

Physiotherapists Working with Physiotherapist Assistants

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1. Authority and Responsibility

A physiotherapist who assigns care to a physiotherapist assistant remains responsible for all of the patient's care. A physiotherapist who works with a physiotherapist assistant must be listed as doing so on the Public Register.

2. Restrictions in Assigning and Supervising Care

A physiotherapist cannot assign care to or provide supervision for a relative or a person with whom they have a close or intimate relationship.

3. Duties that Cannot be Assigned

A physiotherapist must not assign the following activities to a physiotherapist assistant:

- care the physiotherapist does not have the knowledge, skills, and judgement to perform
- initial assessments and re-assessments
- treatment that would require the physiotherapist assistant, on their own, to change the established plan of treatment
- any controlled act that has been delegated to the physiotherapist
- any part of acupuncture, communicating a diagnosis, spinal manipulation or internal assessment or internal rehabilitation of pelvic musculature.

4. Assigning and Supervising Care

The physiotherapist must carefully balance the risks of assigning and supervising care with the patient's best interests and quality of care. The supervising physiotherapist must:

- Ensure that the physiotherapist assistant has the knowledge, skill, and judgment to deliver safe and competent care
- Discuss the roles and responsibilities of the physiotherapist and the physiotherapist assistant with each patient or their substitute decision maker. They should know the physiotherapist assistant by name and job title and give their consent to the care.

- Ensure the physiotherapist assistant's name and job title appear on invoices whenever they have provided all or part of the treatment
- Provide a level of supervision suitable for the patient's condition, the clinical environment, the abilities of the physiotherapist assistant, and any other relevant factors

5. Communication

The physiotherapist must have a written communication protocol that states:

- how and when they will discuss patient care with the physiotherapist assistant
- how to contact the physiotherapist
- how to contact the alternate supervisor if the physiotherapist cannot be reached

6. Responsibilities of the Alternate Supervisor

The physiotherapist must designate another physiotherapist that the physiotherapist assistant can contact if they cannot be reached. If this happens, a transfer of care takes place. The alternate supervisor assumes responsibility for decisions about the patient's care and the care the physiotherapist assistant delivers.

A physiotherapist who agrees to be the alternate contact for a physiotherapist assistant must:

- be able to assume this responsibility
- have the knowledge, skill, and judgement to perform the assigned care
- be available to intervene according to the communication protocol

Glossary

Relative:

A relative is a person who is related to another person in one of the following ways:

- spouse or common-law partner*
- parent
- child
- sibling (brother or sister)
- through marriage (father-in-law, mother-in-law, son or daughter-in-law, brother or sister-in-law, stepfather, stepmother, stepchildren, stepbrothers or sisters)
- through adoption (adoptive parents or siblings, adopted children).

*Common-law partners are people who have lived together as a couple for at least one year, or who have a child together, or who have entered into a cohabitation agreement.

Treatment:

To determine whether the activity performed by the physiotherapist assistant was treatment, ask yourself if the activity was part of the physiotherapist's treatment plan, for example applying modalities, exercises, gait training, etc. Things such as tidying the treatment area, removing an ice pack or escorting patients to and from the treatment area would likely not be classified as treatment.

Controlled Act:

Physiotherapists who perform controlled acts under their own authority must roster for each of these activities with the College. These include:

- tracheal suctioning
- spinal manipulation
- acupuncture (including dry needling)
- treating a wound below the dermis
- pelvic internal exams (this includes putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge)
- administering a substance by inhalation

Relevant Factors

Patient Factors: patient's needs, best interests, consent, acuity, stability, and complexity of conditions including physical, mental and social aspects, predictability of change of conditions, patient's ability to direct care and communicate needs

Physiotherapist Assistant Factors: knowledge, skill, and experience with task, experience with patient population and environment; working relationship with the physiotherapist and other team members, maturity, judgment, dependability, and level of trust

Environmental Factors: availability of resources, degree of independence or isolation, size of caseload or workload demands

Physiotherapy Treatment Factors: technical skill required, advanced training and complexity of tasks, potential risk of harm related to intervention

Physiotherapist Factors: ability to provide supervision, scope of practice, sphere of competence