interactions with patients and on their own personal needs, wishes, feelings, reactions, fears, strengths and weaknesses that can interfere with understanding the patient and providing each patient with quality care. Physiotherapists' past experiences as well as age, values, gender, cultural and religious beliefs have an impact on interactions with patients. Through reflection, physiotherapists can gain an understanding of how these attributes can affect their relationship with patients and that the physiotherapist's attitudes and actions may be perceived differently than intended.

Physiotherapists are obligated to act in the best interests of the patient². At times it may be necessary for physiotherapists to seek help from other resources in order to reflect on their own practice.

Follow a Plan of Care

It is important for the physiotherapist to develop and follow a plan of care with the patient and when applicable, with the family and other members of the health care team. The physiotherapist is required to obtain informed consent from the patient or substitute decision-maker for personal care³ prior to implementing the care plan. A care plan will provide guidance in establishing the boundaries of a therapeutic relationship and define the treatment best suited to meet the patient's short and long-term goals.

Understand the Limits of the Therapeutic Relationship

In a therapeutic relationship with a patient, the interests of the patient always come first. The power imbalance inherent in the relationship, the patient's vulnerability, and the trust put in the physiotherapist place the obligation to manage the relationship appropriately squarely on the physiotherapist. Physiotherapists who abuse the power in the relationship for their personal advantage are behaving inappropriately.

2 Code of Ethics for Physiotherapists. College of Physiotherapists of Ontario

3 Health Care Consent Act, 1996

Communicate the Expectations for and Limits of Confidentiality

The physiotherapist has an obligation to explain to the patient and obtain their agreement to the expectations for and limits of confidentiality (i.e. the type of and amount of information collected^{4,5} and how it will be used; and where appropriate, the need to share information with other members of the health care team). Similarly, physiotherapists need to understand their professional obligations regarding the release or withholding of health information⁶, particularly when third party payers and employers are involved.

Be Sensitive to the Context in which the Care is Provided

More and more, care is being provided outside of traditional health care facilities such as hospitals, long-term care facilities and rehabilitation centres. Physiotherapists who are working in the community, either in a private practice, in industry, or in patients' homes must always clarify their role within the context in which they are practising. The patient's home may feel like an informal environment 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.

In some situations, the physiotherapist's activities may be perceived as being outside their professional role. When considering performing activities that are outside the professional role, physiotherapists should ask themselves the following questions:

- Am I doing something for the patient that the patient needs to do in order to be independent?
- Can 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 of the physiotherapy services fund these activities as part of the plan of care?
- Would I tell a colleague about this activity?

Physiotherapists who are concerned that they may be involved in a situation that crosses the boundaries of the therapeutic relationship may wish to speak with colleagues, their employer or a College Practice Advisor.

When a boundary has been crossed, the physiotherapist has an obligation to remedy the situation to the extent possible. If a decision is made to terminate the therapeutic relationship, measures must be taken to ensure the patient is not harmed by an interruption in treatment and that the physiotherapist has fulfilled the professional obligations related to discontinuing treatment⁷.

4 Personal Information Protection and Electronic Documents Act, 2003

5 Personal Health Information Protection Act, 2004

6 Professional Misconduct Regulation. College of Physiotherapists of Ontario

7 Professional Misconduct Regulation. College of Physiotherapists of Ontario

Concluding the Therapeutic Relationship

From the time of the initial contact with a patient, a physiotherapist should establish with the patient, and when applicable, family and other members of the health care team, a projected period of time that the therapeutic relationship will last. This estimate is based on the physiotherapist's analysis of a variety of factors that may influence the patient's outcomes and course of treatment. Describing the relationship as finite from the very beginning helps to establish the expectation that discharge from treatment is the end point of the therapeutic relationship.

Close to the time when the relationship will be concluded, the physiotherapist needs to discuss plans for meeting the patient's needs after discharge from treatment⁸.

Warning Signs Within a Therapeutic Relationship

There are a number of signs that indicate that the physiotherapist may be crossing the boundaries in the physiotherapist-patient therapeutic relationship. Examples of these are:

- spending time with a patient beyond what is needed to meet the therapeutic needs
- preferential selection of patients who are incorporated into your case load (e.g., a patient is provided with an early or special appointment time from your schedule because you think the patient is attractive or friendly)
- responding to "personal" overtures 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 the patient
- spending time outside of the therapeutic relationship with a patient
- ignoring organizational policy or 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 a physiotherapist believes boundaries are being crossed, as a self-regulating health professional, the physiotherapist has an obligation to adopt measures that will ensure the boundaries are adjusted to ensure the integrity of the therapeutic relationship.

8 Professional Misconduct Regulation. College of Physiotherapists of Ontario

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 exercise prudent judgment about whether they need to document these behaviours or not. Such behaviours include self-disclosure; accepting and giving gifts, and treating family, friends and acquaintances. Commencing a social relationship with a former patient must always be carefully considered within the contexts of the requirements of a therapeutic relationship. In some circumstances, the same behaviours may be seen as boundary crossings as opposed to boundary violations⁹. These behaviours are considered unacceptable when they meet the physiotherapist's personal needs and/or pose a risk to the therapeutic relationship.

Self Disclosure

It is normally inappropriate for a physiotherapist to engage in routine disclosure of 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 feelings of loss and displacement. Susan tells her that her own mother recently had a very similar experience and 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 must never be solicited from patients. It may be acceptable on some occasions for a physiotherapist to accept a modest gift from a patient. When deciding whether or not to accept a gift, the physiotherapist must consider:

- whether the gift will change the nature of the relationship
- the policies of the organization or facility where the physiotherapist is working
- the context of the situation 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

⁹ See Glossary definitions of boundary crossing and boundary violation at the end of this Guide

Example: Accepting Gifts from Patients

Alice has been treating a patient in the community for several months. The patient has offered Alice and her family the use of his condominium apartment in Florida for a week during March break.

Discussion

It is inappropriate for Alice to accept the offer to use the condominium apartment. Accepting the offer could potentially change the dynamics of the relationship. Because of the value of the gift, the appropriate response for Alice is to graciously decline. However, had the patient offered Alice a bottle of wine or a pair of tickets to a movie, Alice likely could have accepted the offer.

Giving Gifts to Patients

In some circumstances, physiotherapists may consider giving gifts to patients. When giving gifts to patients, the context of the situation is very important and needs to be looked at in conjunction with other factors in the relationship that relate to maintaining professional boundaries.

Giving gifts may be acceptable when:

- the gift is given from a corporation or an agency, or from a group of practitioners treating the patient
- the physiotherapist has made it clear 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 other practitioners have with the patient
- the gift has no potential for negative feelings on the part of other patients
- the gift has modest value

Example: Giving Gifts to Patients

John is treating Sam, a young boy who fractured his wrist. Sam's family has very modest means. While treating Sam, John learns that Sam loves baseball and would love to be able to play organized ball. 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 for his arm and help speed up his recovery. He asks his mother for permission to give her son the baseball glove. Sam's mother is touched by John's offer and graciously consents.

Discussion

In this situation, it is appropriate for John to give the baseball glove to Sam. He has the patient'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, Friends or Acquaintances

Treating family, friends or acquaintances is generally not appropriate because of the inherent conflict of interest present in the relationship; however, physiotherapists can, in special instances, provide treatment to family, friends or acquaintances if attempts to exercise other options have been exhausted or other options are not available¹⁰. In this circumstance, physiotherapists should disclose to appropriate third parties who may rely on reports about the care that a conflict of interest situation exists. In addition, when providing care to related persons, no fee should be charged for the provision of services.¹¹

In summary, if a physiotherapist, for any reason, believes that initiating a therapeutic relationship with an individual could be problematic and the individual has the option to receive physiotherapy services from another provider, the physiotherapist would be prudent to manage the situation proactively and advocate for the patient to receive services from another provider.

There are a number of factors that need to be considered when deciding to enter into a therapeutic relationship with family, friends or acquaintances:

Charging a fee: When a physiotherapist is providing professional services, thereby establishing a physiotherapist-patient therapeutic relationship, it is customary for the physiotherapist to charge a fee for the professional services rendered to the patient. However, when providing professional services to related persons¹², no fees should be charged.

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

Self reflection: Physiotherapists must identify that they are free from a conflict of interest situation and freely able to place the patient's needs as primary.

Managing dual relationships: In a dual relationship, (i.e. where the physiotherapist may have both a personal as well as a therapeutic relationship with a patient) the physiotherapist must acknowledge the presence of an inherent conflict of interest, be aware of the potential difficulties in maintaining professional boundaries between the personal and the therapeutic relationship and actively institute measures to manage the situation.

Confidentiality: The physiotherapist must maintain obligations regarding confidential information and must be aware of the increased potential to reveal privileged information to family and/or friends during or after the termination of the therapeutic relationship.

Surrounding circumstances: A condition that is likely to require extended involvement is usually less appropriate to undertake. Similarly, a condition that requires extensive disrobing or touching of an intimate area may not be appropriate.

10 see the Standard for Professional Practice: Conflict of Interest and Guide

11 see the Standard for Professional Practice: Conflict of Interest and Guide

12 see definition of a related person

Example: Treating a Family Member

Tanya is a sole practitioner working in a small rural 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. Tanya is being transparent and is addressing the possibility of a 'perceived' conflict of interest. Tanya is still required to fulfill her professional obligations related to documentation and maintenance of the health record but is unable to charge a fee for her services.

Example: Treating a Friend/Dual Relationships

Steve lives next door to Max, a physiotherapist. They have been neighbours for many years. They have a mutual friend named Joe. Joe 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 "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 the responsibility to maintain the confidentiality of all aspects of the therapeutic relationship between himself 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 or Escalating a Social Relationship with Families or Partners of Patients

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

Commencing a Social Relationship with a Former Patient

When initiating a 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 bear upon the nature of the physiotherapist-patient relationship that may affect the ability of the patient to act freely

Physiotherapists are encouraged to consult with their colleagues, the College Practice Advisory Service and any other relevant resource when they are considering commencing a social relationship with a former patient, family member or partners of a patient.

If, after the therapeutic relationship has ended and careful consideration has been given to the factors above, a physiotherapist decides to commence a social relationship with a former patient, it is often appropriate to wait a reasonable length of time before doing so. A reasonable length of time will vary based on the length of the therapeutic relationship, the amount of intimate disclosure and degree of vulnerability of the patient. In some cases it will never be appropriate to enter into a relationship with a former patient.

Example: Commencing 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 a 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, it would be prudent of her to refer him to another physiotherapist. 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: Commencing 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. Recently, Ruby 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 a physiotherapist involved in his care, she is not in a situation where there are dual roles or relationships. In a situation such as this, it is probably acceptable for Judy to accept the dinner invitation. However, Ruby may still view Judy as being in a position to provide advice. If that occurs it is important for Judy to explain to Ruby that she is no longer Isaac's physiotherapist. It would be prudent for Judy to explain that she is coming to dinner as a friend. 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: Escalating a Social Relationship with a Patient's Partner

Maria lives in a rural community. She 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

It is inappropriate for Elaine to 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.

José sees 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. Elaine's approach and response to the offer should consider the possibility that there may be cultural and other positive factors influencing his behaviour.

Behaviours That Are Unacceptable In a Therapeutic Relationship

There are some behaviours that are always unacceptable because they are harmful and counter-productive to meeting the patient's therapeutic needs. These include but are not limited to: emotional/verbal abuse; physical abuse; sexual abuse; financial abuse; neglect; and insensitivity to religious and cultural beliefs. Any abuse of patients is unacceptable and is prohibited. It breaches the trust in the therapeutic relationship and crosses the boundaries of acceptable care. The College is committed to the prevention of all types of abuse that might occur within the physiotherapist-patient therapeutic relationship.

Emotional/Verbal Abuse

The physiotherapist must not use verbal or non-verbal behaviours that may reasonably be perceived to demonstrate disrespect for the patient or are perceived by the patient or others to be abusive. Such verbal and non-verbal behaviours include but are not limited to:

- retaliation
- intimidation, including threatening gestures/actions
- manipulation
- teasing or taunting
- insensitivity to the patient's preferences with respect to lifestyle and family dynamics
- swearing
- cultural slurs
- inappropriate tone of voice such as expressing impatience or exasperation

Physical Abuse

The physiotherapist must not exhibit behaviours towards a patient which may be perceived by the patient, the physiotherapist or others to be violent, threatening, or to inflict bodily harm. Such behaviours include but are not limited to using force or handling a patient in a rough manner.

To avoid any perception of abuse, it is generally prudent practice to avoid laying hands on a patient when angry or frustrated.

In some instances, physiotherapists will inadvertently cause physical harm to a patient in self-defence. If this happens, physiotherapists need to be prepared to explain their actions and to show, when applicable, how they advocated for resources to deal with challenging patient behaviours. In settings where patients' behaviours are frequently unpredictable, the physiotherapist is encouraged to access information related to dealing with challenging patients such as the Standard and Guide for Professional Practice: Managing Challenging Interpersonal Situations.

Sexual Abuse

Any form of sexual abuse of 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, or
- behaviour or remarks of a sexual nature by the physiotherapist towards the patient

Even if the patient was the initiator of the relationship, the physiotherapist always has the responsibility to maintain the boundaries of a therapeutic relationship. The crossing of boundaries usually begins with seemingly innocent comments or disclosures and escalates from there. The progression and crossing of boundaries can be insidious. 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.

Touching, behaviour or remarks of a clinical nature appropriate to the service provided is not sexual abuse.

The physiotherapist must never engage in behaviours or make remarks to a patient that may reasonably be perceived by the patient, the physiotherapist or others to be:

- sexually or otherwise demeaning, seductive, suggestive, exploitative, derogatory or humiliating; and
- touching of an abusive nature:
 - a) the physiotherapist must not touch the patient in a manner that may be perceived by the patient or others to be of a sexual nature; and
 - b) the physiotherapist must not initiate, encourage or engage in sexual intercourse or other forms of sexual contact with a patient

Please note that certain behaviours such as sexual abuse of a patient by a regulated health care provider require 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 (see the Mandatory Reporting fact sheet in the Registrants Guide section of the college website).

Commencing a Social/Personal (non-sexual) Relationship with a Current Patient

Physiotherapists are responsible for maintaining the boundaries of a therapeutic relationship. Entering into a social/personal relationship with a patient constitutes a breach of the boundaries in the therapeutic relationship.

Example: Managing a Potential Boundary Crossing

Susan has been treating Jacob, a 24-year-old single man, daily 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 the boundaries of the relationship remain intact. She should objectively review her behaviours over the previous two weeks for the purpose of determining that she has not blurred the lines between a personal and a therapeutic relationship. If she has, she needs 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 must consider transferring Jacob's care to another physiotherapist.

Financial Abuse

A physiotherapist must not take advantage of the power in the physiotherapist-patient therapeutic relationship to engage in activities that could result in either monetary, personal or other material benefit, gain or profit to the physiotherapist (beyond a normal fee for professional services) or monetary or personal loss for the patient.

Such behaviours include but are not limited to:

- borrowing money or property from a patient
- soliciting gifts from a patient
- unethical or dishonest billing practices
- influence, pressure or coercion to obtain the patient's money or property
- influence over the patient's will
- assisting with the financial affairs of a patient

Neglect

The physiotherapist must not neglect the patient. Neglect occurs when physiotherapists fail to meet the basic needs of patients. Such behaviours include but are not limited to confining, isolating or ignoring the patient and withholding:

- needed aids or equipment
- service
- communication of information
- patient privileges

Example: Withholding Services

Lionel works in a hospital and has been assigned to an ambulatory clinic that provides support and treatment for patients with HIV/AIDS. Lionel disapproves of the lifestyle choices made by many of the patients coming to the clinic. He is concerned about the risks posed to his own health and is inclined to delay his response to referrals.

Discussion

Lionel should be aware that HIV/AIDS is considered a disability under the Ontario Human Rights Code and that it would be illegal for him to discriminate against such patients (e.g. by refusing to treat them). Lionel should inform himself about the risks of treating patients with HIV/AIDS and appropriate preventative strategies. By learning about the disease, Lionel will discover that the risks are small and quite manageable with routine precautions. With reflection, accurate information and discussion with others he can come to appreciate that many patients make lifestyle choices different from his own and that part of being a professional is not judging his patients but using his professional skills to assist all of them in their current circumstances.

Insensitivity to Religious and Cultural Beliefs, Values and Lifestyle

Cultural Competence is defined as “a set of behaviours, attitudes, and policies that come together in a continuum to enable the health care system, agency, or individual practitioner to function effectively in transcultural interactions.”¹³ In practice, cultural competence acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, the need to be aware of the dynamics resulting from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs. 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 not behave towards a patient in a manner that is insensitive or disrespectful to the patient’s values, culture, religious beliefs or sexual orientation.

Example: Cultural Competence/Sensitivity

Yasmin is a new physiotherapist who has accepted a position in northern rural Ontario. Yasmin grew up in a large urban 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. She 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 for this woman to be alone with a physiotherapist? 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 need to establish and maintain appropriate therapeutic relationships with patients and ensure safe, effective, ethical care.

Each physiotherapist needs to:

- 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

13 Cross T., Bazron, B., Dennis, K., & Isaacs, M. *Towards a Culturally Competent System of Care*, Volume 1. Washington D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Centre. (1989)

- be aware of situations that are high risk for boundary violation, for example, settings where therapeutic relationships are long term or settings where the physiotherapist works with little supervision
- terminate the relationship with the patient in a manner that reflects an understanding of the patient's needs and goals
- practice self-reflection to achieve awareness of their own professional practice 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 your risk
- seek out and use resources to assist in caring for patients with challenging behaviours
- intervene when witnessing abuse of patients or colleagues crossing boundaries
- address incidents of boundary-crossing, professional misconduct and abuse in the appropriate manner

In summary, the establishment and maintenance of appropriate therapeutic relationships is fundamental to maintaining trust within the relationships allowing for the delivery of quality physiotherapy care and the achievement of solid treatment outcomes.

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. Not all boundary crossings by the physiotherapist are sexual in nature.

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

Caregiver: A person who provides assistance with routine activities of living. (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.

Patient-Centered Care: An approach to providing physiotherapy that embraces a philosophy of respect for and partnership with people receiving services. Patient-centred 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 may be 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 or
- 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.

Substitute Decision-Maker: An individual who is authorized to provide or refuse consent to a treatment on behalf of a person who is incapable of making the decision. (Health Care Consent Act, Ontario, 1996, c.2, Schedule A, s.9)

Therapeutic Relationship: The relationship that exists between a physiotherapist and a patient during the course of physiotherapy treatment. The relationship is based on trust, respect, and the expectation that the physiotherapist will establish and maintain the relationship according to the College's Standards and Code of Ethics and will not harm or exploit the patient in any way.

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 is obligated to act in good faith.