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Happy summer to one and all, and welcome to the Ethics in Practice issue of Physiotherapy Practice.

As my first President’s Message to you, the CPA members, I’d like to begin with an introduction, a glimpse of what I feel are the goals of my two-year tenure, and I’ll finish up with an overview of this Physiotherapy Practice issue.

I’ve been a physiotherapist for nearly 35 years; 27 of them as a clinician. I’ve worked in a tertiary care hospital, and I’ve worked in sports. I’ve worked in long-term care and I’ve worked in psychiatry. After being in the business for 30+ years, I can tell you there’s not a lot I haven’t seen!

For the past six years I have been employed at McGill University, and I teach in the physiotherapy program on healthy behaviours, health promotion and behaviour change. It is sometimes a challenge to teach these more theoretical subjects to students who, like me back in the day, were eager to get out into the clinic and actually treat real patients. When I first started out, I became the first Quebecer to earn the Diploma in Sport Physiotherapy... and then spent the next few years providing simultaneous translation for the Francophones wanting to attempt the practical exams – there weren’t enough French-speaking examiners back then. Now, we have dozens of Francophone examiners and hundreds of Diploma Sport Physiotherapists across the country!

Back when dinosaurs roamed (i.e., 1983) there were a mere seven special interest groups (Divisions) within the CPA. Today, double that. Now, we have close to 22,000 physios, PTAs, and RTs in Canada, with two thirds of them members of the CPA. When there were only a handful of physios in a hospital and hardly any in private practice, it was likely easier to get to know everyone, and to have an idea of what was going on. With the huge numbers of clinicians, half in private practice, and the enormous amount of data, daily innovations and, dare I say, science-free health fads out there, it is sometimes difficult to know who is doing what, what is going on, what is evidence-informed best practice, and how to remain efficient.

As a physiotherapist in both a hospital and a private practice setting, I know how much the CPA can help. We have the tools and the expertise available to help you make the best decisions for you in terms of professional development, evidence-informed practice, clinical efficiency tools, advocacy kits, and the list goes on. The CPA is your voice in educating the public, making politicians aware of our crucial role in pain relief, fighting for access to patients unhindered by third-party limitations, to name just a few areas we are actively working in right now, to help improve the health of Canadians. I firmly believe that with strong collaboration, consistent transparency, and the dedication that is found in PTs, PTAs, and RTs working together we can continue to remain leaders in physiotherapy in this country, on this continent, and around the world.

While we all know that working our skeletal muscles has benefits, in March 2017, CPA wanted you to work out your ethical muscle, with the 30 Reps blog. With you, we explored some delicate professional issues. We asked the tough questions: Have you ever been put in an uncomfortable situation at work? We encouraged the profession to share their stories and experiences about fraud, abuse, and waste, and what you (we) can do about it. Please see the recap of the #30REPS initiative in the pages that follow. This is the Ethics issue, a topic that concerns each and every one of us. As you explore the issue, you will see articles discussing a very pressing concern: ethics in employment, and its linked concept; conversations about professionalism. Just like our body’s muscles, it turns out that ethics need a scaffold – read on about the ethical backbone, and how to strengthen that facet of your professional life. All this is well and good in our own context, but what about when we send our students to international fieldwork settings? How do our North American ethical contexts fare in the Global Health scene? You’ll find out more in this issue of Physiotherapy Practice.

So, with that, hello summer, and welcome to the Ethics issue; I hope you find it disruptive, and I hope you want to talk about it. My (virtual) door is always open, so drop me a line: president@physiotherapy.ca.

Sarah C. Marshall, PT, MSc
President
Canadian Physiotherapy Association

@PhysioSarahPT
#30REPS: A recap

One of the issues affecting all professional associations today is reputational risk. A negative media report or review on social media can have a meaningful impact on a person’s reputation, the reputation of their business or workplace, and the reputation of the profession as a whole.

In living CPA’s purpose of advancing the profession of physiotherapy to improve the health of Canadians, it was determined that we had to take a hard look at some issues affecting health care today. One of the goals of this project was to start a conversation about issues related to reputational risk within the profession. We knew that some of the issues would be difficult to talk about, but in order to strengthen the profession they had to be discussed.

In Canada, March is Fraud Awareness month. To recognize this, CPA ran a month long campaign called #30REPS to increase awareness within the physiotherapy community on matters related to fraud, abuse, and waste in hopes of mitigating issues of reputational risk in the profession.

For this campaign, we tried a new communication strategy. Each day during the month of March, we sent an e-mail out to every member telling them about the blog post. While we had several comments about the amount of e-mail being sent, and had a small percentage of our members (2.8%) opt-out of receiving the #30REPS, we actually had an exceptional open rate for this campaign. Over the whole month, the open rate averaged an outstanding 48.8%. In fact, during the month of March, #30REPS had more than 71,000 views, with readers spending an average of five minutes, 41 seconds per page. This campaign has achieved record levels of engagement for CPA.

And #30REPS did start conversations—lots of them! Overall, we received 246 comments on #30REPS. After the project, we used these comments to do a thematic analysis — the results of which are being reported to the board and will be used to help design future projects.

What we learned

From looking at the comments on #30REPS, we were reminded once again about the diversity within our physiotherapy profession. We have a broad range of practice settings and an even more diverse range of practice areas. One thing that we all seem to share is a love of the profession and a desire to make it stronger. We were overwhelmed with the number of suggestions and advice provided within the #30REPS comments. Be assured that your

Melissa Anderson, PT, CPA Member since 2004; and Chantal Lauzon, PT, CPA Member since 1995
messages have been heard, and that they will be delivered to our Board of Directors in the summary report. One important lesson we learned is that 30 days might be too long for a daily campaign, as several people reported feeling fatigued. We agree.

From the thematic analysis of the comments, there were several issues that emerged. The first is that, as a profession, we have difficulty defining what physiotherapy is and is not in the current healthcare landscape. This is an area that needs more work - especially in the realm of prevention and treatment of chronic diseases. We have excellent physiotherapists doing phenomenal work in areas of emerging practice, and we need to ensure that physiotherapists are able to work to their full scope and be appropriately compensated.

Another theme that emerged was that commenters thought it necessary for the individual member of the physiotherapy community to be aware of their role in professional practice, make ethical choices, and to manage themselves appropriately. Each PT, PRT and PTA should think about what professionalism looks like in their practice, and strive to achieve that every day.

For clinic owners and managers, the takeaway message is that there should be clear policies and procedures in place for all clinic staff, including PTs, PRTs and PTAs. All staff need to be aware of billing processes and other policies to ensure transparency in decision making and adherence to rules. CPA has created a “How-to” manual for policies and procedures to help with this.

And finally, there are grey areas in physiotherapy practice. It is important to remember that the practice regulations may be different in each province. If you are unsure about something, please review your standards of practice or reach out to your regulator or practice advisor for advice.

Survey says...
Thanks to everyone who took the time to complete the #30REPS survey at the end of this campaign. Again, the results presented us with food for thought.

We used the ‘ultimate question’ or Net Promotor Score as the first question on our survey; “How likely is it that you would recommend #30REPS 2017 to a friend or colleague?” The results gave us a NPS of 22 (anything greater than 0 is good, and greater than 50 is excellent). This score is derived from subtracting the percentage of detractors from the percentage of promoters (51% of respondents were promoters—score of 9 or 10, while 29% were detractors—score of 0-6).

The follow-up questions, “Why did you choose this rating?” and “What changes would we need make to #30REPS to make your answer a 10?”, provided lots of insight and suggestions as to how we could improve #30REPS to make it more beneficial to members.

To give you an idea of the comments we received in the survey, the image in the title box shows the Survey Monkey word cloud for one of the follow up questions.

We were thrilled with the volume and quality of your engagement with #30REPS. As with any awareness campaign, there were things that could have been done differently. We have learned a lot during this process. We have heard your feedback, and will strive to incorporate it into future programs and campaigns. Our main goal was to start some discussions within the physiotherapy community around issues that could affect the reputation of the profession. Mission accomplished!

Resource:
CPA Clinic Policy and Procedure How-to Guide
Ethical backbone: a clinical skill?

Anonymous

As physiotherapists, we know the anatomy of the spine inside and out. But what is the anatomy of an “ethical backbone”? While the word “ethics” may not seem like the most exciting word in our physiotherapy vocabulary, developing an ethical backbone can be challenging, and even enjoyable.

The CPA Code of Ethics frames the core values of the physiotherapy profession in Canada. There are three types of CPA member responsibilities; responsibilities to the patient/client, to society, and to the profession. Here, I explore these responsibilities while tying in my ethical reflections in the private practice physiotherapy setting.

Responsibilities to the patient/client

Of the items within responsibilities to the patient/client, number five catches my attention:

5. Will not treat patients/clients when the diagnosis or continuation of physiotherapy is not warranted or is contraindicated.

This was sometimes challenging to stick to as a new graduate in private practice physiotherapy. At my first position as a Physiotherapy Resident, my physiotherapist manager encouraged me during my first week to have all patients come to the clinic at least eight times. This made me uncomfortable – we had not discussed this number in my interview, it did not appear in the contract I signed, and was not part of our conversations leading up to my first week in the clinic. I was soon reprimanded for discharging a patient before they reached eight visits.

Some of my fellow new graduates in private practice also had similar experiences, with the “minimum number” varying slightly. I decided to instead rely on my own professional judgment. This one-number-fits-all approach is unethical according to the code of ethics because it may inadvertently involve continuing treatment when it is no longer warranted. If a patient has achieved their physiotherapy goals together with their physiotherapist after, for example, six visits, the patient should be discharged with the assurance that they can return to the clinic if concerns arise.

At another private practice where I worked, my physiotherapist manager would occasionally make comments if there seemed to be more-than-usual empty appointment spaces in my schedule. I would be almost fully booked for weeks, but if there was a day that happened to have more free appointments, I would feel anxious about whether I would be criticized. This may make impressionable new graduates in particular feel like they should encourage patients to keep coming back, potentially when no longer warranted, to avoid backlash. To me, this is not only unprofessional but also unethical. If patients do not return for follow-up after a treatment plan, leading to an empty space in the schedule, it may be because they’ve achieved their physiotherapy goals (my internal reflection!).

Furthermore, consolidated clinic chains sometimes offer raises to physiotherapists based on their patient statistics. This financial incentive may encourage physiotherapists to continue treating patients beyond when they may have discharged them, perhaps even on a subconscious level. I think this business model requires reflection and discussion, because as a profession we need to think about quality - not quantity – of care. Should rewards not be based on effective and efficient patient outcomes?

Responsibilities to society

Of the items related to responsibilities to society, the third catches my attention:

3. Commit to maintaining and enhancing the reputation and standing of the physiotherapy profession, and to fulfilling the broader social responsibilities that their physiotherapy role places on them.

I have had discussions with fellow physiotherapists that the “assembly-line” business model of some private practices puts our reputation at risk. If physiotherapists are expected to see too many patients per hour, then the value is placed on business profits as opposed to quality care. We cannot enhance our reputation if an excess number of patients are juggled.

A private practice I worked at did not allow physiotherapists time to eat lunch during their day of seeing over 20 patients. Change can start with physiotherapists advocating for more balance in their schedules. They could ask, for example, how many patients per hour they will be expected to treat and reflect carefully if that number is excessive. Physiotherapists could also request that their contract include a designated lunch break, which helps to rejuvenate body and mind. You have to put on your own oxygen mask on an airplane before you help the person next to you.

Ultimately, this type of business model may cause physiotherapists to burn out – as I felt – and leave the clinic. In my opinion, this has to change. We can better enhance the reputation of our profession if we work together to foster and maintain healthy work environments for physiotherapists to treat their patients as effectively as possible.

Lastly, the “Responsibilities to the profession” section of the CPA Code of Ethics dictates that members, under item 1, “accept responsibility for upholding the integrity of the profession, and act with integrity in all professional activities”. I think this item should be treated not just as a responsibility, but as a call to action for physiotherapists across Canada to continue raising the bar for our profession.

In conclusion, ethics, though seemingly different than hands-on skills, are a clinical skill in my opinion. Using an anatomy analogy, my ethical backbone, when I started out in practice, was like a cervical vertebra – more delicate. After a few years, it resembled a lumbar vertebra – stronger, and supported by thicker ligaments and muscles. Do not shy away from developing your ethical backbone, no matter what your practice area and setting; our patients, society, and profession demand it.
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Sincerely,
Darryl Mallette—General Manager
Performance Health Canada
While thinking about what to write about professionalism this past Mother's Day weekend, I reached out to my favourite focus group of one... my mum.

My dad has had several health issues this past year and they have visited all kinds of health professionals. I asked my mum what she expects from health professionals who exemplify professionalism. She didn't hesitate. Here are the attributes that she looks for:

• Knowledge
• Ability to refer when unable to help
• Compassion
• Willingness to listen
• Inclusion of family members (they are impacted too...)
• Explanation of what they are doing and why they are doing it

This week, while speaking with a friend about a recent encounter with a health professional, we started discussing how a first appointment should go... and how her appointment with a new provider didn't meet any of her expectations. Her expectations were not unreasonable. The clinician called her in, did not make eye contact, did not shake her hand, did not introduce herself nor explain her credentials. My friend was unable to tell me if she saw a social worker, a counsellor, or a psychologist. The clinician did not explain how the service works, what to expect or how they would be addressing her goals.

These conversations led me back to one of the tools in the CPA Ethics and Professionalism Toolkit, from mindtools.com. They separate attributes of professionalism into six sections, which I will explore:

1. Specialized knowledge
2. Competency
3. Honesty and integrity
4. Accountability
5. Self-regulation
6. Looking the part

Specialized knowledge
After an entry-level degree for PTs or diploma for PTAs, a vast amount of knowledge has been amassed... but the fun doesn't end there. As clinicians embark on different journeys, they continue to explore new patient populations, assessment techniques, treatment techniques, and patient resources. Not to mention the evolving skills of patient interviewing, active listening, patient education, stages of change, etc. Specialized knowledge must evolve and grow over time. To be a professional, one must be committed to lifelong learning.

Competency
Competent adjective
1. having suitable or sufficient skill, knowledge, experience, etc., for some purpose; properly qualified (dictionary.com)

How do you demonstrate competency? Start with the basics. Introduce yourself using your name and designation. Explain what you want to do. Get consent. Listen. Really listen. Orient your client to the service. Manage expectations. And when you can't help, refer to someone who can. Being able to identify the limits of one's competency and refer on is a matter of patient safety and reputation of the profession.

When my daughter was 11, she had an allergic reaction requiring use of an EpiPen® and an exciting ride in an ambulance to the emergency department of our children's hospital. In the course of six hours, five different health professionals (I assumed they were nurses) entered her room, did stuff to her and left. They did not introduce themselves. They did not state their professional designation nor did they explain what they were there to do. They did not give us instructions when they left the room. So when her nebulizer ran out of medication, I had to shut off the oxygen and take off the mask myself. Not
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Honesty and integrity are essential values for health care professionals to uphold. Patients expect this from us.

a great experience. It did not inspire trust. And it made me question their competence.

Honesty and integrity
I think that we can all agree that honesty and integrity are essential values for health care professionals to uphold. Patients expect this from us.

Have you ever stopped and reflected about which values are important to you? Randy Goodman suggested a resource in his recent blog post titled Three Big Questions by Dave Phillips. This can help to guide your self-reflection.

Accountability
As professionals, we need to take responsibility for our actions. We need to show up on time. We need to apologize when things go wrong. And we need to follow through on our commitments.

I had a scheduled appointment to see a specialist. After waiting over two hours, I was finally called in without anyone having acknowledged the delay. This lack of accountability left me feeling frustrated. There is something wrong in the system that needs to be addressed: how professional is it to leave vulnerable people waiting for hours? Who is accountable for this process?

Self-regulation
Probably one of the most important parts of being a professional is self-regulation.

“The physiotherapy profession is a self-regulated and recognized health profession in Canada.” Description of Physiotherapy in Canada, 2012

But what does self-regulation mean? The government has delegated the act of regulation to the profession, in our case, to regulatory bodies in each district. Physiotherapists help create, review, and revise the standards of practice that we must follow. And physiotherapists must be accountable for their actions. This includes self-reflection, clarification, problem-solving, and completing the requirements of the regulatory body.

Looking the part
Randy Goodman wrote about dressing for success in his latest blog. This was re-published as Rep #3 and it garnered quite a few comments about dress codes. What is considered normal in one environment might be considered too stuffy or too casual in another environment. How to figure out an appropriate dress code? Ask the staff, ask colleagues, ask other settings. Ask clients what their expectations are. If you haven’t read Randy’s blog, I suggest you head over to our website and do so now. He covers personal branding, perceptions, being authentic, your social media presence and more.

This framework does not account for the interprofessional models of care that many of us work in. Being professional includes respecting the roles of other professionals within the team or health system. It includes communication, collaboration and advocating for the best interests of your clients.

From my conversations and reflections, I have come to realize that professionalism is not hard to achieve. We all know what professionalism should look like in health care. To confirm our thoughts, we can ask our clients if we are meeting their expectations. If not, we can ask what we can do better.

@CPA_Chantal

Resources:
- [mindtools.com](https://www.mindtools.com/pages/article/professionalism.htm)
- [Three Big Questions That Everyone Asks Sooner or Later, Dave Phillips](https://www.amazon.com/gp/product/0779501381/ref=as_li_qf_sp_asin_il_tl?ie=UTF8&camp=1789&creative=9325&creativeASIN=0779501381&linkCode=as2&tag=palweiloscoa-20&linkId=NXPFQ55K5QV4CMZN)
- [Randy Goodman – Personal Branding Tips and Strategies for Health Business Success blog post](https://physiotherapy.ca/blog/rep-3-personal-branding-tips-strategies-health-business-success)
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Introduction
For physiotherapists working independently or in private practice, the manner in which you charge patients for your services is important. Inaccurate, false, or misleading billing can lead to investigations by insurers or your regulator, disciplinary sanctions, civil liability, and even criminal liability for fraud.

Concerns regarding billing generally don’t occur in a vacuum. These concerns often intersect with other aspects of a physiotherapist’s practice, such as assigning certain services to physiotherapist assistants, proper record keeping, and working within a larger clinic. It’s important to have a comprehensive understanding of the guidelines, regulations, standards and legislation applicable in the relevant jurisdiction to ensure that the potential for errors in billing is minimized.

Guiding Rules and Legislation
Across Canada, each provincial regulator regulates physiotherapists and sets guidelines and standards of practice. These guidelines are drafted to reflect all applicable legislation. While every jurisdiction is different and you should consult with the specific rules and regulations in your jurisdiction, the same underlying principles and rules apply.

i. Accountability, Accuracy and Honesty
Ultimately, as a regulated professional you are accountable for any fee, billing or account that references your name and registration number. At all times, you must be cognizant of how this information is being used, as it often can form the basis for complaints/claims.

Concerns regarding billing generally don’t occur in a vacuum. These concerns often intersect with other aspects of a physiotherapist’s practice, such as assigning certain services to physiotherapist assistants, proper record keeping, and working within a larger clinic. It’s important to have a comprehensive understanding of the guidelines, regulations, standards and legislation applicable in the relevant jurisdiction to ensure that the potential for errors in billing is minimized. Read on to gain a better understanding of what is required, what is prohibited, and general best practice tips to ensure that you protect yourself and your patients when it comes to billing.
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always know the name and role of everyone involved in their treatment. Complying with the revised standard will require diligence to ensure that invoices accurately reflect the services, which is particularly important in a clinic setting where administrative personnel may be charged with completing the invoices. Physiotherapists working in other provinces may wish to consider adopting this practice as a risk management strategy for transparent billing.

In addition to being accountable for billing associated with the use of PTA or other support personnel, you are also responsible for the accuracy of invoices generated by the software systems you, or your staff, rely upon. In some cases, billing software will automatically generate invoices for scheduled appointments, and they may not accurately reflect who provided the services, the actual services provided, or in other cases, whether the patient even attended the appointment. This is of particular significance for physiotherapists who bill directly to third party insurers. Insurers regularly conduct audits of providers and the insurer can take direct action by making a complaint to your regulator, or even to the police if serious irregularities are found. Even if you are not responsible for sending out invoices, as a physiotherapist, you are ultimately accountable for any billing that references your name. On that basis, you should ensure the accuracy of the billing software and systems being used through regular internal audits.

ii. Communicating with the patient

In line with the principles and rules addressed above, transparency is paramount when it comes to billing for services. This transparency is crucial not only for the patient’s benefit, but also for your own practice and record keeping. If a complaint is ever made against you, the more transparent you have been, both in your communications to patients and in your records, the better it is for defending the actions/decisions taken and invoices generated.

Before providing services, you must effectively communicate with your patient about their fees, ensuring that they understand all the information you have provided. Such information can include: all fees that could apply to the specific patient, how bills are calculated, methods of payments, fees that could apply to the specific patient, provided. Such information can include: all fees, ensuring that you are protecting yourself and your practice, you should err on the side of more fulsome communication with your patients. Moreover, your clinical notes and records should clearly reflect the conversations you have had regarding the use of assistants or support personnel, informed consent with respect to the specific treatment and individuals providing the treatment, and the way that this treatment will be reflected on the patients’ invoices.

Professional Misconduct

Provincial legislation and College guidelines concerning professional misconduct can include a range of acts which qualify as misconduct. In Ontario, for example, the Professional Misconduct regulations under the Physiotherapy Act enumerate prohibited acts, and in British Columbia it is the College of Physical Therapy’s bylaws which outline what qualifies as professional misconduct pursuant to the Health Professions Act. As noted earlier, issues of improper billing often impact on other areas of practice. Inaccurate or false billing creates a negative perception of the profession and, as a result, regardless of whether the acts are intentional or not, ethical concerns abound, and the regulatory penalties can be severe.

The following are common examples of professional misconduct related to billing:

1. Submitting invoices for assessments under a physiotherapist’s name and registration number when the assessments were completed by non-physiotherapists. Remember, if the physiotherapist did not conduct the assessment, it should not be billed as having been provided by a physiotherapist. We have seen examples of registered massage therapists, athletic therapists, or chiropractors conducting assessments and developing treatment plans on behalf of physiotherapists. This is not physiotherapy and should not be billed as such.

2. Assigning assessments, reassessments and the development of treatment plans to non-physiotherapists

3. Failing to receive patient consent for the use of assistants or support personnel in the provision of care

4. Submitting invoices to patients that are false, misleading, and inaccurate

5. Falsifying records.

Penalties can be severe if a disciplinary committee finds that a registrant has committed professional misconduct as it relates to inaccurate or misleading invoices. In addition to severe penalties, billing issues can lead to inquiries into a members practice as a whole. For example, in Ontario, members who have been found to have breached the applicable provisions with respect to invoicing and delegation have had significant penalties imposed through the discipline process. Suspensions as long as 15 months, coupled with significant remedial requirements have become the norm for this type of misconduct.

Conclusion

As provincial regulators continue to focus on this issue, we believe penalties imposed by discipline panels will continue to be significant. Generally, the conduct that can give rise to these disciplinary measures is the result of a misapprehension or limited consideration of the relevant and applicable standards as opposed to intentional fraud. Accordingly, the simplest way to avoid billing related claims is to:

- Review all of the relevant guidelines, standards and regulations
- Undertake frequent reviews of billing systems and software with staff
- Participate in continuing education that focuses on interpretation and understanding of guidelines
- Take advantage of the pro bono legal advice available to participants of the CPA Professional Liability Insurance program for guidance about any issues you may be facing.

It is also important to remember the billing component of the services is a reflection of the entire scope of service which you, as a physiotherapist, provide. In order to invoice in accordance with your professional standards, you must also understand and apply all of the guidelines including those not directly related to billing, such as record keeping, informed consent and delegation.

Resources:
1. CPAs Insurance Program - https://physiotherapy.ca/insurance

This article was prepared and written by the BMS Group Healthcare Professionals Insurance Alliance legal team at Gowlings WLG (Canada) LLP (Gowlings), one of the largest and most highly-recognized legal firms in medical defence and professional liability in Canada. In the event of an actual or potential professional liability claim, CPA members who participate in the Professional Liability Insurance program are eligible for 30-minute pro bono and inclusive legal claims defence services from Gowlings.
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Canadian Physiotherapy Association
Canada’s employment laws have evolved significantly over the past century to provide extensive protections for employees against unscrupulous employers. Detailed laws govern every aspect of the employment relationship continuum, from job advertisements to employment termination.

Limits on weekly hours and days of work protect against overwork and infringement on employees’ personal lives. Discrimination in employment on grounds such as age, sex, place of origin, and family status is prohibited. Extensive employer obligations protect the workplace health and safety of employees. And mechanisms are in place to enforce the legal rights of employees and obligations of employers.

Nevertheless, mere adherence to applicable employment laws does not, on its own, make a “good” employer. An ethical employer is one that looks beyond its legal obligations, and treats its employees as team members and business partners. The best employers treat their employees like extended family members, caring about their welfare both in and outside the workplace.

In other words, a good employer is one that recognizes the significance of employment in its employees’ lives, and that thinks as much about its employees as it does about its financial statements (or statements of financial position). Just as employment laws now pervade the entirety of the employment relationship, so too should ethical considerations.

Employees versus Independent Contractors
One of the first ethical (and legal) issues that may arise for an employer is whether and when to retain an individual as an independent contractor, as opposed to employing the individual. Independent contractor relationships don’t attract the obligation to withhold and remit Canada Pension Plan contributions, employment insurance premiums, workers’ compensation premiums, employer health tax, etc., and unlike employees, independent contractors can deduct business expenses from their fees.

However, individuals who should (legally) be employees are far too often treated as though they are independent contractors. Unethical employers push this one step further, unilaterally requiring individuals to submit to independent contractor status, without benefits coverage or the benefit of Canada Pension Plan contributions and the protection of employment insurance.

In addition to the ethics of failing to remit required payroll taxes and thereby contributing towards government provision of public services, this exposes both the employer and the individual to significant legal risks.

Recruitment Process and Practices
Ethics in employment begin even before the employment relationship commences. A good employer ensures that job advertisements accurately portray the position and requirements. Candidates are informed about the actual working conditions and the current and anticipated state of the organization, including factors that may affect the candidate’s future career prospects. Managers involved in the recruiting process adhere to consistent practices and maintain objectivity throughout. Applicants are reviewed based on their merits and ability to do the job, both independently and in relation to other candidates, and not on extraneous factors such as appearance or their personal relationships with other employees.

It’s generally not practical to communicate with every applicant for a position, but it would be courteous at least to send a “thank you” email to those who made it to the interview stage. And for the handful of candidates who progressed further, but who were not ultimately selected for the job, a phone call might be more appropriate.

Hours of Work, Remuneration and Benefits
Recent media reports detail the plight of individuals patching together a multitude of part-time and casual jobs that pay minimum wage and don’t include benefits coverage. An
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ethical employer is one that offers hours of work and remuneration that provide a living wage – one that is adequate to provide the basics to families – or better. Good employers also realize that technical compliance with pay equity laws doesn’t always result in truly gender-neutral wage rates, and ensure that employees of both sexes are fairly and equitably compensated for the work they perform.

Employers are not legally required to provide benefits coverage such as extended health and dental plans that cover prescription drug costs and paramedical services. However, ethical employers understand that the value to an employee of benefits coverage can be significantly greater than the cost of the premiums paid by the employer to offer that coverage.

And, recognizing that among single-parent families, women still tend to bear the greater burden of child care, providing a living wage and offering benefits coverage can be particularly important within industries and workforces – including health care – that tend to be female-dominated.

**Human Resources Policies and Procedures**
Ethical treatment of, and conduct by, employees is fostered by objectivity and consistency within human resources (and other) policies and procedures, which should be drafted with care to provide clear and detailed guidance on addressing and responding to a variety of workplace issues and challenges. Policies and procedures should also be a topic for orientation and training, and should be made readily available to employees throughout their employment.

An ethical employer uses good, strong policies and procedures to make it easy for employees to do the right thing and difficult to do the wrong thing – and to recognize which is which.

**Workplace Values and Culture**
Clarity and consistency in establishing and communicating workplace values and engaging a positive, supportive workplace culture, are equally important to fostering an ethical work environment. Good employers set good examples for their employees in the conduct of their businesses. They adhere strictly to their organizational values, even in situations when doing so isn’t best for the bottom line.

**Work Life Balance**
Work is, indeed, “one of the most fundamental aspects in a person’s life.” However, it should ideally be only one of many components that make up an individual’s sense of identity, self-worth, and emotional well-being. Employees whose personal lives and interests outside the workplace are valued and respected by their employers are more likely to be productive, efficient and loyal.

It’s not enough to offer generous amounts of paid vacation – good employers take care to ensure their employees are actually able – and encouraged – to take it. Forward-thinking employers also stay ahead of the legal curve on issues such as provision of paid sick leave and accommodation of employees’ child- and elder-care needs.

**Professional Development**
Employment laws don’t require employers to support the professional and other development of their employees. And even the obligations to maintain and upgrade skills and knowledge imposed by the various regulated health professions apply to members, and not to their employers.

Good employers hire employees not simply into open positions, but into their organizations in a broader sense. They support and provide concrete opportunities for career development and advancement, recognizing that the needs and opportunities of both their organization and their employees, as individuals, evolve over time.

**Performance Appraisal and Management Systems**
One area in which many employers fall short from an ethical perspective is in the implementation of performance appraisal and management systems. Telling an employee that expectations are not being met, identifying specific weaknesses, and developing a plan for and supporting performance improvement are difficult, unpleasant, and time-consuming activities that detract from day-to-day operations. But sugar-coating an employee’s performance in an appraisal exposes the organization to ongoing standard performance, and deepens the hurt and resentment that arises when the relationship inevitably falls apart.

Even among employers that are forthright about performance concerns, the real goal of a performance improvement plan is all too often to build a case to terminate employment for just cause. An ethical employer makes a timely, informed, and objective decision about an employee’s potential for improvement and future success within the organization. And a smart, ethical employer either devotes genuine energy, time, and expense to making the relationship work, or recognizes that it’s better to put money toward a fair and reasonable separation package now, than to waste weeks or months of wages on a plan that is doomed to failure – or that was never really intended to succeed in the first place.

**Termination of Employment**
Barring discriminatory motives, the law permits an employer to terminate any employee’s employment at any time, for any reason (or, theoretically, no reason at all), so long as the employer provides adequate notice or payment in lieu of notice.

Not every employer can afford to offer generous separation packages – but every employer can begin the employment relationship with a clear statement of an employee’s entitlements upon termination without just cause, whether they are contractually limited to the bare minimum legal entitlements, or otherwise.

And every employer can be sensitive about the timing and communication of employment terminations and the manner in which they are conducted. Good employers also conduct exit interviews that provide a departing employee with an opportunity to offer constructive criticism about the employment relationship – and give the employer an opportunity to fix problems and avoid repeating past mistakes.

**Conclusion**
The benefits of being an ethical employer are more tangible than simply sleeping well at night. Treating employees not just legally, but also ethically, pays off in many other ways, too. Employees who are – and feel – well treated are more likely to be loyal, productive, and efficient. This can significantly reduce the employer’s ongoing employment needs and recruiting and training costs.

Ethical employers also gain a good reputation within their market places, which can lead to ease of recruiting skilled, experienced, productive, and creative talent. Customers are increasingly paying close attention to the ethics of the organizations from which they obtain goods and services.

Mere adherence to minimum employment laws and standards isn’t always effective at warding off high employee turnover, reduced productivity, and diminished reputation and profitability.

In other words, ethics in employment isn’t only good for employees, it’s good for business!
“Now this is living!”

Melinda
Chief Physiotherapist, Fort St. John, British Columbia
“The climbing community is amazing! I love being able to spend hours in the summer hanging out at the crag and basking in the sunshine!”

“Coming from a big city I’ve always known the fast pace lifestyle. It’s nice to be able slow down to enjoy the sunsets and sunrises, especially when I’m not stuck in bumper to bumper traffic. Some of my favourite moments are when I feel completely surrounded by nature. I’m just blown away by the pure wonderment of being under the northern lights during a late night cross country ski!

Northern Health provides many opportunities to grow and develop their employees. I originally started with a temporary position to cover a maternity leave. After fulfilling that role I immediately transitioned into a Chief Physiotherapist role managing an entire rehabilitation department. Being part of the Northern Health team has been unbelievable. I always feel extremely supported. Everyone has been very welcoming like we are all part of the same family.”

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Socially Responsible Global Health Work

The Global Health Division (GHD) Executive recognizes the existence of the profitable industry of volunteering abroad, and its potential to promote global health as well as the substantive risk of overlooking its effect on local communities. Often described as “voluntourism”, the industry has developed into a thriving business. For clinicians pursuing global health opportunities, it is essential that they research the organization(s) that they wish to collaborate with.

The following are guidelines that the GHD strives to uphold in order to maintain socially responsible relationships with individuals in developing countries:

1. We do not engage in initiatives that provide only a temporary benefit to communities. Any interventions that occur as a result of our work strive to be in the best interest of the local community, and have a prioritized goal of environmental and economic sustainability.

2. The organization respects the cultural beliefs of the community, and does not attempt to provide help that is unwanted or unnecessary.

3. We consider the history of the organization and its principle mission to ensure that it is consistent with current projects.

4. We consider whether or not the organization was developed with local input, with an understanding of the needs in the community or by an outside organization. Both forms of organizational development may be socially responsible, although the latter may require more thorough communication and evaluation.

5. We do not partake in work that takes away a position from a local, capable person. Specific consideration is given to whether or not positions for foreign-trained workers have been created out of a specific need of the local community.

6. We expect organizations we collaborate with to be transparent about where they allocate their funds.

7. We provide donations through a community leader who understands the local needs. This aims to avoid a superiority complex between people of the developed and developing worlds, and encourages us to give based on need rather than for self-fulfillment. These are important factors in maintaining a healthy relationship with members of a community.

8. We promote mutual exchange of knowledge, opinions and resources, enabling both parties to learn from each other and value all contributions equally. This fosters a healthy professional relationship, and supports global equality.

9. We strive to ensure the highest quality of physiotherapy practice and hold the organization accountable to providing this level of service.

10. We encourage clarification of common terminology, especially as it relates to public health and sustainability.

11. We support a partnership between the host community and the clinician, with a framework that puts the needs of the local community first, and the needs of the clinician second.

These guidelines were developed in early 2016 to help Canadian physiotherapists navigate the process of choosing an organization to volunteer or work with. Please send your comments and questions to globalhealth@physiotherapy.ca.

So it’s come to this, has it?

Jenny Terrio Baturin, PT, CPA Member since 1991

When I studied physiotherapy at UBC, there was no Faculty of Rehabilitation Medicine. At that time, physiotherapy was in the School of Rehab Med which was a small part of the Faculty of Medicine. Now our profession has come of age with our own Faculties of Rehabilitation Medicine, our own Colleges of Physical Therapy and now, sadly, our own scandals, controversies and misconducts.

In March of this year, CPA published 30REPS, a blog series on misconduct in our beloved profession. It was well-written and well-disseminated: member physiotherapists received a short article each day for 30 days. (It’s unlikely that I would have read the entire series if it had come in one long lump of an article.) The campaign dealt mainly with various forms of insurance fraud and questionable conduct that has occurred mainly in the private sector. Among other things, the series covered: billing patients for a second site of treatment (when only one was given), prescription of orthotics for all patients, billing of personal training as physiotherapy treatments, and encouraging patients to attend for treatment until benefits are exhausted. The articles included the measures that the insurance companies are taking to combat fraud, and each article ended with questions designed to spark conversation.

In this article, I hope to examine some of the reasons why I believe physiotherapists are falling victim to these occurrences, and, finally, some hopeful thoughts re the future of our profession.

I wasn’t so much angry as I was surprised, saddened and disappointed at the actions of a small number of our colleagues. Not only was I shocked that fraud was occurring (okay, I’m pretty naïve) but that it is common. The 30REPS articles did not indicate rates of fraud, but there have been enough occurrences that insurance companies are now hiring detectives to pose as patients and that CPA chose to run the series of articles.

Clearly there have always been physiotherapists who had integrity or behaviour issues common to the human race (such as addictions, sexual impropriety, mental health, etc.). However, due to the small number of physiotherapists, there were low numbers of misconduct and, as well, limited public awareness of incidents.

As our numbers in private practice increase, there are more of us doing our own billing with little supervision or training, so there are more opportunities for mistakes and abuses.

Within recent memory, the majority of physiotherapists were hospital employees and as such, there was little or no opportunity to commit fraud other than outright theft (hospital sheets, anyone?) or, maybe, cheating on timesheets. However, as our numbers in private practice increase, there are more of us doing our own billing with little supervision or training, so there are more opportunities for mistakes and abuses.

Fee-for-service lends itself to abuses in general. A senior adjustor for ICBC (BC’s auto insurance) confided to me recently that, while she has known a few physiotherapists to be guilty of fraudulent billing, she has found that other health care professionals have worse track records. Once a patient has been approved for treatment (as in compensation or auto insurance claims), it is possible to manipulate the fee schedule to maximize earnings. More oversight and supervision of the fee-for-service system (whether publicly funded or via third-party payers) would deter abuses. The fact that insurance companies are now doing spot-checks and audits to verify the accuracy of billing is a good step. In addition, physiotherapists need to know that ethics in medicine refers not just to hot topics, such as assisted suicide, but also to ethical standards in billing and business practice.

It is apparent that some private physiotherapy clinics are struggling, and I believe that very few of them are deliberate cheats. In fact, I feel that most of them are forced to adopt questionable practices because they’ve made poor business decisions in the past. Physiotherapy training includes very little education for running a small business. The physiotherapists who prosper in private practice appear to be individuals who have a family background in business or who have had the good fortune to have a business mentor.

Here’s an example: I worked for a short time at a private clinic in Winnipeg a few years ago. It was a well-regarded, private clinic: great location, modern equipment, considerable client base, an experienced office staff and a great boss. What wasn’t to love? Yet I remained there only a few months because I was regularly over-booked and consistently pushed to see more patients in less time. It was not how I wished to practice so I chose to leave.

While there, I became friends with the bookkeeper, who confided to me: “He/she hardly pays him/herself at all—the overhead is just so high. I don’t know how he/she can keep on.” The bookkeeper revealed that
Physiotherapists are integral members of the health care team across the continuum of care including acute, rehabilitation, home health and residential care. Vancouver Coastal Health (VCH) encourages and supports the professional development of physiotherapists to expand their skills by being involved in innovative technology, research, teaching, and leadership development. Your professional practice is supported by dedicated site leaders, regional clinical resource therapists, and a regional educator who provide mentorship, in-service education, and one on one clinical consultation to help you achieve your professional goals. With excellent benefits, fantastic locations and a regional support team, VCH is considered a leader in healthcare delivery.

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much of the owner’s personal earnings went toward rent while the associates (such as me) were busy paying for the business loan and the staff. I genuinely felt bad for the owner. He/she was a decent person and a good physiotherapist but, clearly, there had been some poor business decisions made early on in the business. In turn, the owner found themselves forced into squeezing more money out of clientele in less time which resulted in less than optimal treatment for patients and dissatisfied staff.

Before I started my own clinic many years ago, I received the sage advice from an older salesman at a medical supply house to slash my overhead as low as possible. He had observed that the most common reason that physiotherapists flounder in private practice is that they are over-extended financially. He finished by saying, “You can’t earn a living if you’re working two or three weeks a month just to pay the overhead. You can be a perfectly good physio without all the latest gadgets—in the beginning, all you really need is a standard plinth and your hands...”

Clearly, there are many clinics feeling a squeeze—even very good clinics, well-respected clinics. Much of my practice consists of Winnipeg citizens who vacation in the resort area where I have my clinic. Once patients’ summer holidays are over, I refer them to very well-regarded physiotherapists near their homes: physiotherapists who teach, publish articles, treat elite athletes, and are quoted in the press. These patients frequently come back to me and report that—yes, the physio seemed very good and was quite nice as well, but the patients complained that they received barely five minutes with the therapist. Then they report how some helper came in and put on a machine, hot pack or ice. Five minutes for $80? I wouldn’t pay it—would you? We’re shooting ourselves in our own collective feet if our patients routinely leave our clinics feeling like we’ve cheated them. Have we really become a profession of small-time operators who minimize treatment time with patients to maximize fees? What has happened to our golden ideal of treating each patient as if she were our mother?

A course in business management and ethics offered during physiotherapy formation would go a long way in preventing new physios from going off-the-rails with questionable practices. I have never met a formation would go a long way in preventing any questionable practices. I have never met a physiotherapist who openly undermine each other, who offer tacky specials (“get two free treatments if you pay for ten in advance!”), or who offer questionable add-ons such as spa treatments and gym memberships. Finally it befits all of us as physiotherapists to take a moment to ponder those reasons that prompted us to choose physiotherapy in the first place.

Whenever I am asked what my profession is, I am always so proud to say that I am a physiotherapist. I am delighted when I meet someone new who tells me, “I just LOVE my physio—she gave me my life back!”

We are often the most dedicated of all health providers: as a profession, we are universally arduous, conscientious and well-intentioned. Not one of us went into physio with any delusions that we would ever make “big money”. We train for many, hard years and we are never guaranteed anything more than “respectable” wages. Our actual job entails heavy, physical labour, daily mental challenges and, at times, verbal and physical abuse.

And yet our job satisfaction can be immense.

Let us never lose sight of the fact that we are the last of the health care professionals who actually gets to spend quality time with our patients. We have the opportunity to form therapeutic relationships and the chance to bring about changes that can improve the quality and length of our patients’ lives in ways that few health care providers can.

Lucky, lucky us... ♡

Jenny Terrio Baturin grew up in lovely Bolton Centre, Quebec, and she received her early education in nearby Knowlton. She received a BA in English from the University of Ottawa and later a BSc in Physiotherapy from UBC in 1991. She has worked at small and large hospitals in Manitoba and BC on a variety of services (ortho, medicine, surgery, ICU). She also owned a busy clinic in Pine Falls for ten years. At present she works in her clinic, Physio at the Beach, near her home at Grand Beach and part-time at the local 20-bed hospital in Pine Falls.

Jenny has been married for many years. She and her husband have been blessed with three children and six grandchildren. She enjoys gardening, walking in the woods, Tai Chi, Pilates, meditation and time with her large, extended family across Canada. She is trying to learn the ukulele so she can accompany herself when she sings to her grandchildren.

Jenny will retire once physiotherapy is no longer her passion. So far, that hasn’t happened...
Have you ever found yourself unsure of what to do? That point where it seems like there isn’t a right choice, but simply of wrong choices. Where you find yourself asking the question, “Which of these choices are the least bad?” The path forward, unclear. How can we hope to sort through the volumes of information we receive and make balanced, reasoned, thoughtful judgments?

A colleague of mine once told me that my choices were “principled”. I never felt that I deserved the credit for that apparent compliment. Growing up I learned about “right” and “wrong” first and foremost from my parents, my family, and my religious education. As such, the credit for my “principled” approach to decision making rested with my family, the values my parents instilled in me, and to the educators who reinforced them. I had only been privileged to arrive at their doorstep at appropriately formative times in my life.

As I continued through my education and eventually reached my research studies I received more formal instruction regarding bioethics. The lens through which I was taught was the holy trinity of the principled paradigm: autonomy, beneficence, and justice. The purpose of the paradigm was generally to develop an ethical approach to research design, implementation, and knowledge translation. Most immediately, the goal was to be able to write a research proposal that would be approved by a research ethics board. I found learning about the history of ‘why’ and ‘how’ these three particular principles of bioethics were identified, to be as important as what the values themselves were. In part, the story of the identification of these three principles is the story that lead to the development of the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research, Report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978). In its own way, the Belmont Report was an effort at reconciliation, for it was driven, in part, by the event and consequences of the Tuskegee syphilis studies. These experiments spanned 40 years and sought to understand the progressions of syphilis in untreated black men. Published on Sept 12, 1936 in the Journal of the American Medical Association (JAMA) was the first of a series of articles regarding these experiments. Entitled “Untreated Syphilis in the Male Negro: A Comparative study of treated and untreated cases” and authored by four doctors, the following justification for these experiments was provided,

As a result of surveys of a few years ago in southern rural areas it was learned that a considerable portion of the infected Negro population remained untreated during the entire course of syphilis. Such individuals seem to offer an unusual opportunity to study the untreated syphilitic patient from the beginning of the disease to the death of the infected person. An opportunity was also offered to compare this process, uninfluenced by modern treatment, with the results attained when treatment has been applied.

What followed were decades of observational experiments where participants were left uninformed about their health status and were denied access to effective treatment. The stories of the survivors formed the basis of the 1992 Pulitzer-prize winning play, “Miss Evers’ Boys”. By carefully considering this history, the stories of the survivors that threaded together a picture of unneeded suffering, the reflection on what went wrong and why, the authors of the Belmont report were able for the first time to articulate what principles should drive human research. They used, in part and perhaps unknowingly, a narrative analysis in order to develop their principled paradigm.

What has been gained in the years since the publication of the Belmont Report has been greater clarity around expectations of ethical behavior and language, of naming and calling
That to reach a reasoned judgment requires a concerted effort to slow down and think about not only what is being said but how it is being said.

Developing these narrative skills takes practice. Over the past two years I have delivered a class on narrative ethics to undergraduate medical students. After a short introduction, I lead the class through a close reading of William Carlo Williams, “A Use of Force”. It is a fictional story published forty years prior to the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research’s Belmont Report, around the time that the Tuskegee Syphilis studies began. Williams himself was a physician and his short story is a powerful, honest, and complex exploration of “right action” in an encounter with a young patient who does not want to submit to an examination. Originally published in 1938, the themes of this story transcend time and place and can help close readers explore power and perspective, beneficence, autonomy, and justice – both for an individual and also for society. The close reading of well-written, creative works can both remind us of how complex it can be to operationalize ethical principles and also help us to practice this important and challenging aspect of our work in environments with lower stakes than at the frontline. In order to do this, we need opportunities to explore narrative accounts with our colleagues, to discuss, to reflect, and to spend some time in a different point of view.

Harper Lee once wrote that, “You never really understand a person until you consider things from his point of view [...] until you climb into his skin and walk around in it.” A narrative approach to ethics to me is one way by which we can live this idea in practice.

References:
Neuromuscular Electrical Stimulation (NMES) for Treatment of Muscle Impairment: Critical Review and Recommendations for Clinical Practice

Physiotherapy Canada, Volume 69, Issue 5, November 2017

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The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) is a joint policy created by Canada’s three national research funding agencies: Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), and Social Sciences and Humanities Research Council of Canada (SSHRC). The first iteration of this policy was released in 1998 as a guidance document for researchers and ethics boards to guide methodologies, conduct and decision making regarding research in Canada.

In 2010, the TCPS went through its first substantive revision (known as TCPS 2), with significant changes including three new chapters: Multi-Jurisdictional Research (Chapter 8), Research Involving First Nations, Inuit and Métis Peoples of Canada (Chapter 9) and Qualitative Research (Chapter 10). While the evolution of the scope of the TCPS is noteworthy, it is through the evolution of the document that I became most interested and involved in the guidance of ethical conduct for research involving humans. In 2008 I was working with a National Aboriginal Organization and was asked to meet with a member of the Interagency Panel on Research Ethics (PRE) to review and discuss the proposed chapter on Research Involving First Nations, Inuit and Métis peoples. The PRE had decided to reach out to the research community, stakeholders, working groups and committees to update content and support the development of new chapters.

What I learned in this process, which may be evident to many researchers and academics, is the process of ethics review. At the time I was leading a federally funded research project investigating the disappearance and death of Aboriginal women in Canada and was sitting as a community member of a local hospital Research Ethics Board. I felt immersed in research, but because the project I was leading was funding by a government department as opposed to a federal research agency, I was not required to uphold a standard of ethical conduct, which left me feeling very uncomfortable.

What? Individuals or institutions receiving or administering funds from the federal research agencies are bound by the TCPS 2. In health care, these groups typically include hospitals and academic institutions. What this means for the researchers is that research must be approved by a Research Ethics Board (REB) that upholds the standards of ethical conduct of the policy. If a research proposal does not meet the standard, it can be rejected or revisions or clarifications may be requested.

However, individuals who are not funded by a research agency or employed by or studying at an institution such as a hospital or university, are not required to undergo ethics review. Similarly, quality improvement initiatives and program evaluation (often part of health care decision making) are not considered research and are not required to undergo review.

So what? In 2008, and even today, I feel driven to maintain a high standard in research and decision making. As an REB member and because of the sensitive nature of the research I was leading at the time, I felt it necessary to build a network of ethics advisors to support the work, in part because the originators of the research did not require ethics review or approval. The research itself used a mixed methods approach to understanding missing and murdered Indigenous women. We gathered data through public record, but also used participatory action research, where we connected with families and communities to inform and guide the research into the lives and deaths of their loved ones. This is the reason why I felt it necessary to reach out to ethics experts to ensure we did no harm in our research, only to find that there were very few people that could offer any guidance.

While many physiotherapists may not be faced with this kind of ethical dilemma in their work, there are clinicians and clinician scientists who are interested in research, or may be conducting research that falls beyond REB approval. There is a grey area for research that I continue to see with the REB I sit on. While quality improvement initiatives are not required to be submitted for approval, many still come before the Board because of the potential impact on the participants in the study, including current and future patients. Likewise, clinicians in private settings have a great deal to contribute to the advancement of the profession through research, but are not always required to complete an ethics review.

Now what? If you are interested or involved in research, but are not current on the standards set out in the TCPS 2, the PRE has created on-line resources including webinars and a Tutorial Course on Research Ethics (CORE). The CORE is a requirement for REB members, researchers and investigators, but is also very interesting and helpful in guiding decision making for those who may fall outside of traditional research settings. The tutorial is a self-study that consists of ten modules and divided between health research, natural sciences and social sciences. It can be found at http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/ and you can print the certificate when you are done.

For those who may not be directly involved in research, I believe it is still important to review evidence through a critical lens. Not all research is created equal, nor is the standard by which it is judged. The TCPS 2 offers a high standard for research involving humans, but many clinical trials and research may be funded and conducted outside of institutions that require independent approval. It is important to understand where research is coming from and trust the source if you are going to implement new evidence in practice.
Physiotherapy practice has undergone major changes in recent decades. For example, professional autonomy has increased due to the implementation of direct access and the broadening of the field of practice in physiotherapy. The health care system has also become more complex. These elements play a role in the presence of ethical issues for physiotherapy professionals, who seek to be responsive to the needs of their patients but have to simultaneously navigate constraints imposed notably by organizations and governments. These requirements sometimes conflict with professional values, a circumstance which can engender tensions, misunderstandings, and other conflictual situations. As a result, ethical issues are an unavoidable aspect of physiotherapy practice. Consequently, managing these issues is a key competency for physiotherapy professionals and influences the quality of services, the clinician–patient therapeutic relationship, and even the profession’s reputation.

Responding effectively to ethical issues requires that professionals acquire the capacity to analyze ethically charged situations and make decisions that are consistent with considerations such as standards of practice, professional values, and patient needs. Codes of ethics for physiotherapy professionals can provide guidance about conduct to adopt or avoid. However, when faced with an ethically challenging situation, physiotherapy professionals must be able to go further and engage in a critical, thoughtful ethical analysis.

Ethical issues in access to physiotherapy services arise in diverse settings across Canada. We will use this topic to illustrate the value of conducting an ethical analysis in a complex situation.

In equity in access to services: an example of an ethical issue in physiotherapy

In recent years, studies have demonstrated that Canadians do not all have the same access to physiotherapy services in the public health care system and that this situation has negative consequences for the population. For example, in an effort to manage health care costs, the Ontario government shifted physiotherapy services offered in hospitals to the community according to strict eligibility criteria. In the short term, nearly one person out of five lost access to the services they had been receiving because they were no longer eligible and had neither the insurance nor the financial means necessary. Those who maintained their access to physiotherapy services were more likely to report a better health status compared to those who no longer had access. The scale of this issue is also demonstrated by a 2015 cross-sectional study which identified that more than 18,000 individuals were on waiting lists to receive outpatient physiotherapy services in Quebec hospitals. This situation is particularly striking for individuals with chronic pain. They are a patient group that could benefit significantly from outpatient physiotherapy services. Their access to such services, however, is limited in Canada’s public hospitals (though it varies between provinces and across regions). Indeed, priority is usually given to acute and postoperative conditions (e.g., fractures and arthroplasties) at the expense of chronic conditions. As a result, in a context of limited resources, people with acute pain have access to outpatient services while a significant portion of the population experiences long delays or is denied services altogether.

Another source of unequal access to physiotherapy services results from the variability in service pathways for individuals with musculoskeletal injuries. Access to services is significantly affected by whether or not a third-party payer is involved (this, in turn, depends on the context of the injury, e.g., at work or during recreational activities). Indeed, individuals injured at work can receive services in a private clinic that will be entirely or partially reimbursed by organizations such as provincial workers’ compensation boards. These private clinics generally have no or short waiting lists. Their patients are generally seen more quickly than individuals who have to turn to the public system for services because they were, for example, injured at home but have neither insurance nor sufficient income to pay for services at a private clinic.

These differences in accessing physiotherapy services in the public system among various subgroups of people in Canada raise questions of social justice and ethical issues for professionals, managers, and the public. Ethical analysis and reflection are important for assessing the values that are at stake in these situations, and for identifying possible responses.

How can ethics help us?

Ethical deliberation is a process that helps structure reflection about an ethical issue. It can clarify the ethical dimensions of the issue, identify relevant principles and values, support the process of weighing options, and guide the selection of possible courses of action. Ultimately, this process aims to identify the best option that is available under the circumstances, taking into account features such as ethical principles and commitments, professional values, standards of practice, and the patient’s values, goals and needs.

Engaging in a process of ethical deliberation entails taking a step back from a challenging situation in order to critically appraise it. This process can help clarify the source of ethical concerns. For example, physiotherapy professionals working in public out-patient departments with long waiting lists may experience tension between two competing perspectives: the duty to provide each patient with high quality services tailored to their needs, and the responsibility to take into account limited resources in responding to the needs of the overall community. In a context of limited resources, a therapist might, for example, consider offering services in a manner that increases the number of patients he or she can see—such as by offering group interventions—although the individual approach might yield better results. As physiotherapy professionals consider how to respond to an ethical issue, engaging in discussion and dialogue with colleagues, managers and patients will be important. Good communication skills are essential, as is considering and responding to patients’ expectations. Ethical reflection can support the professional to remain open and attentive to their patients’ needs, to analyze the...
situation to better understand its ethical implications, and to determine which values are involved. This reflective process will enable those involved to better understand the ethical content of the situation before assessing possible solutions with the goal of determining if they are, on balance, ethically justifiable, as well as practical and realistic. This deliberative process supports the physiotherapy professional's judgement as she or he seeks to arrive at well-considered and defensible decisions.

This reflective analysis can be facilitated by using an ethics analysis tool. Several are specific to rehabilitation professions (e.g., the Patient-Centered Care Ethics Analysis Model for Rehabilitation\(^8\)) and the Quadripartite Ethical Tool\(^9\)). As well as discussion with patients and their families, the ethical analysis process can also be nourished (while taking account of confidentiality considerations) through discussions with team members, other colleagues, managers, ethicists, or the institutional clinical ethics committee.

Obviously, ethical issues do not only arise at the level of the interaction between physiotherapy professionals and patients. As illustrated by the case considered here, they also occur at the level of departments, hospitals and health systems. Ethical deliberation can also involve critical reflection on institutional practices or policies. For example, when faced with an issue related to access to services, one could assess whether the established prioritization criteria focus on individuals with the most urgent and significant clinical needs,\(^**\) and if the process to prioritize patients is transparent and integrates allocation criteria that can be justified ethically. For example, it should be considered how the prioritization process accounts for effectiveness (e.g., maximizing clinical advantages) and equity (e.g. all patients having a chance of receiving care but with priority given to those with the most urgent clinical needs), while taking account of available resources. In turn, this deliberative approach can support the identification and weighing of risks and advantages for each subgroup, and the development of creative ways to improve access to services.

Ethics in rehabilitation is an increasingly dynamic field of practice. It draws attention to how professional and organizational practices are related to values and normative commitments. Rehabilitation ethics can also provide insights and resources to help prepare students and physiotherapy professionals to face ethical issues so that they can recognize them, understand them, and better manage them. Ethics requires careful and sustained reflection on our professional practices and concerted effort to align them with our values and commitments. This process is relevant in our relations with individuals requiring physiotherapy services, in our organizational practices, and also in the policies and structures of our professions, all with the ultimate objective of delivering the highest quality care to individuals and communities.

References

12. Laliberté, M., et al., *Ethical challenges for patient access to physical therapy: Views of staff members from three publicly funded outpatient physical therapy departments accepted within Narrative Inquiries in Bioethics 2017.

** Sometimes, this ethical analysis is conducted solely by the professional. Generally, however, it involves the collaboration of other people such as managers, other healthcare professionals on the team, the patient and family, and so forth.

** Clinical needs should include notions of functional limitations and quality of life but could be defined differently according to the clientele of an outpatient physiotherapy service.

Biographies

** Maude Laliberté ** is a doctoral candidate in biomedical science (bioethics option) at the University of Montréal and a student member of the Center for Interdisciplinary Research on Rehabilitation of the Greater Montreal (CRIR). Her work analyzes the factors that influence the distribution of and access to physiotherapy services. She is a physiotherapist and holds a master’s degree in biomedical science (rehabilitation option). She is a clinical assistant professor in the School of Rehabilitation at the University of Montréal, where she teaches professional ethics. In addition, she served as the assistant syndic for the Ordre professionnel de la physiothérapie du Québec (OPPO; Quebec professional society of physiotherapists) from 2010 to 2016. Currently, she handles patient complaints in the ombudsman’s office of a health centre in Montréal.

** Simon Deslauriers ** is a physiotherapist and doctoral candidate in clinical and biomedical sciences at Université Laval. He is carrying out his research project at the Center for Interdisciplinary Research in Rehabilitation and Social Integration (CIRRIS). He earned a master’s degree in experimental medicine on the topic of access to physiotherapy services in Quebec.

** Kadija Perreault ** has practised as a physiotherapist for more than ten years in the public and private sectors. Since 2013, she has been an assistant professor in the Department of Rehabilitation at Université Laval. She is also a researcher at CIRRIS. Her research mainly concerns the organization of and access to rehabilitation services, interprofessional collaboration, and the assessment of services for people living with pain.

** Matthew Hunt ** is an Associate Professor and the Director of Research at McGill University’s School of Physical and Occupational Therapy, an associate member of the McGill Biomedical Ethics Unit and Institute for Health and Social Policy, and a member of the CRIR. He is a physiotherapist and conducts research at the intersections of rehabilitation, ethics, and global health.
A professional association's code of ethics sets out the ethical principles governing the conduct of that association's members. The code must reflect societal ethics of the time, as well as the value systems and moral principles of the members as a collective group. A code of ethics can also encompass the scopes of practice of the profession and of the individual member.

While a code of ethics can provide guidelines, it cannot offer definitive resolution to all ethical questions and situations that might arise. Differences of opinion as to what constitutes ethical behaviour are inevitable, and such differences must be respected as much as possible. In addition, societal and the practice of physiotherapy are sufficiently complex and changing that situations giving rise to dilemmas and questions not necessarily covered in a code of ethics may arise. In such situations, it is the duty of each member to act in an ethically responsible manner, and members are encouraged to seek additional advice or consultation when deemed necessary.

The Code of Ethics of the Canadian Physiotherapy Association (CPA) frames the core values of the physiotherapy profession in Canada. The Code of Ethics provides a set of guidelines and principles for the professional behaviour expected of all its members. It is expected that every member of the Canadian Physiotherapy Association will pursue excellence in all professional activities, and will act with integrity, accountability and good judgement in the best interests of the patient/client, society and the physiotherapy profession.

Principles of the Code of Ethics

The Canadian Physiotherapy Association’s Code of Ethics defines CPA’s expectations for the professional values and behaviour that underpin all CPA members’ physiotherapy values and responsibilities.

The following are the principles upon which the Canadian Physiotherapy Association’s Code of Ethics is determined:

1. CPA members’ responsibilities to the patient/client
2. CPA members’ responsibilities to society
3. CPA members’ responsibilities to the profession

Specifically, the Code is based on the following ethical values and professional principles:

• Respect and dignity: to acknowledge, value and appreciate the worth of all patients/clients.
• Support for patient/client autonomy: to respect a patient/client’s or substitute decision-maker’s right to make decisions.
• Beneficence: to act for the benefit of patients/clients.
• Non-maleficence: do no harm to patients/clients.
• Responsibility: to be reliable and accountable.
• Integrity: to be honest and trustworthy.
• Professionalism: to be a good citizen, maintain a good standing in the professional association.

Responsibilities to the patient/client

CPA members:

• Act in a respectful manner and do not refuse care/consent to any patient/client on the grounds of race, religion, ethnicity or national origin, age, gender, sexual orientation, sexual or marital status.
• Act to preserve the health and well-being of patients/clients, while respecting their rights, dignity, wishes, values and religious beliefs.
• Respect the patient/client/substitute decision maker’s right to be informed about the effects of treatment, any inherent risks, and alternatives to treatment options.
• Give patients/clients/substitute decision makers the opportunity to consent or decline treatment or withdraw consent to a treatment plan.
• Will not treat patient/client when the diagnosis is not confirmed by physiotherapy or not supported by physiological findings.
• Respect the confidentiality, privacy and security of patient/client information in all forms of communication.
• Practice in a safe, competent, accountable and responsible manner within their individual scope of practice.
• Take responsibility for the patient/client care designated to physiotherapists assistants and students.
• Take all reasonable steps to prevent harm to patient/clients. Should harm occur despite efforts to the patient/client/substitute decision maker.
• Communicate effectively and respectfully, and provide ongoing care with information to the other health professionals and agencies for the benefit of the patient/client.

Responsibilities to society

CPA members:

• Earn the respect of society, the profession, and other health professions through their conduct.
• Recognize their responsibility to improve the standards of health care and the well-being of society.
• Commit to maintaining and enhancing the reputation and standing of the physiotherapy profession, and to fulfilling the broader social responsibilities that their physiotherapy role places on them.
• Comply with all legislation and regulatory requirements that pertain to the practice of physiotherapy.
• Report to the appropriate authorities any violation of the profession.

Responsibilities to the profession

CPA members:

• Accept responsibility for upholding the integrity of the profession, and act with integrity in all professional activities.
• Contribute to maintaining and enhancing the reputation and standing of the physiotherapy profession by treating everyone with dignity and respect in all situations.
• Strive for excellence in whatever capacity in which they practice.
• Enhance their expertise through lifelong education and enhancement of knowledge, skills, abilities and professional knowledge.
• Recognize their responsibility to share evidence-informed and shared best practices in physiotherapy with other health care professionals.
• Be willing and eligible participants of students.
Ethics and professionalism toolkit

Melissa Anderson, PT, CPA Member since 2004; and Chantal Lauzon, PT, CPA Member since 1995

Issues around professionalism and ethics, by their very nature, are not black and white. In every situation there are grey areas that must be considered and examined. This toolkit will help to guide you in thinking about issues, and how to prevent and solve them. For convenience they are divided into six broad categories. Head to our website: https://physiotherapy.ca/ethics-and-professionalsm-toolkit to access a list of resources for each category:

Awareness
Many who face questions about ethics and professionalism claim that they were unaware that they were doing anything wrong. Ignorance is not a valid excuse, especially in a self-regulated profession. It is the responsibility of all involved in the provision of physiotherapy services to be aware of the rules. Being aware of good business practices will go a long way in helping to prevent incidents of fraud, abuse, and waste.

• Ensure that you have the proper policies and procedures in place, especially concerning billing practices and audits
• Be aware of the rules and standards of practice concerning the provision and funding of physiotherapy services
• Look at potential issues from multiple viewpoints. Sometimes, issues are not as ‘black and white’ as they might appear at first glance

 Clarification
There are many resources available to help you clarify issues and make good decisions. Informally, you can seek input from trusted colleagues and friends. Provincial physiotherapy regulators are a valuable source of information regarding standards of practice and regulations. Insurance companies and other third party payers can help to clarify the specifics of their particular payment rules. Encourage patients to review the limitations of their extended health benefits plan. As the old adage says, “An ounce of prevention is worth a pound of cure” or, it is easier to prevent mistakes of others?

• Sometimes just talking about a situation can help you see where there could be grey areas in your business practices

• If you have questions about what you can or can’t do in the provision of physiotherapy services, reach out to your provincial regulator for advice
• Ask questions of third-party payers to clarify their billing requirements
• Review your mandatory reporting obligations

 Decision making
After you have gathered the information needed to clarify the issues for your particular concern, you need to make a decision. This involves weighing the pros and cons. As physiotherapy is a self-regulating profession, it is important that provincial standards of practice and regulations be considered in the decision making process. Additionally, the code of ethics must be considered and upheld in all aspects of physiotherapy practice.

• Use available decision making tools and the code of ethics to help you decide
• In a self-regulated profession it is important that your personal interests never come before the interests of the clients
• Do you have enough information to make a decision?

 Communication
The next step is communication. The best way to communicate will depend on the situation and the relationships of the people involved.

• Prepare for difficult conversations ahead of time
• Plan these conversations carefully and keep an open mind
• Use active listening skills and do not interrupt

 Reporting
After you carefully consider the facts, you may decide that you have an obligation to report something. At this time, you will need to carefully document your findings. You will then determine to whom it should be reported, as well as the process to follow. Keep detailed notes of your conversations.

• Is a patient’s safety at risk? If yes, act now. Don’t delay.
• Have you reported to everyone who needs to know? E.g. patient, employer, insurer, regulatory body
• Ensure that you have all the facts

 Prevention
Life would be much easier if we all avoided stepping over the line. By recognizing areas at risk of fraud, organizations can put in safeguards and policies and procedures. These should be monitored or audited regularly to detect issues early. You must also ensure they meet the needs of the ever-changing health care system.

• What needs to be put in place in order to prevent incidents of fraud, abuse and waste from occurring in your workplace?
• How can we learn from past mistakes or the mistakes of others?
• Quick Tip: start with changing your passwords periodically.

 In a perfect world, there would be no ethical or professional dilemmas facing you in your work life. However, we all are aware that the world is not always perfect. There will be times when you have an uncomfortable feeling around a conversation or situation, when your ‘spidey-senses’ are tingling. These resources will help to name what is bothering you and lead you to make the best decision. Allowing an unethical situation to continue could make it worse- potentially harming your reputation or the reputation of the physiotherapy profession.
Since 1998, more than 2200 health practitioners have graduated from the program, achieving their training goals:

The courses are taught by a perfect combination of health care professionals with vast experiences in acupuncture treatments. They will provide you with a strong basis to deliver effective acupuncture treatments specific for your type of practice. The variety or professionals will open your eyes to many new possibilities in evaluation and treatment. This course has improved the way I assess and treat patients in all ways possible. I would highly recommend this course to any professional that has the privilege to take it. Ivan Vukosavjevic, MScPT, Ottawa, ON

Among all the courses I have taken so far the Contemporary Acupuncture program is by far the best. The clarity in which Dr. Elorriaga presented this material truly makes him an expert in this field. I personally enjoyed observing Dr. Elorriaga treat patients in the live case studies and was amazed by his results. The instructors at the program were very knowledgeable, friendly, and acted as great mentors. I truly was excited and looked forward to each unit of the program. Since completing the program I use acupuncture on a daily basis with most of my patients. I continue to be amazed on the effectiveness of this modality on improving function, healing, and nociception. I constantly review the course material along with anatomy to continue to hone my technique. Eric Lau, MSc, PT, Oakville, ON

After taking other courses offered by other acupuncture groups, I found the Contemporary Medical Acupuncture Program to be superior in many ways. The instructors were very approachable, their small group teaching was outstanding and the anatomy labs helped to solidify a deeper understanding of my acupuncture practice. This course was easy to integrate into my practice right away and I’ve seen my client base grow directly because of this course. Darlene Losier, PT, Caledonia, ON

This is THE MOST important course I’ve taken. It was a game changer for me and the results I’m getting with my patients are beyond what my imagination could create before. Vladimir Egorov, PT, Stockholm, Sweden

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300 hours Continuing Education in Neurofunctional Acupuncture

The program is Evidence-Based and clinically oriented, with over 100 hours of hands-on workshops on functional anatomy palpation, needle insertion techniques, anatomy laboratory, condition-specific blueprint treatment design, and over 30 real patient case studies.

FALL 2017 PROGRAM:
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Introduction to Neurofunctional Acupuncture
UNIT 2 - Sept 29-30, Oct 1, 2017
Upper Extremity Problems - Acute Pain
UNIT 3 - October 20-21-22, 2017
Axial Skeletal Problems - Visceral Regulation
UNIT 4 - November 10-11-12, 2017
Head & Face Problems - Chronic Pain Syndromes
UNIT 5 - December 1-2-3, 2017
Lower Extremity Problems - Integrated Mgmt.

Registration Deadline Aug 11, 2017

STUDENT RATES AVAILABLE

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Neurofunctional Sports Performance Practitioner Certificate
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Photography and Equipment Policy

In response to member interest and relevance to global health work in the field of physiotherapy, the GHD has created relevant policies that are important for review prior to engaging in global health work.

A. Ethical Photography

Created in 2013, these guidelines are what we as the GHD executive use to preserve the dignity and privacy of our patients, colleagues and the general humanity around the world. Photographs can greatly alter the perceptions, opinions and judgments of friends, families and acquaintances. Therefore we need to be very careful with what we share because a photograph can never truly depict a situation or event and photographs are open to interpretation. Therefore we have devised these guidelines to help you determine what photos you should or should not publish upon return from traveling, volunteering, working, studying or researching globally.

1. We do not use/publish photographs of patients or others we may have met and/or photographed in presentations, for marketing purposes or through social media (Facebook, newsprint, etc.) without their informed consent.

2. We do not publish photographs of public demonstrations (religious, political, etc.) or other such events where you are unaware of the meaning, in any form of social media as to avoid causing undue harm to individuals or groups.

3. We never portray our patients as useless, helpless or inadequate or in any manner that is dehumanizing or disrespectful.

4. We do not edit photos so much that they are a misrepresentation of the actual scene.

5. We do not publish/display pictures without context and/or that may fuel prejudice.

6. We strive to demonstrate a partnership in global development and a respect of diversity through our images.

7. We strive to show positive messages through our photos.

In addition to violating privacy and human rights, poverty porn is damaging to those it is trying to aid because it evokes the idea that the poor are helpless and incapable of helping themselves, thereby cultivating a culture of paternalism. Poverty porn is also detrimental because it is degrading, dishonoring, and robs people of their dignity.

References


PhotoVoice - http://photovoice.org/

B. Equipment Donation

The GHD executive uses the following guidelines when considering equipment donation:

1. Purchase locally sourced equipment whenever possible.

2. Communicate with the organization to understand what equipment, if any, they require.

3. Understand that the organization has a right to decline the equipment and ask for a different type of donation instead, such as a financial donation.

4. Ensure that the quality of the item is acceptable for use in Canada. There should be no double standard in the quality of equipment.

Things to Consider

- Would the equipment be useful to an organization in your own community, such as a university or a hospital?
- Is the equipment in working order or does it require repair or calibration?
- Does the equipment require ongoing maintenance and is there technical support available in the target community?
- What is the lifespan and current age of the equipment?
- What is the availability and cost of replacement parts and/or consumables used with the equipment?
- Is there space to store the equipment at the organization's facility?
- Are there ongoing costs to run the equipment (e.g. electricity)?
- If applicable, what type of electrical outlet is required?
- What are the shipping costs and who is paying for these costs?
- Is the item custom-made? If so, is it useful for another person/population?
- How will the members of the organization be trained to use the equipment and will resource materials be provided?
- Is there a manual that will accompany the equipment and is it printed in the native language of the organization's members?
- If you have confirmed that donating equipment is indicated based on the above guidelines, confirm the logistics of the donation with the organization.
- Ensure proper follow up and evaluation with the organization.

References


Cancer is the leading cause of death in Canada and will affect two out of five Canadians. If you have not been affected by cancer, you likely know someone who has, whether it is a family member, friend, neighbour or co-worker. Survivors of cancer access physiotherapists across the spectrum of provision - from acute care tertiary care to private practice to a child development centre.

Physiotherapists are involved in improving the lives of cancer patients and are there to help patients maintain their strength, physical function and mobility, during and after cancer treatment. Physiotherapists can help patients manage fatigue and manage the physical changes to maximize recovery.

The CPA Oncology Division provides its members with a networking opportunity to connect with other physiotherapists working in the field of oncology. The Division has a proactive executive group responsible for hosting a number of courses throughout the year, distributing newsletters, and keeping members up to date on the latest research.

Membership benefits  Contribute to the development of oncology physiotherapy on a national level. The Oncology Division is proud to offer two awards—one for students and one for general members—to help its membership share their unique work with the entire profession.

Newsletter  The Oncology Division produces a seasonal themed newsletter. The most recent issue is all about head and neck cancers, and features an article by member and PT Colleen Dunphy on how to survive and thrive post-diagnosis with the help of a physiotherapist.

Discounts on division-hosted courses  The Oncology Division hosts a number of courses that are suitable to physiotherapists, physiotherapist assistants, physiotherapy students, and other regulated health care professionals. The division recently hosted a course in partnership with the Paediatric Division on the assessment and treatment of chemotherapy induced peripheral neuropathy in children.

Members can also look forward to:
• Access to sponsored education opportunities such as webinars and teleconferences
• Learn from experts who can discuss challenging oncology-related clinical situations
• Access the Guide to Oncology Physiotherapy, a collection of resources assembled by the Division

Learn more about the Oncology Division, by email at oncology@physiotherapy.ca or on our website physiotherapy.ca/divisions/oncology-physiotherapy
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