

Boundary Violations

Standard

The physiotherapist acts with integrity and establishes and maintains appropriate professional **boundaries** (including social, physical, or psychological boundaries) with patients, colleagues, supervisees, and others.

Expected outcome

Patients can expect to be treated with dignity and respect, and that the physiotherapist will maintain boundaries appropriate to the **therapeutic relationship** in all interactions.

Colleagues, supervisees, and others can expect to be treated with respect and that the physiotherapist will maintain professional boundaries in all interactions.

Performance expectations

Related to Therapeutic Relationships with Patients

The physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with patients.
- Treats patients with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:
 - Unprofessional,
 - In violation of human rights, or
 - Discriminatory.
- Recognizes that each patient's boundaries will be unique to their own experiences, including their culture, age, values or experiences of trauma, and establishes additional boundaries as needed to ensure the patient's comfort and safety.
- Does not enter into or continue therapeutic relationships with individuals with whom professional boundaries, judgment and objectivity cannot be established and maintained.
- Establishes and maintains a professional physical environment that supports the maintenance of therapeutic boundaries during patient assessment, treatment, and education in both formal and informal practice environments. Including but not limited to:

- Proactively providing options for draping or other barriers when treating sensitive areas of the body.
- Providing privacy while the patient is undressing or dressing.
- Clearly and thoroughly explains to patients any planned procedures, ensuring the information is delivered in a manner that respects professional and patient boundaries, and obtaining informed consent before and throughout the treatment.
- Does not attempt to promote or persuade patients to a personal view related to politics, religion, or spirituality in the context of a therapeutic relationship.
- Does not use their professional role as a means of intentionally pursuing personal relationships beyond the therapeutic relationship with patients or caregivers (e.g., parent of a minor receiving physiotherapy services, patient's spouse) and former patients.
- Identifies and addresses boundary violations, whether initiated by the physiotherapist or the patient, by:
 - Addressing the concerns with the patient,
 - Taking steps to resolve issues while maintaining professionalism,
 - Documenting the actions taken to address the breach in the patient's record.
- Ends the therapeutic relationship by properly discontinuing treatment or transferring care as required in instances where:
 - The physiotherapist is unable to maintain their objectivity,
 - Attempts to maintain or re-establish professional boundaries have been unsuccessful.
 - A positive, respectful therapeutic relationship cannot be established or maintained.

Related to Relationships with Others in the Workplace

The physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical proximity in relationships with colleagues, supervisees, and others in a workplace environment.
- Conducts oneself professionally in the work environment, treating colleagues, supervisees, and others with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:

- Unprofessional,
 - In violation of human rights, or
 - Discriminatory.
- Establishes and maintains professional workplace boundaries with colleagues, supervisees, and others in support of a safe and patient-centered environment.
 - Abstains from all forms of conduct, behaviour or remarks directed towards a supervisee that constitute sexual abuse for the duration of the professional relationship.
 - Does not commence an intimate or sexual relationship with a supervisee for the duration of the professional relationship.

Definitions

Boundaries define the accepted social, physical or psychological space between people. In physiotherapy, boundaries establish a professional distance between a physiotherapist and another person and clarify the roles, responsibilities, and behaviour that should be expected in a professional setting. A boundary is crossed when a physiotherapist steps outside their professional role.

Boundaries also help to manage power imbalances. For example, physiotherapists hold a position of power and authority over their patients, since patients rely on them to make decisions about their healthcare. Maintaining professional boundaries ensures that this power imbalance does not compromise a patient's care.

Therapeutic Relationship refers to 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 not harm or exploit the patient in any way.

Sexual Abuse

Standard

Physiotherapists do not engage in behaviour that constitutes **sexual abuse**, in accordance with the *Regulated Health Professions Act (RHPA)*, 1991.

Expected outcome

Patients can expect that any interaction with a physiotherapist will be free from sexual abuse, which includes conduct, behaviour or remarks of a sexual nature.

Performance expectations

Related to Interactions with Patients

The physiotherapist:

- Does not commence an intimate or sexual relationship with a patient for the duration of the therapeutic relationship, even if the patient agrees to or seeks to initiate an intimate or sexual relationship.
 - Recognizes that due to the inherent power imbalance between patient and PT, patients cannot offer valid consent to commencing a sexual relationship.
- Does not treat their spouse as a patient, understanding that spouses are not exempt from the definition of sexual abuse, unless the care is provided in emergency circumstances or is minor in nature, in which case no fees can be charged.
- Does not engage in any conduct, behaviour, or remarks that constitute sexual abuse, per the definition below, towards a patient for the duration of the therapeutic relationship.
- Recognizes that in Ontario, the therapeutic relationship extends for at least one year after active treatment and may be enduring, depending on:
 - The nature of the patient-physiotherapist relationship,
 - The risk of enduring power imbalance between patient and physiotherapist, and
 - Dependence of the patient on the physiotherapist.
- Must not end a therapeutic relationship for the purpose of pursuing a personal relationship.
- Clearly and thoroughly explains to patients any physiotherapy treatment which could be mistaken to be sexual in nature, ensuring the patient understands its therapeutic purpose,

encouraging an open discussion of concerns, and obtaining informed consent before and throughout the treatment.

- Reports all instances where the physiotherapist has reasonable grounds to believe that the conduct of another member of any regulated health profession constitutes sexual abuse or sexual misconduct to the Complaints Director/Registrar of the other regulated member's regulatory organization¹.

Definitions

A **patient**² is an individual recipient of physiotherapy services. An individual remains a patient for at least one year after care ends. A patient may be represented by their substitute decision-maker.

In Ontario, an individual is considered a patient if they interact directly with a physiotherapist and any of the following apply:

- Payment was charged or received for a physiotherapy service.
- The physiotherapist contributed to the individual's health record.
- The individual consented to a recommended service.

Sexual abuse³ of a patient by a physiotherapist includes:

- Sexual intercourse or physical sexual relations between the physiotherapist and patient,
- Touching of a sexual nature (including the patient's genitals, anus, breasts, or buttocks) of the patient by the physiotherapist that is not appropriate to the clinical setting,
- Sexual behavior or remarks directed by the physiotherapist toward the patient, such as those that could be inappropriate or offensive.

¹ *Regulated Health Professions Act, 1991, Schedule 2, section 85.1(1)*

² For the purposes of the sexual abuse provisions in the RHPA. See: Ontario Regulation 260/18: Patient Criteria under Subsection 1(6) of the Health Professions Procedural Code

³ *Regulated Health Professions Act, 1991, Schedule 2, section 1(3)*.