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Interprofessional Collaboration

Physiotherapy Scope of Practice

Jurisdictional Review

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EXECUTIVE SUMMARY

Physiotherapy is regulated in all jurisdictions researched for this review with consistency.

Classes within the profession are typically divided between full practicing, academic (research), conditional or provisional (student) and non-active or retired groups. Some jurisdictions do not use any class system.

The definition of “physiotherapist” or “physical therapist” varies little across jurisdictions, and is often found in a scope of practice statement. Recurring terms and phrases used in defining the profession include the “removal, alleviation or prevention of movement dysfunction or pain” using “clinical judgment and informed interpretation.” Some jurisdictions list common applications and modalities used to deliver care. Examples include:

- Assessment of neuromusculoskeletal and cardio respiratory systems,
- Therapeutic exercise programs,
- Soft tissue and manual therapy, including massage, proprioceptive neuromuscular facilitation,
- Wound treatment,
- Joint manipulation, and
- Acupuncture.

A minority of jurisdictions permit the invasive use of energy, including electroneuromyographic examination, and prescribing of topical medications.

The profession is regulated by an Act with supporting Regulations that empower regulators to oversee its membership. These bodies are comprised of a mix of physiotherapists and public members, who convene committees to develop and maintain a registry of authorized professionals, as well as standards of practice, a code of ethics and policies on professional misconduct and quality assurance. Regulators restrict the authorized acts of their members when deemed appropriate.

Entry to practice requires an undergraduate degree in physical therapy and registration in the jurisdiction where the applicant wishes to work. To work between Canadian provinces, evidence of 1200 hours of physical therapy practice is required in the five years prior to applying to a College. Applicants must have also successfully completed the Alliance of Physiotherapy Competency Examination, a nationally recognized test. English fluency is a requirement in most jurisdictions.

Acupuncture remains the only specialty designation available to physiotherapists, though ‘dry needling’ is, in certain jurisdictions, permissible under the regular class of registration. The United Kingdom permits extended skills to be learned by physiotherapists from other healthcare providers (physicians, nurses), but attributes no special designation.

Title protection is found in all jurisdictions. Common protected titles are ‘physical therapist’, ‘physiotherapist’, ‘registered physiotherapist’ and ‘P.T.’. Some jurisdictions protect ‘remedial gymnast’ and ‘mechanotherapist’.

Continuing competency requirements vary across jurisdictions. Quebec requires members to undertake an internship or improvement course if they return to practice after a hiatus of over three years. The United Kingdom requires members to maintain a record of their continued proficiency, but does not set minimum requirements. The Yukon requires 60 hours of professional development in the 1200 hours (or one year) for registration renewal.

Insurance is not mandatory in New Zealand and some regions of Australia. In Canada, mandatory insurance coverage varies between “no set minimum” and \$5 million.

JURISDICTIONS

ALBERTA

Regulatory body

College of Physical Therapists of Alberta

Legislation

Health Professions Act, R.S.A. 2000, c. H-7

Health Professions Statutes Amendment Act, 2007, R.S.A. 2007, c. 32

Physical Therapy Profession Act, R.S.A. 2000, c. P-14

General Regulation (Physical Therapy Profession Act), Alta. Reg. 298/1985

Classes of registration

Educational Register,
Special Clinical Practice Register, and
Courtesy Practitioner Register.

Definition of practice

“Physical therapy” means the application of professional physical therapy knowledge in the assessment and treatment of the human body in order to obtain, regain and maintain optimal function by the use of any suitable medium of therapeutic exercise, massage and manipulation or by radiant, mechanical and electric energy, but does not include an assessment or treatment that is outside the scope of section 87 of the *Medical Profession Act*.

Overview of regulatory approach

The *Health Professions Act* provides the legislative framework for all self-governing health professions in Alberta. It establishes a common framework across all health professions for registration, discipline, continuing competence and restricted activities. Schedule 20 to the *Health Professions Act* is specific to the profession of physical therapists. Physiotherapy is also governed by the *Physical Therapy Profession Act* and its associated General Regulation.

Currently, all restricted activities of health professionals are outlined in Schedules 7 and 7.1 of the *Government Organization Act*. For a health profession to be able to engage in restricted activities, it must be a regulated profession under the *Health Profession Act*. Currently, physiotherapy is not one of these regulated professions.

Authorized practice

In their practice, physical therapists do one or more of the following:

- a) assess physical function,
- b) diagnose and treat dysfunction caused by a pain, injury, disease or condition in order to develop, maintain and maximize independence and prevent dysfunction, and
- c) provide restricted activities authorized by the regulations.¹

Currently, physical therapists do not have access to any restricted activities.

¹ *Health Professions Act*, R.S.A. 2000, c. H-7; Schedule 20, s.3.

In addition to traditional physical therapy assessment, the physical therapist's evaluation may include: (a) observation of the perineum, (b) an internal digital examination via the anus and/or the vagina, or (c) the use of an internal assessment device.

The College has published practice standards² and position statements for physiotherapists' scopes of practice. The position statements relevant to practice are:

- Physical therapy diagnosis and treatment planning,
- Intra-pelvic dysfunction,
- Spinal manipulation, and
- Use of needles³.

Entry to practice requirements

The Regulation requires that physical therapists:

- i) have a degree from a physical therapy program that would confer eligibility to take the Physiotherapy Competency Exam,
- ii) successfully complete the Physiotherapy Competency Exam,
- iii) be proficient in the English language to engage in safe and competent practice,
- iv) provide evidence of competency to practice physical therapy,
- v) provide evidence of good character and reputation, and
- vi) be a Canadian citizen or be lawfully admitted and entitled to work in Canada.

Specialty designations

The College has adopted a rostering system with three rosters:

- i) Needling for acupuncture and intramuscular stimulation (IMS),
- ii) Pelvic, and
- iii) Spinal manipulation.

Acupuncture

Physical therapists, with an unrestricted license, whose practice includes acupuncture as a physical therapy intervention have successfully completed either the Acupuncture Foundation of Canada Institute Examinations or the Certificate Program in Medical Acupuncture, including the exams, offered by the Faculty of Extension, University of Alberta.⁴

Intramuscular Stimulation

Physical therapists, with an unrestricted license, whose practice includes IMS as a physical therapy intervention have successfully completed Dr. C. Gunn's IMS Course including the examinations.⁵

Pelvic

Physical therapists, with an unrestricted license, whose practice includes assessment and treatment of conditions involving the perineum have completed post-graduate education specific to intra-pelvic dysfunction described in the College's Position Statement.⁶

Spinal Manipulation

Physical therapists, with an unrestricted license, who incorporate spinal manipulation into physical therapy practice have met the criteria required to perform spinal manipulation safely and competently as described in the College's Position Statement.⁷

² http://www.cpta.ab.ca/resources/guidelines_CPS.pdf.

³ http://www.cpta.ab.ca/resources/guidelines_overview.shtml.

⁴ Needling Roster for Acupuncture and IMS. http://www.cpta.ab.ca/licensure/cm_rosters_needling.shtml.

⁵ Ibid.

⁶ Pelvic Roster. http://www.cpta.ab.ca/licensure/cm_rosters_pelvic.shtml.

⁷ Spinal Manipulation Roster. http://www.cpta.ab.ca/licensure/cm_rosters_manipulation.shtml.

Title protection

The following titles are protected:

- physical therapist,
- P.T.,
- B.Sc.P.T.,
- B.P.T.,
- physiotherapist, and
- physiotherapy intern.⁸

Continuing competence requirements

Currently, there are no continuing competence requirements for physiotherapists.⁹

If a physical therapist has graduated from an approved physical therapy program within the past three years, or has practiced physical therapy for at least 1550 hours in the past five years, the physical therapist may apply for an annual certificate.¹⁰ Annual certificates entitle physiotherapists to practice physical therapy during the year for which the certificate is issued.¹¹ Requirements for annual certificates are found in section 6 of the Regulation.

Insurance requirements

Registrants must abide by Council rules on professional liability insurance. Currently, the bylaws require confirmation that the physical therapist holds professional liability insurance that meets the standard defined by the College. The College's position statement indicates that physical therapists, registered practitioners and physical therapy corporations who provide direct patient care should have adequate insurance either through individual or employer insurance coverage of \$5,000,000 through personal malpractice insurance.¹²

Anticipated legislative reform

Although physiotherapy does not currently have access to the restricted activities set out in the *Government Organization Act*, it is anticipated that by 2009, physiotherapy will be a regulated profession under the *Health Professions Act*. Among changes to registration, continuing competency, and the discipline and complaints process, physiotherapists will be able to engage in specific restricted activities.¹³ These restricted activities are divided into two classes for physiotherapists:

1. Basic authorized activities

- To cut body tissue, administer anything by invasive procedure on body tissue or perform other invasive procedures on body tissue below dermis or mucous membrane for the purpose of wound debridement/care.
- To insert or remove instruments, devices, or fingers:
 - beyond cartilaginous portion of ear canal,
 - beyond point in nasal passages where they normally narrow,
 - beyond the pharynx,

⁸ *Physical Therapy Profession Act, R.S.A. 2000*, c. P-14, s. 19(1).

⁹ However, with the anticipated legislative reform under the *Health Professions Act*, it will become mandatory for all regulated members under the College to participate in continuing competence programs, and will be a requirement for licence renewal.

¹⁰ *Alta. Regulation*, s. 6(1).

¹¹ *Physical Therapy Profession Act*, s. 18(1).

¹² Position Statement: Malpractice Insurance. June 2005. http://www.cpta.ab.ca/resources/guidelines_MalpracticeInsurance.pdf.

¹³ *College Callings*, volume 10, issue 2 (summer 2008), http://www.cpta.ab.ca/resources/CCsummer2008_web.pdf.

- beyond the labia majora,
 - beyond the anal verge, or
 - into artificial opening in the body.
- To reduce a dislocation of a joint.

All regulated members may perform these basic authorized activities, provided they are competent to do so and the activities are appropriate to their area of practice. As well, students may perform basic authorized activities with the consent of and under the supervision of a regulated member.

2. Other authorized activities

- To cut body tissue or perform other invasive procedures on body tissue below dermis or mucous membrane for purposes of acupuncture.
- To cut body tissue, administer anything by invasive procedure on body tissue, or perform other invasive procedures on body tissue below dermis or mucous membrane for the purpose of intramuscular stimulation and biofeedback.
- To use deliberate, brief, fast thrust to move the joints of the spine beyond normal range but within the anatomical range of motion, this generally results in an audible click/pop.
- To order/apply non-ionizing radiation for purpose of performing ultrasound imaging.
- To order a form of ionizing radiation in medical radiography limited to x-rays only.

Only members on the general or courtesy register and authorized by the Registrar may perform other authorized activities. For authorization, evidence of requisite competencies must be provided.

AUSTRALIA – South Australia

Regulatory body

The Physiotherapy Board of South Australia

Legislation

Physiotherapy Practice Act 2005

Physiotherapy Practice (General) Regulations 2006

Physiotherapy Practice (Election) Regulations 2006

Classes of registration

- Full
- Limited
 - Holders of APC Interim Certificate
 - Working Holiday Makers
 - Postgraduate students
 - Approved overseas employment exchanges
- Student

Definition of practice

Physical therapy is defined as “physical treatment applied to the human body for the purpose of preventing, curing or alleviating any abnormality of movement or posture or any other sign associated with physical disability”.¹⁴

Overview of regulatory approach to scope of practice

Physiotherapists’ scope of practice is governed by the *Physiotherapy Practice Act 2005* and its associated regulations. The Board is charged with overseeing the practice of physiotherapy, and its functions as they relate to physiotherapists’ scope of practice including determining registration requirements, preparing codes of conduct or standards of practice, and carrying out other functions assigned to the Board by the Act or the Minister.¹⁵ The Act and associated regulations set out authorized acts, and the Code of Ethics mandates that physiotherapists undertake activities that are within their competence or expertise¹⁶.

Authorized practice

Physiotherapists may practice physiotherapy, which is defined as:

- (a) restricted therapy, and
- (b) any other physical therapy provided in the course of practice by a physiotherapist or a person who holds himself or herself out, or is held out by another, as a physiotherapist, and
- (c) all diagnostic, therapeutic, health or other services or advice not referred to in paragraph (a) or (b) provided in the course of practice by a physiotherapist or a person who holds himself or herself out, or is held out by another, as a physiotherapist.¹⁷

Physiotherapists are authorized to engage in “restricted therapy”. Under the Act, restricted therapy means physical therapy consisting of or involving:

- (a) the manipulation or adjustment of the spinal column or joints of the human body involving a manoeuvre during which a joint is carried beyond its normal physiological range of motion, or

¹⁴ *Physiotherapy Practice Act 2005*, s. 3(1).

¹⁵ *Physiotherapy Practice Act 2005*, s. 14(1).

¹⁶ Code of Ethics, s. 3. <http://www.physioboardsa.org.au/code.html>.

¹⁷ *Physiotherapy Practice Act 2005*, s. 3(1)

(b) any other therapy prescribed as restricted therapy.¹⁸

Entry to practice requirements

The Act confers authority to the Board to establish requirements for registration.¹⁹

For full registrants, the requirements are as follows:²⁰

- Graduates of Australian Physiotherapy schools recognized by the Board,
- Holders of Final APC Certificate,
- Applicants under the *Mutual Recognition (South Australia) Act 1993* who provide evidence of current registration in another state or territory,
- Applicants under the *Trans-Tasman Mutual Recognition (South Australia) Act 1999*, who provide evidence of current registration in New Zealand.

For limited registrants, the requirements are as follows:²¹

- Holders of APC Interim Certificate,
- Working Holiday Makers,
- Postgraduate students,
- Approved overseas employment exchanges.

Lastly, “persons wishing to enroll in a course of study leading to a qualification recognized for registration on the register of physiotherapists must be registered as a physiotherapy student by the Board.”²²

Specialty designations

None

Title protection

A person who is not registered on the appropriate register must not use a prescribed word or its derivatives as a description for person or services.²³ The prescribed words are:

- (a) in relation to registration on the physiotherapy student register - registered physiotherapy student;
or
- (b) in relation to registration on the register of physiotherapists -
 - (i) physiotherapist,
 - (ii) physical therapist,
 - (iii) manipulative therapist,
 - (iv) spinal therapist, or
- (c) any other word or expression prescribed by the regulations.

This section does not prevent the title “manipulative therapist” or “spinal therapist” being used by or in relation to a person registered as a chiropractor or osteopath under the *Chiropractic and Osteopathy Practice Act 2005*.

Continuing competence requirements

There is a refresher program approved by the Board for physiotherapists or physiotherapy students who have not practiced for five years. There are no other continuing competency requirements.²⁴

¹⁸ *Physiotherapy Practice Act 2005*, s. 3(1).

¹⁹ *Physiotherapy Practice Act 2005*, s. 27(1)(a) and (b).

²⁰ Registration Requirements. <http://www.physioboardsa.org.au/requirements.html>.

²¹ Registration Requirements. <http://www.physioboardsa.org.au/requirements.html>.

²² Registration Requirements. <http://www.physioboardsa.org.au/requirements.html>.

²³ *Physiotherapy Practice Act 2005*, s. 36.

²⁴ *Physiotherapy Practice Act 2005*, s. 38.

Insurance requirements

The Act requires mandatory liability insurance for registration unless an exemption is made by the Board.
²⁵ The minimum level of coverage established by the Board is \$5,000,000 on any one claim and \$15,000,000 in aggregate.²⁶

Anticipated legislative reform

The Draft Code of Professional Conduct and Practice has been submitted to the Minister of Health, under the *Physiotherapy Practice Act 2005*. Once approved by the Minister, any breach of the Code will be considered unprofessional conduct.²⁷

²⁵ *Physiotherapy Practice Act 2005*, ss. 27(1)(d) and 64(1) and 64(2).

²⁶ Professional Indemnity Insurance Policy. <http://www.physioboardsa.org.au/pdf/PIIBoardPolicy.pdf>.

²⁷ Code of Ethics. <http://www.physioboardsa.org.au/code.html>.

AUSTRALIA – Queensland

Regulatory body

Physiotherapists Board of Queensland

Legislation

Physiotherapists Registration Act 2001

Physiotherapists Registration Regulation 2001

Health Practitioners (Professional Standards) Act 1999

Classes of registration

General Registration

Special Purpose

- Study or train at Post Graduate Level, Teach, Engage in research or Give clinical demonstrations

Mutual Recognition

Trans-Tasman Mutual Recognition

Short-Term Registration

Definition of practice

The *Physiotherapists Registration Act 2001* cites a repealed act, *Physiotherapists Act 1964*²⁸ for the definition: “the use of those methods of treatment for curing, alleviating or preventing abnormal conditions of the human body duly recognised by the board as approved methods of treatment, and includes the assessment, based on specialised knowledge, of abnormalities of movement or posture and other signs associated with physical disability, for the purpose of determining the appropriate method of treatment.”²⁹

Overview of regulatory approach to scope of practice

Physiotherapists’ scope of practice is governed by the *Physiotherapists Registration Act 2001* and its associated regulation. The practice of physiotherapy must also be in accordance with the various provisions found in the *Health Practitioners (Professional Standards) Act 1999*. The Board is charged with overseeing the practice of physiotherapy, and its functions as they relate to physiotherapists’ scope of practice include determining registration eligibility and administration, monitoring and enforcing compliance with the Act, examining and advising the Minister about the legislative scheme of the Act, and carrying out other functions assigned to the Board by the Act or the Minister.³⁰ The Act and associated regulations set out authorized acts, and the Code of Ethics mandates that physiotherapists undertake activities that are within their competence or expertise.

Authorized practice

The *Physiotherapists Registration Act 2001* cites a repealed act, *Physiotherapists Act 1964*³¹ for the approved methods of treatment: “Without limiting the methods of treatment that may be recognised by the board as approved methods for the purposes of this Act, such methods may include the external application to the human body of:

- (a) movements, remedial exercises, manipulations or massage;
- (b) special procedures to improve respiratory function;
- (c) support;

²⁸ *Physiotherapists Registration Act 2001*, Endnote section 7.

²⁹ *Physiotherapists Act 1964*, s. 4.

³⁰ *Physiotherapists Registration Act 2001*, s. 11.

³¹ *Physiotherapists Registration Act 2001*, Endnote s. 7.

(d) heat, cold, water, electricity, light or sound.”³²

Additionally, a physiotherapist is prohibited from prescribing any drug for internal use.³³

Entry to practice requirements

For general registrants, the requirements are as follows³⁴:

- the applicant is qualified for general registration, and
- the applicant is fit to practise the profession.

An applicant is qualified for general registration if:

- the applicant has a qualification prescribed under a regulation,
- the applicant has a qualification that is substantially equivalent to, or based on similar competencies to that required for, a current Australian or New Zealand qualification, or
- the applicant has passed a qualifying examination in the profession set by or for, or recognised by, the Board.³⁵

Specialty designations

None

Title protection

A title that consists of or includes, the word “physiotherapist” or “physical therapist”.³⁶

Continuing competence requirements

One function of the Board is to develop continuing education programs,³⁷ and section 205 of the *Physiotherapists Registration Act, 2001* provides that the Board may develop such programs. Applicants for the renewal of general registration are required to demonstrate recency of practice and this may include continuing professional education³⁸. Additionally, members under disciplinary proceedings may be required to complete continuing professional education activities as part of the disciplinary action.³⁹

Insurance requirements

Not specified

Anticipated legislative reform

N/A

³² *Physiotherapists Act 1964*, s. 24A.

³³ *Physiotherapists Act 1964*, s. 24B.

³⁴ *Physiotherapists Registration Act 2001*, s. 43.

³⁵ *Physiotherapists Registration Act 2001*, s. 44.

³⁶ *Physiotherapists Registration Act 2001*, Schedule A.

³⁷ *Physiotherapists Registration Act 2001*, s. 11(f).

³⁸ *Physiotherapists Registration Act 2001*, s. 68(2)(b).

³⁹ *Health Practitioners (Professional Standards) Act 1999*, ss. 201(2)(b)(iv) and 241(2)(b)(iv).

BRITISH COLUMBIA

Regulatory body

College of Physical Therapists of British Columbia

Legislation

Health Professions Act, R.S.B.C. 1996, c.183
Physical Therapists Regulation, B.C. Reg. 485/94

Classes of registration

A registrant must be registered in one of the following classes:⁴⁰

- full registration,
- interim registration,
- limited registration,
- inactive registration,
- student registration,
- honorary registration,
- courtesy registration, or
- Registered Remedial Gymnast.

Definition of practice

“Physical therapy” means the treatment of the human body by physical or mechanical means, by manipulation, massage, exercise, the application of bandages, hydrotherapy, and medical electricity, for the therapeutic purpose of maintaining or restoring function that has been impaired by injury or disease.⁴¹

Overview of regulatory approach to scope of practice

The *Health Professions Act* governs health professions that are designated under section 12 of the Act. Physiotherapy is a designated profession within the meaning of the Act. The associated Physical Therapists Regulation establishes activities related to scope of practice for physiotherapists.

The *Health Professions Act* establishes the objects of each College under the Act. These include, among others, establishing, monitoring and enforcing standards of practice, establishing and maintaining a continuing education program, and governing the College’s registrants according to the Act, the regulations and the bylaws of the College.⁴²

Authorized practice

The Physical Therapists Regulation outlines the authorized acts that a physical therapist may engage in.⁴³ Specifically, the Regulation provides that only registrants may practice physical therapy as contemplated by the definition found in section 1 of the Regulation. In addition, the Regulation places limitations on the scope of practice of physical therapists. It provides that no registrant may prescribe or administer drugs or anaesthetics, or treat a recent fracture of a bone, except under the direction of a medical practitioner.⁴⁴

In addition to the governing Act and Regulation, the College has established detailed practice standards. These standards focus on the following areas:

⁴⁰ Bylaws of the College of Physical Therapists of British Columbia, s. 30.

⁴¹ B.C. Regulation, s.1.

⁴² *Health Professions Act*, s. 16.

⁴³ Physical Therapists Regulation, s. 1.

⁴⁴ Physical Therapists Regulation, s. 6.

- i) Clinical Records,
- ii) Electro-Physical Agents,
- iii) Assignment of Task to a Physical Therapist Support Worker,
- iv) Consent to Treatment,
- v) Spinal Manipulation,
- vi) Sexual Misconduct,
- vii) Infection Control,
- viii) Conflict of Interest,
- ix) Complimentary and Alternative Therapies,
- x) Dry Needling for Physical Therapists (Formerly acupuncture and IMS),
- xi) Draping for Patients,
- xii) Intrapelvic Assessment and Treatment, and
- xiii) Use of Title and Credentials.

Entry to practice requirements

The Registration Committee of the College is responsible for granting registration to all members in accordance with the bylaws.

Specialty designations

A registrant may be on a register of specialists and is entitled to use the title specialist if that person meets the criteria established by the Board for this purpose.⁴⁵

Title protection

The following titles are protected:

- physical therapist,
- registered physical therapist,
- physiotherapist,
- registered physiotherapist,
- remedial gymnast, or
- registered remedial gymnast.

Continuing competence requirements

The College's bylaws provide that registrants may not be able to renew registration unless they have provided to the Board evidence of having met the continuing competency requirements established by the quality assurance committee.⁴⁶

Insurance requirements

All physical therapists and their employees must be insured against liability for negligence in an amount of at least \$3,000,000 per occurrence except for inactive and honorary registrants.⁴⁷

Anticipated legislative reform

As part of a legislative reform to a shared scope of practice model for governing recognized health professions in British Columbia,⁴⁸ the Health Professions Council conducted a series of hearings in 1999 to

⁴⁵ Bylaws of the College of Physical Therapists of British Columbia, s. 40.

⁴⁶ Bylaws of the College of Physical Therapists of British Columbia, s. 16.

⁴⁷ Bylaws of the College of Physical Therapists of British Columbia, s. 46.

⁴⁸ Health Professions Council, *Shared Scope of Practice Model Working Paper*, <http://www.healthservices.gov.bc.ca/leg/hpc/review/shascope.html>.

review the scope of practice of various health professions, including physiotherapy. Although these legislative reports are anticipated to become effective in the future, it is unclear whether the reforms will be made in their current form or further changed.

After discussion of its preliminary report⁴⁹ with the College, the Council recommended that the scope of practice statement for the College of Physical Therapists be:

“The practice of physical therapy is the assessment and treatment of the neuromusculoskeletal and cardiorespiratory systems of the body by physical or mechanical means for the purpose of maintenance or restoration of function that has been impaired by injury or disease, for pain management and for the promotion of mobility and health.”⁵⁰

In addition, of the activities outlined in the Council’s proposed list of reserved acts⁵¹ the Council identified the following reserved acts proposed to be granted to physiotherapists:

1. Making a physiotherapy diagnosis by determining the cause of subjective symptoms and objective signs relating to movement dysfunction and functional limitations.
2. Performing the physically invasive or physically manipulative act of inserting needles below the dermis for the purpose of pain management and normalization of physiological functioning of the neuromusculoskeletal system.
3. Performing the physically invasive or physically manipulative act of reducing a simple joint dislocation.
4. Moving the joints of the spine beyond the limits the body can voluntarily achieve but within the anatomical range of motion using high velocity low amplitude thrust.
5. Applying a hazardous form of energy: laser, electricity, therapeutic ultrasound, or as prescribed by regulation.
6. Administering on prescription, by iontophoresis or phonophoresis, a drug listed in Schedule I or II of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*.

It should also be noted that the College requested the reserved acts of: (1) putting an instrument or finger(s) beyond the anal verge for re-education of the pelvic floor musculature; and (2) putting an instrument or finger(s) beyond the labia majora for purposes of re-education of the pelvic floor musculature. Despite the fact that there is evidence of physical therapists already engaging in this activity within British Columbia, and despite the written support of some physicians for physical therapists to continue this practice, the Council determined that this would not be within the physical therapists’ scope of practice. Instead, the Council stated that this service could continue to be provided only as a delegated act; that is, the services may continue to be provided by physical therapists but only when a physician refers a patient to a physical therapist for the service. The reason for this decision was the lack of a College-approved post-graduate training program and the absence of clinical undergraduate training for this service.

⁴⁹ Health Professions Council, *Physical Therapists Scope of Practice Preliminary Report*, <http://www.healthservices.gov.bc.ca/leg/hpc/review/part-i/scope-phystherap.html>.

⁵⁰ Health Professions Council, *Post-Hearing Preliminary Report: Physical Therapists*, <http://www.healthservices.gov.bc.ca/leg/hpc/review/part-i/update-phystherap.html>

⁵¹ Health Professions Council, *Reserved Acts List*, <http://www.healthservices.gov.bc.ca/leg/hpc/review/reserved-list.html>.

MANITOBA

Regulatory body

College of Physiotherapists of Manitoba

Legislation

The Physiotherapists Act, C.C.S.M. c. P65
Physiotherapists Regulation, Man. Reg. 204/2001

Classes of registration

Membership registration consists of the following categories:⁵²

- Active - Physiotherapists who are active licensed members practising physiotherapy in Manitoba.
- Inactive - Physiotherapists on leave from practising physiotherapy in Manitoba.
- Retired
- Examination Candidate - New graduate physiotherapists who are active licensed members, able to practice physiotherapy under mentorship in Manitoba.
- Student Members – Physiotherapy students who are undertaking supervised fieldwork placements.
- Acupuncture - Physiotherapists who have attained the College standard to practice acupuncture.
- Facility List - Facilities in Manitoba that employ physiotherapists.

Definition of practice

Physiotherapy is the assessment and treatment of the body by physical or mechanical means for the purpose of restoring, maintaining or promoting physical function, mobility or health, or to relieve pain.⁵³

Overview of regulatory approach to scope of practice

Physiotherapists in Manitoba are governed by *The Physiotherapists Act* and its associated Regulation. The Act establishes the College, which is governed by a Council. Under the Act, the Council may make regulations and bylaws, as well as adopt a Code of Ethics that governs the conduct of members.⁵⁴

Authorized practice

According to the Act and subject to the Regulations, in the course of engaging in the practice of physiotherapy, a physiotherapist may plan, administer and evaluate a physiotherapy program that includes, but is not limited to, education, ergonomics and interventions such as exercise, massage, articular and soft tissue mobilizations and manipulations, acupuncture, hydrotherapy, tracheal suctioning, and the use of radiant, mechanical and electrical energy.⁵⁵

The standards of practice for a physiotherapist are as set out in Schedule A, and failure to comply with a standard may result in a proceeding against a member in accordance with the Act.⁵⁶

For acupuncture:

No member may practise acupuncture unless he or she has provided satisfactory evidence of successful completion of an acupuncture training program that meets approved criteria.⁵⁷

⁵² The College of Physiotherapists - Membership Register.

<http://www.manitobaphysio.com/TheCollegeofPhysiotherapists-MembershipRegister.html>.

⁵³ *Physiotherapists Act*, s. 2(1).

⁵⁴ *Physiotherapists Act*, ss. 51 and 52.

⁵⁵ *Physiotherapists Act*, s. 2(2).

⁵⁶ Physiotherapists Regulation, s. 19.

For spinal manipulations:

No member may perform spinal manipulations unless:

- a) he or she has provided satisfactory evidence of successful completion of a spinal manipulation training program that meets approved criteria,
- b) the spinal manipulations performed do not exceed the level of training completed, and
- c) the spinal manipulations are performed in accordance with the “Competencies Required to Safely Perform Spinal Manipulation as a Physical Therapy Intervention”.⁵⁸

In addition, the College has published practice and position statements on the following acts:

- Acupuncture and IMS dry needle therapy,
- Spinal manipulation,
- Ultrasound,
- LASER, and
- Physiotherapy treatment of pelvic floor dysfunction.⁵⁹

Entry to practice requirements

All applicants seeking registration in Manitoba must provide:

1. A degree/ diploma in physiotherapy,
2. If the graduation date is after January 1, 2002, successful completion of the Physiotherapy Competency Examination,
3. If the applicant’s first language is not English or French, evidence of fluency in either language.⁶⁰

Specialty designations

None

Title protection

The title "physiotherapist" or "physical therapist", a variation or abbreviation of that title, or an equivalent in another language.⁶¹

Continuing competence requirements

The Code of Ethics provides that physiotherapists have an obligation to keep their knowledge and skills current throughout their careers.⁶² The College’s practice statements offer standards of practice on competencies for various activities.

Insurance requirements

Every member who provides clinical services shall obtain or be covered by, and maintain liability insurance coverage to a minimum of \$5,000,000.⁶³

Anticipated legislative reform

N/A

⁵⁷ Physiotherapists Regulation, Schedule A, s. 11.

⁵⁸ Physiotherapists Regulation, Schedule A.

⁵⁹ Although there are other practice and position statements published by the College, only those related to scope of practice are included here. <http://www.manitobaphysio.com/referenceguide.html>.

⁶⁰ Registration as a Physiotherapist <http://www.manitobaphysio.com/registration/registration.html>.

⁶¹ *Physiotherapists Act*, s. 3(2).

⁶² <http://www.manitobaphysio.com/members/documents/CodeofEthics.pdf>, at para.1.9.

⁶³ Physiotherapists Regulation, s.18.

NEW BRUNSWICK

Regulatory body

College of Physiotherapists of New Brunswick

Legislation

Physiotherapy Act, R.S.N.B. 1985, c. 74

Physiotherapy Regulations under section 32 of the *Physiotherapy Act*

Classes of registration

The following are classes of registration for physiotherapists in Manitoba:

- Initial – New graduates,
- Initial – Transfers from other jurisdictions,
- Reinstatements,
- Re-entry candidates,
- Private Practice registry,
- Acupuncture practice in physiotherapy, and
- Non-Canadian trained physiotherapists.⁶⁴

In addition to the Register, the Registrar-Treasurer shall maintain rosters of the following classes of persons and corporations:

- an Active Physiotherapy Roster of members who are registered under the Act,
- an Inactive Physiotherapy Roster of members registered under the Act who are not engaged in the active practice of physiotherapy,
- a Conditional Physiotherapy Roster of members who have met the requirements for registration under the Act but who have terms, conditions or limitations imposed on their registration, and
- an Associate Physiotherapy Roster of members consisting of:
 - physiotherapy interns,
 - persons entitled to practice physiotherapy in the Province under temporary registration,
 - persons who are re-entry candidates,
 - a Previous Members' Roster of persons having been members of the College (excluding persons having been remedial gymnast members),
 - an Acupuncture Roster of members who have met the requirements for the practice of acupuncture under the Act, and
 - a Roster of members with provisional certification to practice acupuncture under the Act.⁶⁵

Definition of practice

“Physiotherapy” and “physical therapy”, the terms being synonymous, means the assessment, the identification, the alleviation, and the prevention of physical dysfunction or pain based on the art and science of therapeutic movement of the human body which may be supplemented by exercise, massage, manipulations or the selective application of such physical mediums as: hydrotherapy; or radiant, mechanical, or electrical energy, including acupuncture; and the use of such means in the restoration and maintenance of optimal functions and includes, without limiting the generality of the foregoing:

- (i) the planning, administration and evaluation of physiotherapy remedial, preventive and health maintenance programs, and
- (ii) the provision of consultative, educational, advisory, research and other physiotherapy professional services.⁶⁶

⁶⁴ <http://www.cptnb.ca/memberinfoE.html>.

⁶⁵ Physiotherapy Regulations, s. 19.

Overview of regulatory approach to scope of practice

Both the *Physiotherapy Act* and the associated Physiotherapy Regulations govern the practice of physiotherapy in New Brunswick, and both are private pieces of legislation.

Authorized practice

The Act and the Regulation offer physiotherapists a broad scope of practice in New Brunswick. The few explicit limitations on physiotherapists relate to acupuncture. Specifically, when using acupuncture as a physical therapy modality, physiotherapists must ensure that they do not exceed the practice of physiotherapy.⁶⁷

Entry to practice requirements

The College outlines separate qualification and registration requirements for:

- Candidates trained in Canada,
- Candidates trained outside Canada,
- Any person whose registration as a member continues by virtue of s. 7(4) of the Act,
- Members of the College registered on or before March 1, 1995 and in good standing on that date,
- Members or persons eligible to be members of the College prior to September 30, 1982,
- Candidates to be registered as a Temporary Member in the College, and
- Student interns.⁶⁸

Specialty designations

The Regulation states that no member of the College shall provide acupuncture services for remedial purposes unless he/she is duly certified by the Board in accordance with the qualifications prescribed by regulation:⁶⁹

No member shall be certified as qualified to provide acupuncture services unless the member proves to the satisfaction of the Board that:

- a) the member has successfully completed the recommended post-graduate courses and has successfully passed the practical and written examinations offered by the Acupuncture Foundation of Canada or the equivalent thereof as approved by the Board.
- b) Physiotherapists who practice acupuncture are expected to exercise professional judgment in accordance with NBAP Code of Ethics.
- c) Physiotherapists practicing acupuncture must ensure that they do not exceed the practice of physiotherapy when using acupuncture as a physical therapy modality.

Notwithstanding the above, a member who has completed a section of the post-graduate training in acupuncture, referred to in paragraph (a), may be provisionally certified to provide acupuncture services as an intern.⁷⁰

Title protection

No person other than a physiotherapist registered under the Act shall advertise or use any title to signify or imply that he/she is qualified to practice physiotherapy within the meaning of the Act or Regulations.⁷¹

⁶⁶ *Physiotherapy Act*, s. 1

⁶⁷ *Physiotherapy Regulations*, s. 22(c).

⁶⁸ *Physiotherapy Act*, ss. 2-7.

⁶⁹ *Physiotherapy Act*, s. 14.

⁷⁰ *Physiotherapy Regulations*, s. 22.

⁷¹ *Physiotherapy Regulations*, s. 25.

No member of the College shall advertise or use any title or add any prefix or suffix to her/his name to signify or imply that he/she is qualified to practice physiotherapy other than if he/she is trained and certified to do.⁷²

Continuing competence requirements

In 2004, the recommendation to require members to maintain a Professional Portfolio as a continuing competency tool was approved.⁷³

Insurance requirements

Each member and applicant for membership in the College must obtain, maintain and file with the Registrar proof of professional liability insurance for errors, omissions and malpractice of not less than \$1,000,000. However, this does not apply to members who are employed in a hospital, a Department or Crown Agency of the Federal Government of Canada, or the Worker's Compensation Board.⁷⁴

Anticipated legislative reform

N/A

⁷² Physiotherapy Regulations, s. 26.

⁷³ <http://www.cptnb.ca/annualreport05.html>.

⁷⁴ Physiotherapy Regulations, s. 34.

NEW ZEALAND

Regulatory body

Physiotherapy Board of New Zealand

Legislation

Health Practitioners Competence Assurance Act 2003

Classes of registration

None

Definition of practice

The practice of physiotherapy is defined by the Board as⁷⁵:

- assessing, diagnosing, treating, reporting or giving advice in the capacity of a physiotherapist, using the knowledge, skills, attitudes and competence initially attained for registration as a physiotherapist in New Zealand and built upon in postgraduate and continuing physiotherapy education and wherever there could be an issue of public safety,
- advertising, holding out to the public, or representing in any manner that one is authorized to practice physiotherapy in New Zealand.

“Practice” in this context goes wider than clinical medicine to include teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary, given that such roles influence clinical practice and public safety.

Overview of regulatory approach to scope of practice

Activities that are restricted to registered health practitioners (the “**restricted activities**”) are meant to protect members of the public from the risk of serious or permanent harm, and are identified in section 9 of the Act. Unless registered under the Act, it is illegal to perform any of the restricted activities (unless in an emergency situation). The restricted activities include:

1. Surgical or operative procedures below the gingival margin or surface of the skin, mucous membranes or teeth.
2. Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances.
3. Prescribing of enteral or parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.
4. Prescribing of an ophthalmic appliance, optical appliance or ophthalmic medical device intended for remedial or cosmetic purposes or for the correction of a defect of sight.
5. Performing a psychosocial intervention with an expectation of treating a serious mental illness without the approval of a registered health practitioner.
6. Applying high velocity, low amplitude manipulative techniques to cervical spinal joints.

The restricted activities do not limit what activities a registered health practitioner may carry out, and are not intended to restrict the activities of practitioners not regulated under the Act from carrying out legitimate activities that they are currently undertaking without risk of harm to the public.

An authority is appointed by or under the Act as the body that is responsible for the registration and oversight of practitioners of a particular health profession. The Board is a body recognized under the Act, and therefore physiotherapists are registered health practitioners within the meaning of the Act.⁷⁶

⁷⁵ The Practice of Physiotherapy. <http://www.physioboard.org.nz/pracdef.asp>.

The Act requires all authorities to define the scope of practice for its practitioners, although it is not necessary for a scope of practice to specifically refer to a restricted activity.⁷⁷ In addition, section 118 of the Act mandates that one of the functions of the Board is to set the standards of clinical competence, cultural competence, and ethical conduct.

Authorized practice

Health practitioners must act within their scope of practice as set forth by the applicable governing body. For physiotherapists, the Board identifies two separate scopes of physiotherapy:

General Scope of Physiotherapy⁷⁸

“Physiotherapists are registered healthcare practitioners educated to apply scientific knowledge and clinical reasoning to assess, diagnose and manage human function. They promote mobility, health and independence; rehabilitate; and maximize potential for activity.”

Special Purpose Scopes of Practice⁷⁹

In addition to the general scope the Board also proposes to prescribe special purpose scopes for physiotherapists who wish to practice in New Zealand solely for the purpose of:

- teaching, as a visiting expert; or
- obtaining postgraduate training.

Entry to practice requirements

Registration for New Zealand Qualified Applicants⁸⁰

- Successfully complete a Bachelor of Health Science (Physiotherapy) at Auckland University of Technology or a Bachelor of Physiotherapy at University of Otago.
- Meet the fitness for registration criteria detailed in section 16 of the Act.

Registration for Overseas-Qualified Physiotherapists⁸¹

- Physiotherapy qualification must be sufficiently similar in theory and practice to the physiotherapy curricula undertaken by students in New Zealand.
- Completed 1,000 hours of supervised clinical practice during course of physiotherapy study.
- Applicants who have graduated three or more years prior to the date of application for registration are required:
 - to have worked as a practising physiotherapist (as a clinician, manager, educator or researcher) during the three years immediately prior to application for registration.
 - or,
 - to provide sufficient evidence of ongoing professional development during the three years immediately prior to application for registration, this evidence will be considered on a case by case basis.
- Provide evidence of their ability to comprehend and communicate effectively in English.

Registration for Special Purpose Scope of Practice

1. Received a letter from either:
Auckland University of Technology or University of Otago
confirming an offer of a place on a specified course of postgraduate physiotherapy study and provide the start and finish dates for the course. This letter must be received with the application.
2. Meet the fitness for registration under section 12 of the Act.

⁷⁶ Act, schedule 2.

⁷⁷ Act, s. 11.

⁷⁸ The Practice of Physiotherapy. <http://www.physioboard.org.nz/pracdef.asp>.

⁷⁹ The Practice of Physiotherapy. <http://www.physioboard.org.nz/pracdef.asp>.

⁸⁰ Registration for New Zealand Qualified Applicants http://www.physioboard.org.nz/registration_nz.asp.

⁸¹ Registration for Overseas-Qualified Physiotherapists. http://www.physioboard.org.nz/registration_overseas.asp.

3. Competent to practice within the special purpose scope of practice.

In addition, to be registered in New Zealand as a physiotherapist, competence must be demonstrated in cardiopulmonary, musculoskeletal and neurological physiotherapy within all ten competency areas.

Specialty designations

None

Title protection

“A person may only use names, words, titles, initials, abbreviations, or descriptions stating or implying that the person is a health practitioner of a particular kind if the person is registered, and is qualified to be registered, as a health practitioner of that kind.”⁸²

Continuing competence requirements

The Board has introduced a Recertification Program where physiotherapists are expected to maintain their competence by completing a minimum of 100 formal continuing professional development hours, 50 practical hours, and one professional peer review every three years. A practitioner cannot renew his or her Annual Practising Certificate without confirming that this requirement has been met.⁸³

Insurance requirements

Not specified

Anticipated legislative reform

The Board has released a consultation document on proposed changes to the scope of practice for physiotherapists. The proposed new description for the general scope of practice is:

Physiotherapy provides services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by ageing, injury, disease or environmental factors. Functional movement is central to what it means to be healthy. Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well-being. Physiotherapy involves the interaction between physiotherapists, patients/clients, other health professionals, families/whanau, care givers, and communities in a process where movement potential is assessed, goals are agreed upon, using knowledge and skills unique to physiotherapists.

The practice of physiotherapy is not confined to clinical practice, and encompasses all roles that a physiotherapist may assume such as patient/client care, health management, research, policy making, education and consulting.⁸⁴

⁸² *Health Practitioners Act*, s. 7(1).

⁸³ Recertification. <http://www.physioboard.org.nz/recertification.asp>.

⁸⁴ *The General Scope of Practice Consultation Paper*, July 24, 2008, http://www.physioboard.org.nz/docs/general_scope_consultation.pdf, at p. 4.

NEWFOUNDLAND AND LABRADOR

Regulatory body

Newfoundland and Labrador College of Physiotherapists⁸⁵

Legislation

Physiotherapy Act, 2006, S.N.L. 2006, c. P-13.1

Physiotherapy Regulations under the Physiotherapy Act, 2006, N.L.R. 60/07

Classes of registration

An applicant for registration as a physiotherapist may be granted:

- (a) active registration,
- (b) conditional registration,
- (c) temporary registration, or
- (d) inactive registration.⁸⁶

Definition of practice

“Physiotherapy” means the application of professional physical therapy in the assessment and treatment of the human body in order to obtain, regain or maintain optimal function by the use of suitable therapeutic methods, including mobilization, manipulation and the use of physical agents.

“Physiotherapist” means a person who practises physiotherapy.⁸⁷

Overview of regulatory approach to scope of practice

The practice of physiotherapy is governed by the *Physiotherapy Act* and its associated Regulations. In addition, the College has adopted standards of practice by which all members are expected to comply. The College, through its Council and with the approval of the Minister, may make regulations governing the practice of physiotherapists in Newfoundland and Labrador.⁸⁸

Authorized practice

In addition to the acts specified in the definition of physiotherapy found in the *Physiotherapy Act*, authorized acts can be found in the College’s Standards of Practice.

Entry to practice requirements

An applicant who satisfies the conditions for registration as a physiotherapist set out in sections 4-7 of the Regulations is entitled to be registered as a physiotherapist under the *Physiotherapy Act*. In addition to the requirements set out in the Regulation, the applicant must also pay any fees set by the College’s Council, as well as provide evidence that he or she has obtained professional liability insurance coverage in a form and amount satisfactory to the Council.⁸⁹

Specialty designations

None

⁸⁵ Note that the College does not have a website.

⁸⁶ Physiotherapy Regulations, s. 3.

⁸⁷ *Physiotherapy Act*, s. 2.

⁸⁸ *Physiotherapy Act*, s. 9.

⁸⁹ *Physiotherapy Act*, s. 12.

Title protection

A person shall not practise or offer to practise as a physiotherapist for gain or reward or use the designation “Reg. PT.” or words or letters indicative of the designation, or convey the impression that he or she is practising as a physiotherapist, unless the person is a member of the College.

Continuing competence requirements

The *Physiotherapy Act* allows the Council to make regulations on conditions for the renewal of registration including the participating in continuing education programs.⁹⁰ However, neither the Act nor the Regulation specifies any mandatory continuing education programs.

Insurance requirements

Applicants must provide evidence that they have obtained professional liability insurance coverage in a form and amount satisfactory to the Council.⁹¹

Anticipated legislative reform

N/A

⁹⁰ *Physiotherapy Act*, s. 9(1)(b); see for example the requirements for active registration in s. 4(2) of the *Physiotherapy Regulations*.

⁹¹ *Physiotherapy Act*, s. 12.

NOVA SCOTIA

Regulatory body

College of Physiotherapists of Nova Scotia

Legislation

Physiotherapy Act, S.N.S. 1998, c. 22.

Nova Scotia College of Physiotherapists Registration Regulations Reg. 23/99, Sch. A.

Nova Scotia College of Physiotherapists Professional Corporations Regulations Reg. 23/99, Sch. B.

Classes of registration

The following are classes of registration for physiotherapists in Nova Scotia:

- General registration,
- Provisional registration, and
- Supervised practice.⁹²

Definition of practice

“Physiotherapy” or “physical therapy” means the application of professional physiotherapy knowledge, skills and judgement by a physiotherapist to obtain, regain or maintain optimal health and functional performance and includes, but is not limited to:

- assessment of neuromusculoskeletal and cardiorespiratory systems and establishment of a physiotherapy diagnosis,
- development, progression, implementation and evaluation of therapeutic exercise programs,
- education of clients, caregivers, students and other health service providers,
- manual therapy treatment techniques including, but not limited to, massage, proprioceptive neuromuscular facilitation and muscle energy techniques,
- spinal and peripheral joint manipulation,
- spinal and peripheral joint mobilization,
- pain relief, including invasive acupuncture,
- administration of physical therapy related medications as prescribed by a physician,
- prescription, manufacture, modification and application of braces, splints, taping, mobility aids or seating equipment,
- hydrotherapy, electrotherapy and the use of mechanical, radiant or thermal energy,
- ergonomic evaluation, modification, education and counseling,
- tracheal suctioning, and
- such other aspects of physiotherapy as may be prescribed in the regulations approved by the Governor in Council.⁹³

Overview of regulatory approach to scope of practice

The practice of physiotherapy in Nova Scotia is governed by the *Physiotherapy Act* and its associated regulations, the Nova Scotia College of Physiotherapists Registration Regulations and the Nova Scotia College of Physiotherapists Professional Corporations Regulations.

The College, through its Board, is able to regulate and govern the practice of physiotherapy and physiotherapists, and establish, maintain and develop standards for its members.⁹⁴

⁹² Nova Scotia College of Physiotherapists Registration Regulations, ss. 28-34.

⁹³ *Physiotherapy Act*, s. 2.

⁹⁴ *Physiotherapy Act*, s. 4(3).

An individual may, with the approval of the Board, change the scope of practice. The Board may request that the member provide evidence that the member is competent to engage in that scope of practice.⁹⁵

Authorized practice

Authorized acts included in the practice of physiotherapy can be found in the definition for “physiotherapy” under the *Physiotherapy Act*:

- assessment of neuromusculoskeletal and cardiorespiratory systems and establishment of a physiotherapy diagnosis,
- development, progression, implementation and evaluation of therapeutic exercise programs,
- education of clients, caregivers, students and other health service providers,
- manual therapy treatment techniques including, but not limited to, massage, proprioceptive neuromuscular facilitation and muscle energy techniques,
- spinal and peripheral joint manipulation,
- spinal and peripheral joint mobilization,
- pain relief, including invasive acupuncture,
- administration of physical therapy related medications as prescribed by a physician,
- prescription, manufacture, modification and application of braces, splints, taping, mobility aids or seating equipment,
- hydrotherapy, electrotherapy and the use of mechanical, radiant or thermal energy,
- ergonomic evaluation, modification, education and counseling,
- tracheal suctioning, and
- such other aspects of physiotherapy as may be prescribed in the regulations approved by the Governor in Council.⁹⁶

Notwithstanding the above, the Board may impose conditions or limitations on a member’s licence, including categories of clients, procedures and interventions.⁹⁷ In addition, it is a term, condition and limitation of registration that the registered member only practice within the scope of practice in which the member is educated and experienced.⁹⁸ Factors that may be considered by the Board when determining a member’s scope of practice include:

- graduate education in physiotherapy or physiotherapy specialties,
- performance in qualifying examinations in physiotherapy and physiotherapy specialties,
- non-clinical physiotherapy practice, where registration is a requirement of employment,
- graduate education in, and evaluation of the members’ performance in, health disciplines not included above but are considered appropriate by the Board, and
- scope of practice in which they were engaged in the five years prior to initial registration or annual renewal of licence.⁹⁹

Entry to practice requirements

An applicant for registration must:

- be a Canadian citizen or be legally entitled to live and work in Canada,
- show competency in both written and oral English or achieve a TOEFL[®] score as determined by the Board,
- be a graduate of a school of physiotherapy from a Canadian university that meets acceptable standards or have completed the credentialing process required by the Board, and
- complete an application form approved by the Board and submit it to the Registrar.¹⁰⁰

⁹⁵ Registration Regulations, s. 26.

⁹⁶ *Physiotherapy Act*, s. 2.

⁹⁷ Registration Regulations, s. 23.

⁹⁸ Registration Regulations, s. 24.

⁹⁹ Registration Regulations, s. 25.

¹⁰⁰ Registration Regulations, s. 19.

Specialty designations

The *Physiotherapy Act* allows the Board to make regulations defining classes of specialists in the various branches of physiotherapy, keeping and maintaining a Specialists Register, prescribing the qualifications required for registration under the Specialists Register, and providing for the regulation and prohibition of the use, terms, titles or designations by members indicating specialization in any branch of physiotherapy.¹⁰¹

Title protection

A member in the practice of physiotherapy shall only use the titles “Physiotherapist”, “Licensed Physiotherapist”, “Physical Therapist”, “Licensed Physical Therapist”, “Registered Physiotherapist” or “Registered Physical Therapist” and may use in association with the member’s name any academic degree, diplomas or certificates held by the member and approved by the Board for such use.¹⁰²

In addition, with respect to any specializations recognized by the College, no physiotherapist shall use or condone the use of any terms, titles or designations indicating specialization of expertise in any branch of physiotherapy or with respect to any area of preferred practice, whether approved by the Board as a specialist or not, unless that person is registered in the Specialists Register and is using the term, title or designation approved by the Board.¹⁰³

Continuing competence requirements

Although the *Physiotherapy Act* refers to the Board’s power to establish continuing competency and education requirements,¹⁰⁴ and stipulates that non-compliance with any continuing competency requirements will suspend the member’s practice licence, there are no mandatory continuing competency requirements specified in the legislation or in the College’s Code of Ethics.¹⁰⁵

Insurance requirements

Every physiotherapist must ensure coverage of a minimum of \$1,000,000 professional liability insurance prior to engaging in the practice of physiotherapy.¹⁰⁶ Proof of coverage is a registration requirement.¹⁰⁷

Anticipated legislative reform

The Board is considering the following acts to be included within the physiotherapists’ scope of practice:

- Putting an instrument, hand or finger beyond the labia majora or the anal verge for the purpose of assessment or treatment, and
- Ordering the application of x-rays.¹⁰⁸

Both acts, if approved by the Board, would likely require a specialty registration and would not be considered an entry-level practice.

¹⁰¹ *Physiotherapy Act*, s. 23.

¹⁰² Registration Regulations, s. 41.

¹⁰³ Registration Regulations, s. 43(1).

¹⁰⁴ *Physiotherapy Act*, s. 3(b).

¹⁰⁵ <http://nsphysio.com/>

¹⁰⁶ Registration Regulations, s. 40.

¹⁰⁷ Registration Regulations, s. 19(d)(vi).

¹⁰⁸ This was confirmed in a phone call to the Nova Scotia College of Physiotherapists (July 2008).

PRINCE EDWARD ISLAND

Regulatory body

Prince Edward Island College of Physiotherapists

Legislation

Physiotherapy Act, R.S.P.E.I. 1988, c. P-7
Authorization Regulations, P.E.I. Reg. EC574/03
Standards and Discipline Regulations, P.E.I. Reg. EC265/90

Classes of registration

The College may grant a general licence to practice physiotherapy, or a special endorsement for certain physiotherapy services.¹⁰⁹

Definition of practice

“Physiotherapy” means physical therapy practised in a continuing way to remove, alleviate or prevent movement dysfunction or pain, in a manner that requires the practitioner's independent exercise of professional knowledge, skill, judgment, and ethical conduct, and includes diagnostic assessment, design and conduct of treatment involving exercise, massage, hydrotherapy, heat, sonic, laser and electrical techniques, evaluation of progress, patient instruction, research and educational or preventative measures.¹¹⁰

Overview of regulatory approach to scope of practice

Physiotherapists' scope of practice in Prince Edward Island is governed by the *Physiotherapy Act* and its associated regulations, the Authorization Regulations and Standards and Discipline Regulations. The Board, through its Council, regulates the practice of physiotherapy by determining and granting authorizations to applicants, and prescribing, monitoring and ensuring compliance with standards of practice.¹¹¹

The Council may grant a special authorization, with certain privileges or restrictions concerning such aspects as duration or scope of function permitted, for unusual circumstances, notwithstanding that the eligibility requirements may not be entirely met.¹¹²

Failing to abide by the terms of a member's licence or exceeding the lawful scope of practice, as defined by the Act and amplified by the generally accepted norms of current Canadian professional literature, university teaching, and common practice of peers may lead to the Council's finding that the member is guilty of professional misconduct.¹¹³

Authorized practice

Authorized acts for physiotherapists in Prince Edward Island are associated with the type of license that the member holds (i.e., a general license or a special endorsement). A general license holder may practice physiotherapy according to the definition found in section 1 of the *Physiotherapy Act*.

¹⁰⁹ *Physiotherapy Act*, ss. 6 and 7.

¹¹⁰ *Physiotherapy Act*, s. 1.

¹¹¹ *Physiotherapy Act*, s. 3.

¹¹² *Physiotherapy Act*, s. 9

¹¹³ Standards and Discipline Regulations, ss. 9(a) and (c).

Entry to practice requirements

A person seeking an initial license to practise must apply to the Council and provide proof of:

- successful completion of basic professional education, that is a degree program in physiotherapy at a university approved by the Council, or an equivalent course of study acceptable to the Council,
- successful completion of such practical training as may be prescribed,
- professional competency, as demonstrated by such examination as may be prescribed,
- currency of professional knowledge and skills, as indicated by such requirements as may be prescribed regarding recentness of professional education, examination, active practice or refresher program, and
- good standing under an existing license or comparable authorization, if applicable.¹¹⁴

Specialty designations

The Council may, in accordance with qualifications, standards and conditions prescribed by regulation, grant a specialist certification or endorsement of an applicant's license to signify that person's entitlement to render acupuncture or other amplified or specialized physiotherapy services.¹¹⁵

The Council may grant a specialist endorsement licence to render acupuncture to an applicant who:

- holds a valid licence issued pursuant to the Authorization Regulations,
- has, in respect of physiotherapy services, successfully completed
 - a) the relevant training and clinical experience required by the Acupuncture Foundation of Canada Institute, or
 - b) such equivalent training as the Council may approve, and
- pays the prescribed fee.¹¹⁶

A physiotherapist who holds an acupuncture endorsement shall:

- use only those procedures encompassed within the scope of practice in the endorsement,
- have reasonably immediate access to expert advice from a person certified by the Acupuncture Foundation of Canada Institute or an approved equivalent, and
- use a needle-invasive therapy only if
 - a) the patient has given explicit consent to the procedure after receiving oral and written explanation of the proposed procedure and of the qualifications of the physiotherapist with respect to acupuncture, and
 - b) the patient has ready access to medical care.¹¹⁷

Title protection

No person shall practise physiotherapy or attempt to act as, assume the title or designation of or otherwise purport to be or perform the professional functions of a physiotherapist unless he holds a valid license.¹¹⁸

Continuing competence requirements

An applicant for renewal of a license must meet the following requirements for professional currency:

- 10 credit hours in the previous year; or
- 30 credit hours in the three years preceding the application for renewal.¹¹⁹

Professional activities that may be considered credit hours for the purposes of license renewal are found in section 7(2) of the Authorization Regulations.

¹¹⁴ *Physiotherapy Act*, s. 5.

¹¹⁵ *Physiotherapy Act*, s. 7.

¹¹⁶ Authorization Regulations, s. 5(1).

¹¹⁷ Authorization Regulations, s. 5(4).

¹¹⁸ *Physiotherapy Act*, s. 18.

¹¹⁹ Authorization Regulations, s. 7(3).

Insurance requirements

A physiotherapist practising in any setting other than a hospital or other institution that is operated under other statutory regulation or by a department or agency of government, shall carry malpractice insurance at a level that is customary, in the Council's opinion, for Prince Edward Island.¹²⁰

Anticipated legislative reform

N/A

¹²⁰ Standards and Discipline Regulations, s. 8.

QUÉBEC

Regulatory body

Ordre professionnel de la physiothérapie du Québec

Legislation¹²¹

Professional Code, R.S.Q. c. C-26

Professional activities that may be engaged in by members of the Ordre professionnel de la physiothérapie du Québec, Regulation respecting the, R.Q. c. C-26, r.133.4

Professional activities in physiotherapy, Regulation respecting certain, R.Q. c. C-26, r.133.3

Code of ethics of physiotherapists, R.Q. c. C-26, r.136

Code of ethics of physical therapists and physical rehabilitation therapists, R.Q. c. C-26, r.136.01

Order in council respecting the integration of physical rehabilitation therapists into the Ordre professionnel des physiothérapeutes du Québec, R.Q. c. C-26, r.178.1.1

Standards for equivalence of diplomas and training for the issue of a physiotherapist's permit or a physical rehabilitation therapist's permit, Regulation respecting the, R.Q. c. C-26, r.140.3

Professional liability insurance for physiotherapists, Regulation respecting, R.Q. c. C-26, r.168

Regulation respecting the Terms and conditions for the issue of permits by the Ordre professionnel des physiothérapeutes du Québec, R.Q. c. C-26, r.137.1

Regulation respecting the Committee on training of physiotherapists, R.Q. c. C-26, r.136.2

Règlement sur une Activité de formation des physiothérapeutes pour l'utilisation des aiguilles sous le derme pour atténuer l'inflammation en complément de l'utilisation d'autres moyens, R.Q. c. C-26, r.133.2.1

Règlement sur les Stages et les cours de perfectionnement de l'Ordre professionnel de la physiothérapie du Québec, R.Q. c. C-26, r.144.1.1

Classes of registration

Physiotherapists

Rehabilitation Therapist

Definitions of Physical Therapy

Scope of Practice statement: Assess physical function limitations and disabilities related to the neurological, musculoskeletal and cardiopulmonary systems, determine a treatment plan and apply treatment in order to obtain optimal functional performance.¹²²

Overview of regulatory approach to scope of practice

Québec physiotherapists are regulated under the *Professional Code*, which applies to all regulated professions in Québec. The *Professional Code* also outlines the various activities that members of the Ordre may engage in. Its associated regulations provide additional requirements regarding specific issues relating to the profession. In addition, the Ordre oversees the regulation of its members.

Authorized practice

Every member of the Ordre may engage in the following professional activities, which are reserved to such members within the scope of activities defined above:

- assess neuromusculoskeletal function in a person having a physical function limitation or disability,

¹²¹ Of the 600 regulations associated with the *Professional Code*, only those directly related to this document are included.

¹²² *Professional Code*, s. 37(n)

- make a functional assessment of a person where required under an Act,
- introduce an instrument or a finger in the human body beyond the labia majora or anal margin,
- introduce an instrument in the human body in and beyond the pharynx or the nasal vestibule,
- use invasive forms of energy,
- provide treatment for wounds,
- make decisions as to the use of restraint measures,
- insert needles under the dermis to reduce inflammation, as a supplemental means, provided a training certificate has been issued to the member by the Order pursuant to a regulation under paragraph *o* of section 94 of the *Professional Code*.¹²³

In addition, a physiotherapist may:

- administer topical medications for the purpose of using invasive forms of energy and when providing treatment for wounds,
- administer topical medications when introducing an instrument or finger in the human body beyond the labia majora or anal margin, and
- introduce an instrument into an artificial opening in the human body when providing care to a person having a physical function limitation or disability related to the cardiopulmonary system.¹²⁴

Entry to practice requirements

Membership in the Ordre and permission to hold the title of “physiotherapist” are issued to applicants who successfully complete baccalaureate studies in physiotherapy. Once this step is complete, a license request and a request to be added to the Registry must be presented along with the following documents:

- Duly completed registration form,
- Photocopy of transcripts,
- Recent Curriculum Vitae,
- Recent photograph,
- Proof of knowledge of the French language (photocopy of Québec high school diploma) for McGill students, and
- Cheque for Registration and Membership fees.¹²⁵

The Bureau of the Ordre professionnel des physiothérapeutes du Québec shall issue a permit for the practice of the profession to a candidate who:

- (1) holds a diploma recognized by the Government or a diploma recognized as equivalent by the Bureau or has training considered equivalent by the Bureau;
- (2) has completed a minimum 560-hour full-time training period offering well-balanced clinical experience under the supervision of a physiotherapist;
- (3) has completed an application for a permit;
- (4) has paid any fees or dues required for the issue of the permit; and
- (5) has demonstrated a working knowledge of the official language of Québec, in accordance with the provisions of the Charter of the French language (R.S.Q., c. C-11).¹²⁶

In order to be qualified to insert needles under the dermis to reduce inflammation, the physiotherapist must obtain a training certificate from the Ordre, by proving that he has completed at least 102 hours of training.¹²⁷

¹²³ *Professional Code*, s. 37.1(1)

¹²⁴ Professional activities that may be engaged in by members of the Ordre, Regulation respecting the, ss. 2-4.

¹²⁵ Ordre professionnel de la physiothérapie du Québec (<http://www.oppq.qc.ca/PordreAdm.php>).

¹²⁶ *Regulation respecting the Terms and conditions for the issue of permits by the Ordre professionnel des physiothérapeutes du Québec*, R.Q. c. C-26, r.137.1 ss. 1-4.

¹²⁷ *Règlement sur une activité de formation des physiothérapeutes pour l'utilisation des aiguilles sous le derme pour atténuer l'inflammation en complément de l'utilisation d'autres moyens*, R.Q. c. C-26, r.133.2.1 s. I.

Specialty designations

None

Title protection

No person shall in any way whatsoever use the title “Physiotherapist” or “Physical Therapist” or any other title or abbreviation which may lead to the belief that he is a physiotherapist or physical therapist, or the abbreviation “pht”, or initials which may lead to the belief that he is a physiotherapist or physical therapist, or the initials “P.T.”, unless he holds a valid permit for that purpose and is entered on the roll of the Ordre.

Continuing competence requirements

The Ordre may, when deemed in the interest of the public, require a member to successfully complete an internship or improvement course or both, if:

- a. a member is registered longer than three years after receiving a license from the Ordre;
- b. a member registers after his/her license has not be renewed or has expired for more than three years;
- c. a member returns to practice after more than three years of non-practice, even if his/her license remains on the registry.

The physiotherapist must accumulate a minimum of 30 hours of directed training, or 45 hours of directed or independent training during the 2006-2009 reference period, or 30/20 hours if the physiotherapist is only registered during the 2nd year of the reference period, or 15/10 hours if only registered during the 3rd year of the reference period.¹²⁸

Insurance requirements

Each physiotherapist who exercises his profession full-time or part-time must subscribe and keep in force an insurance contract establishing a guarantee against the financial consequences of the liability he may incur as a result of misconduct or negligence in the performance of his profession.

The minimum insurance is of \$500,000 per claim and \$1,000,000 for all claims within the guarantee period.

Unless he subscribes to the collective insurance contract of the Ordre, the physiotherapist must provide the secretary of the Ordre a declaration affirming that he is covered by an insurance contract complying with the Regulation’s requirements and indicating the name of the insurer.¹²⁹

Anticipated legislative reform

Section 37.1(1) of the *Professional Code*, which outlines the authorized activities of Québec physiotherapists, performing spinal and joint manipulations (providing a training certificate has been issued to the member) is included, but is not yet in force.

¹²⁸ *Politique de formation continue (Politique) (Document adopté au Bureau du 23 mars 2007)*
<http://www.oppq.qc.ca/docs/2.%20Politique%202006-2007.pdf> at s. II (3) and (4); *Règlement sur les stages et les cours de perfectionnement de l'Ordre professionnel de la physiothérapie du Québec*, R.Q. c. C-26, r.144.1.1.

¹²⁹ *Règlement sur l'Assurance de la responsabilité professionnelle des physiothérapeutes*, R.Q. c. C-26, r.134.3, ss. 1, 4 and 7.

SASKATCHEWAN

Regulatory body

The Saskatchewan College of Physical Therapists

Legislation

Physical Therapists Act, 1998, S.S. 1998, c. P-11.11

Classes of registration

The following are classes of licences that may be issued:

- practicing license,
- restricted license,
- practicing license with conditions, and
- temporary license.¹³⁰

Definition of practice

The practice of physical therapy is the use, by a physical therapist, of specific knowledge, skills and professional judgement to improve clients' functional independence and physical performance, manage physical impairments, disabilities and handicaps, and promote health and fitness.¹³¹

Overview of regulatory approach to scope of practice

The practice of physiotherapy in Saskatchewan is governed by the *Physical Therapists Act*. In addition, the Council is empowered to pass bylaws provided it has been approved by not less than two-thirds of the Council members.¹³² The bylaws may address practice standards.¹³³ Any breach of the Act or the bylaws is considered to be professional misconduct.¹³⁴

Authorized practice

In addition to the general acts authorized by the definition of physical therapy, there are Specialized Physical Therapy Procedures for physiotherapists with additional conditions stipulated in the College bylaws.¹³⁵

Registered physical therapists may perform the following procedures only after successfully completing an educational program of specific theory and practice.

Acupuncture

- (a) The College recognizes acupuncture as a physical therapy act.
- (b) Physical therapists wishing to practice acupuncture must successfully complete a post-graduate acupuncture-training program and provide proof of training to Council. The standards and training program set out by the Acupuncture Foundation of Canada or any such equivalent program, approved by Council, is acceptable.
- (c) Physical therapists, in the process of completing an approved formal acupuncture training program, will use only those acupuncture procedures in which training has been completed.

¹³⁰ Bylaw XIV.

¹³¹ Bylaw XVI, s. 3(3).

¹³² *Physical Therapists Act*, s. 13(1).

¹³³ *Physical Therapists Act*, s. 14(2)(e).

¹³⁴ *Physical Therapists Act*, s. 23.

¹³⁵ Bylaw XVI, s. 4.

Dry Needling

- (a) The College recognizes dry needling as a physical therapy act.
- (b) Physical therapists wishing to practice dry needling must successfully complete a post-graduate dry needling program approved by Council, and provide proof of training to Council for approval in order to be recognized as qualified to use this technique.

Manipulation

- (a) The College recognizes spinal and peripheral manipulation as a physical therapy act. Manipulation is a high velocity; low amplitude thrust technique performed at the limit of available movement. Its purpose is to restore mobility.
- (b) Physical therapists must practice manipulation within their level of knowledge, skill, professional judgment and competence to provide the standard of practice required by the College.
- (c) Physical therapists wishing to practice a spinal manipulation technique that is not taught in their undergraduate program, must successfully complete the post-graduate course requirements and examinations required by the Orthopaedic Division of the Canadian Physiotherapy Association, or an equivalent standard, and must meet the Professional Standards of Practice of the College. Documentation of training and examination must be submitted to the College.

Entry to practice requirements

Every physical therapist shall, before practicing physical therapy in Saskatchewan, apply for and obtain a license. An applicant must submit proof of either:

- a) having completed 1200 practice hours of physical therapy practice anywhere in the world within the five-year period immediately preceding the date of application, or
- b) one of the following:
 - successful completion of an undergraduate or master's degree in physical therapy from a university in Canada within four years immediately preceding the date of application,
 - successful completion of a re-entry program approved by the College within four years immediately preceding the date of application, or
 - successful completion of a physical therapy competency examination recognized by the College (currently the Alliance Physiotherapy Competency Examination) within four years immediately preceding the date of application.¹³⁶

In addition, each of the classes of licenses has its own specific requirements.

Specialty designations

None

Title protection

The following titles are protected: "Physiotherapist", "Physical Therapist", the abbreviation "P.T.", or any word, title or designation, abbreviated or otherwise, to imply that the person is a member.¹³⁷

Continuing competence requirements

The Council is able to pass bylaws that set standards for continuing education and the participation of members in continuing education.¹³⁸

Currently the only class of license requiring continuing education is the temporary license.¹³⁹

¹³⁶ Bylaw XIV, ss. 1(2) and (3).

¹³⁷ *Physical Therapists Act*, s. 21.

¹³⁸ *Physical Therapists Act*, s. 14(2)(j).

¹³⁹ Bylaw XIV, s. 8.

Insurance requirements

An applicant for a licence to practice must provide proof, satisfactory to Council, of professional liability insurance for an amount not less than \$5,000,000 on any one client or \$5,000,000 maximum for the policy year.¹⁴⁰

Anticipated legislative reform

N/A

¹⁴⁰ Bylaw XIV, s. 1(4).

UNITED KINGDOM

Regulatory body

Health Professions Council
Chartered Society of Physiotherapy (CSP)

Legislation

Health Professions Order 2001
Health Act 1999
Curriculum Framework for Physiotherapy (2002)

Classes of registration

- a generalist develops a broad base of skills, knowledge and experience in a range of areas, enabling them to deal with most patients presenting with straightforward to moderately complex needs. Professional strength lies in the breadth of their understanding and approach underpinned by clinical reasoning and decision making.
- a specialist develops finely honed skills and experience in a very specific area of practice, arising from a detailed and particular knowledge base. Professional strength lies in the depth of their understanding and approach underpinned by clinical reasoning and decision making.

Definition of practice

A health care profession concerned with human function and movement and maximizing potential. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.

Physiotherapy is defined by the Royal Charter as the four pillars of practice of massage, exercise and movement, electrotherapy, and kindred methods of treatment.¹⁴¹

Overview of regulatory approach to scope of practice

The Chartered Society of Physiotherapists oversees the method and manner by which physiotherapists conduct their activities in the United Kingdom. The practice in general is governed by requirements of the Health Professions Council, Rules of Professional Conduct, Standards of Physiotherapy Practice, the Society's Council, and a physiotherapist's particular job description.

In general, the scope of practice of physiotherapy is defined as any activity undertaken by an individual physiotherapist that may be situated within the four pillars of physiotherapy practice where the individual is educated, trained and competent to perform that activity. Such activities should be linked to existing or emerging occupational and/or practice frameworks acknowledged by the profession, and be supported by a body of evidence.

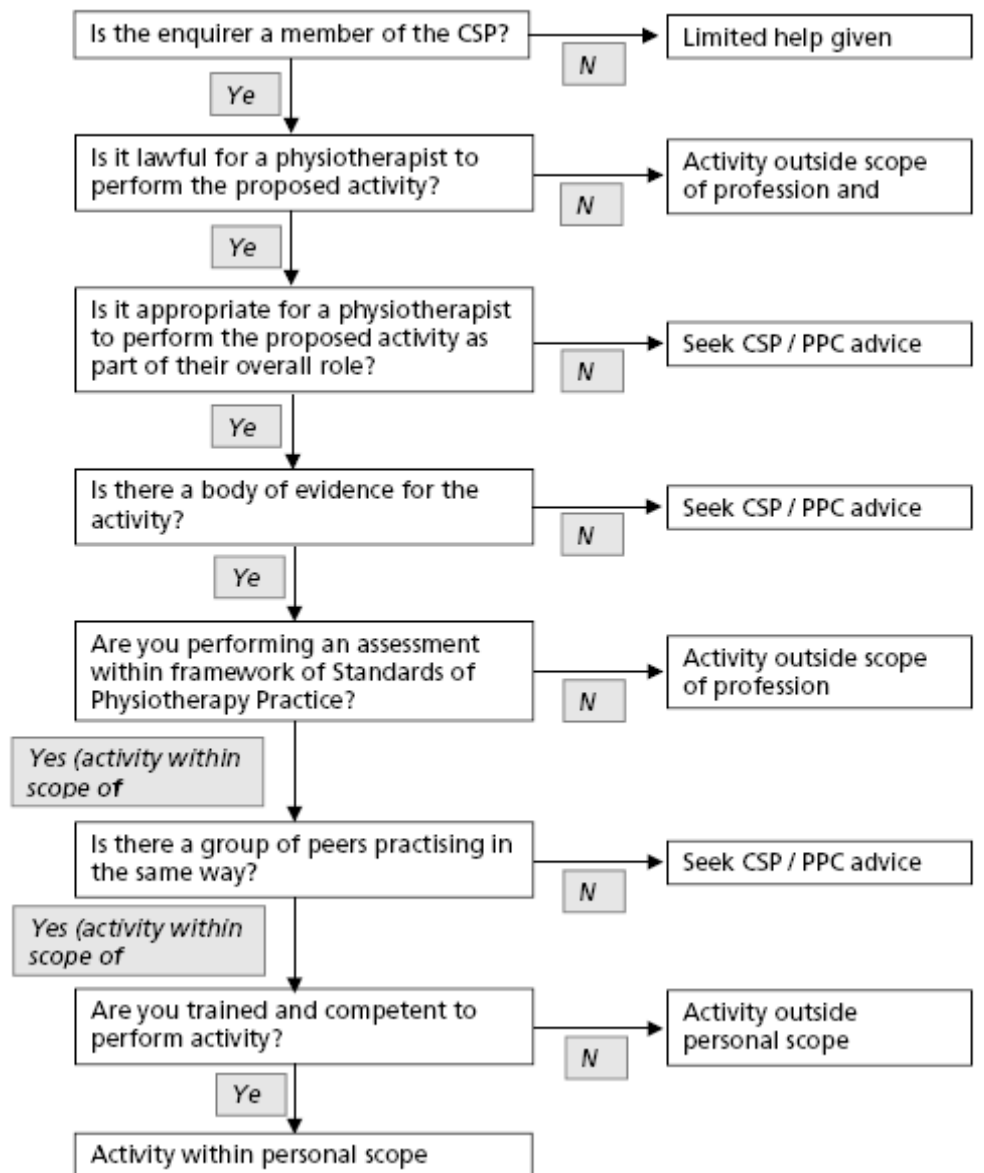
Authorized practice

The Society has produced a decision-making process to determine whether an activity is within the scope of practice for physiotherapists:¹⁴²

¹⁴¹ Curriculum Framework for Physiotherapy (2002).

¹⁴² <http://www.csp.org.uk/uploads/documents/PD001%20Scope%20of%20Practice%202008.pdf>.

ALGORITHM FOR CONSIDERING SCOPE OF PRACTICE ACTIVITIES



Entry to practice requirements

Note: Text in blue denotes requirements specifically targeting physiotherapists.

Expectations of a health professional	
1a:	Professional autonomy and accountability. Registrant physiotherapists must:
1a.1	be able to practise within the legal and ethical boundaries of their profession
	<ul style="list-style-type: none"> understand the need to act in the best interests of service users at all times understand what is required of them by the Health Professions Council understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing

	<ul style="list-style-type: none"> • be aware of current UK legislation applicable to the work of their profession
1a.2	be able to practise in a non-discriminatory manner
1a.3	understand the importance of and be able to maintain confidentiality
1a.4	understand the importance of and be able to obtain informed consent
1a.5	be able to exercise a professional duty of care
1a.6	be able to practise as an autonomous professional, exercising their own professional judgement
	<ul style="list-style-type: none"> • be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
	<ul style="list-style-type: none"> • be able to initiate resolution of problems and be able to exercise personal initiative
	<ul style="list-style-type: none"> • know the limits of their practice and when to seek advice or refer to another professional
	<ul style="list-style-type: none"> • recognise that they are personally responsible for and must be able to justify their decisions
1a.7	recognise the need for effective self-management of workload and resources and be able to practise accordingly
1a.8	understand the obligation to maintain fitness to practise
	<ul style="list-style-type: none"> • understand the need to practise safely and effectively within their scope of practice
	<ul style="list-style-type: none"> • understand the need to maintain high standards of personal conduct
	<ul style="list-style-type: none"> • understand the importance of maintaining their own health
	<ul style="list-style-type: none"> • understand both the need to keep skills and knowledge up to date and the importance of career-long learning
1b:	Professional relationships. Registrant physiotherapists must:
1b.1	be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers
	<ul style="list-style-type: none"> • understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
	<ul style="list-style-type: none"> • understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
	<ul style="list-style-type: none"> • be able to make appropriate referrals
	<ul style="list-style-type: none"> • understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately
1b.2	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
1b.3	be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers
	<ul style="list-style-type: none"> • be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5
	<ul style="list-style-type: none"> • understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning disability
	<ul style="list-style-type: none"> • be able to select, move between and use appropriate forms of verbal and non-verbal communication with service and others
	<ul style="list-style-type: none"> • be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
	<ul style="list-style-type: none"> • understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
	<ul style="list-style-type: none"> • understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
	<ul style="list-style-type: none"> • recognise that relationships with service users should be based on mutual respect and trust, and be able to

	maintain high standards of care even in situations of personal incompatibility
1b.4	understand the need for effective communication throughout the care of the service user
	<ul style="list-style-type: none"> recognise the need to use interpersonal skills to encourage the active participation of service users
The skills required for the application of practice	
2a:	Identification and assessment of health and social care needs. Registrant physiotherapists must:
2a.1	be able to gather appropriate information
2a.2	be able to select and use appropriate assessment techniques
	<ul style="list-style-type: none"> be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process
2a.3	be able to undertake or arrange investigations as appropriate
2a.4	be able to analyse and critically evaluate the information collected
2b:	Formulation and delivery of plans and strategies for meeting health and social care needs. Registrant physiotherapists must:
2b.1	be able to use research, reasoning and problem-solving skills to determine appropriate actions
	<ul style="list-style-type: none"> recognise the value of research to the critical evaluation of practice be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures be aware of a range of research methodologies be able to demonstrate a logical and systematic approach to problem-solving be able to evaluate research and other evidence to inform their own practice recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions be able to form a diagnosis on the basis of physiotherapy assessment
2b.2	be able to draw on appropriate knowledge and skills in order to make professional judgements
	<ul style="list-style-type: none"> be able to change their practice as needed to take account of new developments be able to demonstrate a level of skill in the use of information technology appropriate to their profession
2b.3	be able to formulate specific and appropriate management plans including the setting of timescales
	<ul style="list-style-type: none"> understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors be able to set goals and construct specific individual and group physiotherapy programmes understand the need to agree to the goals, priorities and methods of physiotherapy intervention in partnership with the service user be able to apply problem-solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy be able to select, plan, implement and manage physiotherapy treatment aimed at the facilitation and restoration of movement and function
2b.4	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully
	<ul style="list-style-type: none"> understand the need to maintain the safety of both service users and those involved in their care ensure service users are positioned (and if necessary immobilised) for safe and effective interventions be able to deliver and evaluate physiotherapy programmes

	<ul style="list-style-type: none"> • be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate symptoms and restore optimum function
	<ul style="list-style-type: none"> • be able to use mobilisation, respiratory physiotherapy, neuro-therapeutic handling and massage techniques
	<ul style="list-style-type: none"> • know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the Register (this standards applies only to registrants who are eligible to have their names annotated on the Register)
2b.5	be able to maintain records appropriately
	<ul style="list-style-type: none"> • be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines
	<ul style="list-style-type: none"> • understand the need to use only accepted terminology in making records
2c:	Critical evaluation of the impact of, or response to, the registrant's actions. Registrant physiotherapists must:
2c.1	be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly
	<ul style="list-style-type: none"> • be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
	<ul style="list-style-type: none"> • be able to evaluate management plans against treatment milestones using recognised health outcome measures and revise the plans as necessary in conjunction with the service user
	<ul style="list-style-type: none"> • recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
	<ul style="list-style-type: none"> • be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
	<ul style="list-style-type: none"> • be able to evaluate treatment plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status
2c.2	be able to audit, reflect on and review practice
	<ul style="list-style-type: none"> • understand the principles of quality control and quality assurance
	<ul style="list-style-type: none"> • be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
	<ul style="list-style-type: none"> • be able to maintain an effective audit trail and work towards continual improvement
	<ul style="list-style-type: none"> • participate in quality assurance programmes, where appropriate
	<ul style="list-style-type: none"> • understand the value of reflection on practice and the need to record the outcome of such reflection
	<ul style="list-style-type: none"> • recognise the value of case conferences and other methods of review
Knowledge, understanding and skills	
3a:	Knowledge, understanding and skills Registrant physiotherapists must:
3a.1	know and understand the key concepts of bodies of knowledge which are relevant to their profession-specific practice
	<ul style="list-style-type: none"> • understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction
	<ul style="list-style-type: none"> • be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
	<ul style="list-style-type: none"> • recognise the role of other professions in health and social care
	<ul style="list-style-type: none"> • understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	<ul style="list-style-type: none"> • understand the following aspects of biological science: <ul style="list-style-type: none"> ○ normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems ○ patterns of human growth and development across the lifespan ○ factors influencing individual variations in human ability and health status

	<ul style="list-style-type: none"> ○ how the application of physiotherapy can cause physiological and structural change
	<ul style="list-style-type: none"> ● understand the following aspects of physical science: <ul style="list-style-type: none"> ○ the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy ○ the means by which the physical sciences can inform the understanding and analysis of movement and function ○ the principles and application of measurement techniques based on biomechanics or electrophysiology ○ the application of anthropometric and ergonomic principles
	<ul style="list-style-type: none"> ● understand the following aspects of clinical science: <ul style="list-style-type: none"> ○ pathological changes and related clinical features commonly encountered in physiotherapy practice ○ physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression ○ the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this ○ understand the different concepts and approaches that inform the development of physiotherapy interventions
	<ul style="list-style-type: none"> ● understand the following aspects of behavioural science: <ul style="list-style-type: none"> ○ psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related treatment ○ how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice ○ theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals ○ theories of team working and leadership
3a.2	know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
3a.3	understand the need to establish and maintain a safe practice environment
	<ul style="list-style-type: none"> ● be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	<ul style="list-style-type: none"> ● be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
	<ul style="list-style-type: none"> ● be able to select appropriate personal protective equipment and use it correctly
	<ul style="list-style-type: none"> ● be able to establish safe environments for clinical practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
	<ul style="list-style-type: none"> ● know and be able to apply appropriate moving and handling techniques¹⁴³

Specialty designations

Members may choose to develop their skills into the area of extended practice. Extended scope of practice falls under the fourth pillar of practice and requires additional training and development beyond that acquired during undergraduate or immediate post-graduate training. Mentoring, training and supervision of such activities tends to be given to the member by another registered professional, e.g., a doctor, in reflection of the fact that many of the activities in question were previously performed by medical practitioners, e.g., requesting and interpreting medical imaging, pathology tests etc. Provided the member is competent in the activity, and can demonstrate that the activity is linked to the Charter's four pillars of practice, and the Curriculum Framework / World Congress of Physical Therapy definitions of

¹⁴³ HPC's Standards of Proficiency – Physiotherapists (http://www.hpc-uk.org/assets/documents/10000DBCStandards_of_Proficiency_Physiotherapists.pdf)

physiotherapy, such activity will now be covered by the CSP's PLI cover, subject to the terms of the policy.¹⁴⁴

Title protection

From 9th July, 2005, the titles 'physiotherapist' and 'physical therapist' are protected by law: this means that only physiotherapists registered with the Health Professions Council (the regulatory body) will be allowed to use either of these two titles when practising.

Continuing competence requirements

HPC standards say that registrants (health professionals registered with us) must:

- maintain a continuous, up-to-date and accurate record of their CPD activities,
- demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice,
- seek to ensure that their CPD has contributed to the quality of their practice and service delivery,
- seek to ensure that their CPD benefits the service user, and
- present a written profile containing evidence of their CPD upon request.

Insurance requirements

LFC Graybrooks assert the position that PLI cover is provided to qualified working members, and student members acting under the supervision of a qualified physiotherapist or person of equal professional status, provided (a) the member practices lawfully and within the scope of practice of physiotherapy and (b) possess a valid membership of the CSP. Non working members are also included for run-off PLI cover only in respect of their previous work, provided appropriate membership of the CSP was held at the time of treatment and/or advice.

Anticipated legislative reform

N/A

¹⁴⁴ Scope of Practice – Physiotherapy 2008 – PD001
(<http://www.csp.org.uk/uploads/documents/PD001%20Scope%20of%20Practice%202008.pdf>).

YUKON

Regulatory body

Yukon Registrar of Physiotherapists

Legislation

Health Professions Act, S.Y. 2003, c. 24.
Physiotherapists Regulation, O.I.C. 2007/19

Classes of registration

- (a) full registration,
- (b) interim registration,
- (c) student registration,
- (d) inactive registration, and
- (e) courtesy registration.¹⁴⁵

Definition of practice

The application of professional physiotherapy training and knowledge in the identification, assessment, prevention, and alleviation of physical dysfunction or pain and the restoration and maintenance of optimal function, and includes:

- (a) assessment of neuromusculoskeletal and cardio respiratory systems and establishment of a physiotherapy diagnosis,
- (b) treatment of neuromusculoskeletal and cardio respiratory systems,
- (c) development, implementation, progression and evaluation of therapeutic exercise programs,
- (d) education of clients, caregivers, students, and other health service providers,
- (e) soft tissue and manual therapy treatment techniques including but not limited to massage; proprioceptive neuromuscular facilitation, and muscle energy techniques,
- (f) skin and wound treatment,
- (g) spinal and peripheral joint manipulation,
- (h) spinal and peripheral joint mobilization,
- (i) acupuncture,
- (j) administration of physical therapy-related medications as prescribed by a physician,
- (k) prescription, manufacture, modification and application of braces, splints, orthotics, taping, mobility aides, seating, or other adaptive equipment,
- (l) hydrotherapy, electrotherapy, and the use of mechanical, radiant or thermal energy,
- (m) ergonomic evaluation, modification, education and counselling,
- (n) endotracheal and nasopharyngeal suctioning,
- (o) management and internal assessment of incontinence and pelvic pain,
- (p) evolving clinical techniques identified in the Clinical Practice Statements, and
- (q) supervising the performance of any aspect of physiotherapy by another person.¹⁴⁶

Overview of regulatory approach to scope of practice

The practice of physiotherapy in the Yukon Territory is governed by the *Health Professions Act* and its associated Physiotherapists Regulation. The Registrar oversees the regulation of physiotherapists.

Registrants must practice physiotherapy in accordance with the Clinical Practice Statements adopted from the College of Physical Therapists of British Columbia. The Registrar may, on the recommendation of the Physiotherapists Advisory Committee, amend or vary the Clinical Practice Statements to meet Yukon

¹⁴⁵ Physiotherapists Regulation, s. 12.

¹⁴⁶ Physiotherapists Regulation, s.1.

requirements. A registrant must not practice physiotherapy contrary to the limitations, conditions, or restrictions applicable to the Certificate of Registration issued to the registrant.¹⁴⁷

Authorized practice

Specialized physiotherapy procedures

Proof of (a) successfully completing an educational program of specific theory and practice; and (b) passing the applicable examinations, the Registrar may include in the Certificate of Registration for that person one or more special endorsements that authorize the registrant to perform specialized physiotherapy procedures.¹⁴⁸

Special procedural endorsements

Acupuncture is (a) performing a procedure on tissue (i) below the dermis, or (ii) below the surface of a mucous membrane. (2) Physiotherapists wishing to practice acupuncture must successfully complete a post-graduate acupuncture education and training program and provide proof of successful completion of training and examinations to the Registrar. (3) For the purposes of subsection (2) the standards and training program set out by the Acupuncture Foundation of Canada Institute or any such equivalent program that is approved by the Registrar is acceptable.¹⁴⁹

Spinal Manipulation is a high velocity; low amplitude thrust technique performed at the limit of available movement. (2) Physiotherapists wishing to practice a spinal manipulation technique must successfully complete post-graduate course requirements and examinations and provide proof of successful completion of training and examinations to the Registrar. (3) For the purposes of subsection (2) the program required by the Orthopaedic Division of the Canadian Physiotherapy Association, or any such equivalent program that is approved by the Registrar, is acceptable.¹⁵⁰

Assessment and treatment of urogenital and rectal conditions includes the use of manual and instrument techniques in (a) carrying out an internal pelvic examination; and (b) putting an instrument, hand, or finger beyond the labia majora or beyond the anal verge. (2) Physiotherapists wishing to practice techniques in the treatment of urogenital and rectal conditions must successfully complete post-graduate education and training and provide proof of successful completion of training and examinations to the Registrar.¹⁵¹

Limitations on scope of practice

Only a full registrant may own or operate a physiotherapy practice. Only a full registrant may supervise the performance of any aspect of physiotherapy by another person. No registrant may practice any aspect of physiotherapy for which a special endorsement is required under Part 4 unless they hold a special endorsement for that aspect.¹⁵²

Entry to practice requirements

An applicant for registration shall deliver to the Registrar

- a completed application form acceptable to the Registrar,
- proof of educational requirements,
- the required fee, and
- such other additional information that the Registrar may require in order to make a determination regarding the applicant's eligibility for registration.¹⁵³

Additionally, each class of registration has its own requirements under sections 13 to 17 of the Physiotherapists Regulation.

¹⁴⁷ Physiotherapists Regulation, s. 27.

¹⁴⁸ Physiotherapists Regulation, s. 29.

¹⁴⁹ Physiotherapists Regulation, s. 30.

¹⁵⁰ Physiotherapists Regulation, s. 31.

¹⁵¹ Physiotherapists Regulation, s. 32.

¹⁵² Physiotherapists Regulation, s. 28.

¹⁵³ Physiotherapists Regulation, s. 18(1).

Specialty designations

The Registrar may include in the Certificate of Registration for a person one or more special endorsements that authorize the registrant to perform specialized physiotherapy procedures:

- acupuncture,
- spinal manipulation, and
- assessment and treatment of urogenital and rectal conditions.

Title protection

None

Continuing competence requirements

- A full registrant must have accrued 1200 professional practice hours in the five-year period immediately preceding application for registration or renewal.
- At least 60 of the professional practice hours must be spent on continuing professional education, but credit will not be given for more than 300 hours.¹⁵⁴

Insurance requirements

All registrants must be insured for at least \$1 million at all times against liability for claims against them in respect of their own conduct in their practice and the conduct of other persons in connection with their practice for which they are liable.¹⁵⁵

Anticipated legislative reform

N/A

¹⁵⁴ Physiotherapists Regulation, s. 25.

¹⁵⁵ Physiotherapists Regulation, s. 26.

Physiotherapy

Jurisdictional Review Summary Table

August 2008

Request: Communicating a diagnosis identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms.			
Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	In part	Yes	Section 56(1)(a)(iii) of the Bylaw: prior to initiating assessment, a registrant must, among other things, establish a “ physiotherapy diagnosis ” Proposed reserved act: Making a physiotherapy diagnosis by determining the course of subjective symptoms and objective signs relating to movement dysfunction and functional limitations.
Alberta	In part	No	<i>Health Professions Act</i> , Schedule 20: In their practice, physical therapists diagnose and treat dysfunction caused by a pain, injury, disease or condition. The position statement refers to a “ physical therapy ” diagnosis.
Saskatchewan	In part	No	Section 1, Bylaw XVI: Currently, physiotherapists must confine themselves to clinical diagnosis in physical therapy and must document the diagnosis.
Manitoba	Yes	No	Able to do so because legislation is silent.
Quebec	No	Yes	There is a committee that is working towards drafting a plan regarding diagnoses, but it will likely take several years to take effect, if at all.
New Brunswick	Yes	Yes	Able to do so because legislation is silent. Anticipated reform: Proposed amendments to the legislation will explicitly include diagnostic activity.
Newfoundland and Labrador	Yes	No	Standards of practice allow this activity.
Nova Scotia	In part	No	<i>Physiotherapy Act</i> , s. 2 provides that physiotherapists' activities may include the assessment of neuromusculoskeletal and cardiorespiratory systems and establishment of a physiotherapy diagnosis .
Prince Edward Island	In part	No	<i>Physiotherapy Act</i> , s. 1 provides that physiotherapy includes diagnostic assessment .
Yukon Territory	In part	No	Physiotherapists Regulation, s. 1 provides that physiotherapy includes assessment of neuromusculoskeletal and cardio respiratory systems and establishment of a physiotherapy diagnosis .
New Zealand	In part	Unknown	Part of the general scope of physiotherapy, which includes assessing, diagnosing and managing human function .

South Australia	In part	Unknown	Section 3(1) of the <i>Physiotherapy Practice Act</i> , includes in its definition of physiotherapy all diagnostic , therapeutic, health or other services or advice provided in the course of practice by a physiotherapist .
Queensland (Australia)	Unknown	Unknown	The definition of physiotherapy in the applicable legislation does not include diagnosis as part of the activities associated with physiotherapy.
United Kingdom	In part	Unknown	The scope of practice statement explicitly states that physiotherapists must be able to form a diagnosis on the basis of physiotherapy assessment (section 2b.1).

Request: Treating a wound by cleansing, soaking, irrigating, probing, debriding, packing or dressing the wound.

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	In part	No	Stopping short of debridement.
Alberta	Yes	Yes	When working below the dermis. Anticipated reform: As a basic authorized activity (i.e., at entry level), to cut body tissue, administer anything by invasive procedure on body tissue or perform other invasive procedures on body tissue below dermis or mucous membrane for the purpose of wound debridement/care.
Saskatchewan	In part	No	Cannot participate fully in wound treatment, but do play a role in wound care.
Manitoba	Yes	No	Currently treat burn patients; taught as part of undergraduate program.
Quebec	Yes	No	<i>Professional Code</i> , s. 37.1(1) says that physiotherapists may provide treatment for wounds. Physiotherapists may administer topical medications for the purpose of using invasive forms of energy and when providing treatment for wounds.
New Brunswick	No	No	Although not prohibited, there is no training for physical therapists to do so.
Newfoundland and Labrador	Yes	No	As long as requisite competency and training are met.
Nova Scotia	No	No	
Prince Edward Island	No	No	
Yukon Territory	Yes	No	Physiotherapists Regulation, s. 1 provides that physiotherapy includes skin and wound treatment.
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	Unknown	Unknown	Legislation is silent.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.

Request: Administering by inhalation: oxygen, or a drug or substance that has been ordered by a regulated health professional with appropriate authority.

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	In part	Yes	Physical Therapists Regulation, s. 6: Currently, no registrant may prescribe or administer a drug or anaesthetic except under the direction of a medical practitioner. Administration of oxygen is unknown. Anticipated reform: Administering on prescription, by iontophoresis or phonophoresis, a drug listed in Schedule I or II of the <i>Pharmacists, Pharmacy Operations and Drug Scheduling Act</i> .
Alberta	In part	No	Applies only to oxygen; so long as it is not a part of independent practice, there is nothing to stop physiotherapists from administering oxygen under the direction of a physician.
Saskatchewan	Unknown	Unknown	Legislation is silent.
Manitoba	In part	No	For oxygen only because it is taught as part of the undergraduate program.
Quebec	No	No	Physiotherapists may administer topical medications.
New Brunswick	Yes	No	Able to do so because legislation is silent; virtually nothing in New Brunswick has an exclusive scope.
Newfoundland and Labrador	In part	No	Oxygen is allowed, but training would be required.
Nova Scotia	No	No	
Prince Edward Island	No	No	
Yukon Territory	In part	No	Physiotherapists Regulation, s. 1 states that physiotherapy includes administration of physical therapy-related medications as prescribed by a physician. Administration of oxygen is unknown.
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	Unknown	Unknown	Legislation is silent.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.

**Request: Putting an instrument, hand or finger beyond the labia majora or the anal verge
for the purpose of assessment or treatment of pelvic floor muscle dysfunction.**

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	No	No	Practice standards, advisory statements: Currently, physiotherapists are authorized to conduct intra-pelvic assessments. Anticipated reform: The Health Professions Council determined that this would not be within the physical therapists' scope of practice. Instead, the Council stated that this service could continue to be provided only as a delegated act.
Alberta	Yes	Yes	Position statement: Currently, physiotherapists are authorized to conduct assessments and treatments of conditions involving the perineum, as long as the requisite training has been completed. Anticipated reform: As a basic authorized activity (i.e., at entry level).
Saskatchewan	In part	No	Bylaw XVI prohibits touching, massaging or engaging in procedures related to the pelvic area without consent.
Manitoba	Yes	No	Able to do so through the College's practice statement on treatment of pelvic floor dysfunction.
Quebec	Yes	No	<i>Professional Code</i> , s. 37.1(1) provides that every member of the Ordre may introduce an instrument or a finger in the human body beyond the labia majora or anal margin.
New Brunswick	Yes	No	Able to do so because legislation is silent.
Newfoundland and Labrador	Yes	No	Only one physiotherapist is practicing this activity now, in a women's health clinic.
Nova Scotia	No	Yes	Anticipated reform: Policy has been proposed to the Board to include this practice in physiotherapists' scope of practice. This would likely not be an entry-level activity.
Prince Edward Island	Yes	No	Legislation is silent; if the requisite competency and training are met, then physiotherapists may include this activity in their practice.
Yukon Territory	Yes	No	As a special endorsement under section 32 of the Physiotherapists Regulation.
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	Unknown	Unknown	Legislation is silent.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.

**Request: Ordering the application of electromagnetism for MRI or sound waves for diagnostic ultrasound
(includes x-rays).**

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	Yes	Yes	Practice standards: Currently, able to conduct real time ultrasound imaging for therapeutic processes, and able to use other electrophysical agents in therapy. Anticipated reform: Physiotherapists will be able to apply hazardous form of energy: laser, electricity, therapeutic ultrasound, or as prescribed by regulation.
Alberta	No	Yes	Anticipated reform: As an “other authorized activity” (i.e., must be on a register and authorized by the Registrar) to order/apply non-ionizing radiation for purpose of performing ultrasound imaging, and to order a form of ionizing radiation in medical radiography limited to x-rays only
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	In part	No	Sound waves are permitted but not MRI or x-rays.
New Brunswick	Yes	No	Able to do so because legislation is silent; not very common.
Newfoundland and Labrador	No	No	
Nova Scotia	No	Yes	Anticipated reform: Although a formal policy recommendation has not yet been proposed to the Board, the Board has discussed the possibility of including the ordering of x-rays in the scope of practice. Most likely would not be entry-level practice.
Prince Edward Island	No	No	
Yukon Territory	No	No	
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	Unknown	Unknown	Legislation is silent.
United Kingdom	Possible	Unknown	Framework governing physiotherapists might allow this.

Request: Ordering lab tests.

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	In part	No	Occurs under delegation from geriatricians; does not apply for general physical therapists.
Quebec	No	No	
New Brunswick	Yes	No	Able to do so because legislation is silent; not very common.
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Yukon Territory	No	No	
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	Unknown	Unknown	Legislation is silent.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.

Request: Setting or casting a fracture of a bone or a dislocation of a joint.

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	In part	In part	Physical Therapists Regulation, s. 6: Currently, no registrant may treat a fracture of the bone except under the direction of a medical practitioner. Anticipated reform: Performing the physically invasive or physically manipulative act of reducing a simple joint dislocation.
Alberta	Unknown	In part	Anticipated reform: As a basic authorized activity (i.e., at entry level), to reduce a dislocation of a joint.
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	Yes	There are no written plans, but informal discussions among members of the Ordre to have the authority to practice this activity.
New Brunswick	Yes	No	Able to do so because legislation is silent.
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Yukon Territory	No	No	
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland	Unknown	Unknown	Legislation is silent.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.

Request: Applying or ordering the application of electricity for electromyography and nerve conductive studies.

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	No	No	
Alberta	Unknown	Unknown	Legislation is silent.
Saskatchewan	No	No	Legislation is silent.
Manitoba	No	No	
Quebec	No	No	
New Brunswick	Yes	No	Not prohibited under legislation, but likely very rare.
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Yukon Territory	No	No	
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	Unknown	Unknown	Legislation is silent.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.

Request: Prescribing drugs/medication management after initial order.

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	The only act that seems like a truly “restricted” activity.
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Yukon Territory	No	No	
New Zealand	Unknown	Unknown	Legislation is silent.
South Australia	Unknown	Unknown	Legislation is silent.
Queensland (Australia)	No	No	<i>Physiotherapists Act 1964</i> , s.24B prohibits physiotherapists from prescribing any drug for internal use.
United Kingdom	Unknown	Unknown	Framework governing physiotherapists might allow this.