

# Chiropody & Podiatry

## A Jurisprudence Review

August 2014

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Health Professions Regulatory  
Advisory Council



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## **Objective:**

This jurisprudence review explores two subjects: legal cases relevant to the professions of chiropody and podiatry and legal cases relevant to the current model of foot care in Ontario. This information is to support the provision of advice to the Minister of Health and Long-Term Care on whether and how there should be changes to the legislation regarding the chiropody and podiatry professions and the current model of foot care in Ontario. This review was conducted between June 9, 2014 and June 28, 2014. This jurisprudence review is limited to Ontario as it was understood that the Minister was interested the scope of foot care in Ontario specifically.

### **Part I: Chiropodists and Podiatrists**

Chiropodist was understood to mean a medical professional certified to practice Chiropody as outlined in the *Chiropody Act, 1991*. Podiatrist was understood to mean a medical professional certified to practice Podiatry as outlined in the *Chiropody Act, 1991*.

The main focus of this review was on the controlled acts, registered titles and cases of professional misconduct of Chiropodists and Podiatrists.

### **Part II: Current Model of Foot Care**

To determine the current model of foot care in Ontario generally, this search explored a variety of matters.

This search explored cases relating to Orthotists and Pedorthists. Both were understood to mean professionals certified to produce orthotic and other supportive footwear devices. This search also looked for cases relating to insurance fraud in the fitting and selling of orthotics and foot care for elderly and diabetic patients.

## **Search Methodology:**

The Legal Services Branch of the Ministry of Health and Long-Term Care searched the LexisNexis Quicklaw legal database using a variety of search terms (see Appendix B and Appendix C). Please see Appendix A for a description of the Quicklaw database. WestLaw Canada and CanLii legal databases were not searched, as the “Diagnostic Sonographers: A Jurisprudence Review” completed by the Legal Services Branch for HPRAC in 2011 and updated in 2013 indicated that these databases almost entirely overlap with Quicklaw.

The searches were limited to Ontario case law. Appendix B and Appendix C describe the methodology and search results in further detail.

## Summary of Findings:

All search results were examined to determine relevance. Searches were conducted for Part I: Chiropodists and Podiatrists and Part II: Current Model of Foot Care in Ontario. You will note for both Parts that much of the relevant case law is more than 10 years old and discuss provisions of certain pieces of legislation might not reflect what appears in the current version of the legislation. I have noted in the case summaries where there exists a discrepancy between the current version of the legislation and the version discussed in the case.

Please note that since certain cases were decided at more than one level of court, this review includes only the decision of the highest level of court at which the relevant substantive issues were decided.

### Part I: Chiropodists and Podiatrists

The searches yielded 7 relevant cases. Topics relating to the practice of Chiropody and Podiatry in Ontario include:

- Right to prescribe (see *Laine v Caplin*)
- Scope of practice and controlled acts (see *R v Karim*, *Hillmer v Sheldon (Nadal)*, *Ladelpha v Myre*, *R v Zarras*, *College of Physicians and Surgeons of Ontario v Larsen*)
- Meaning of “morbid” found in the *Chiropody Act* as it relates to Chiropodists’ scope of practice (see *Ladelpha v Myre*)
- Restricted titles (see *R v Ladelpha*, *R v Zarras*, *College of Physicians and Surgeons of Ontario v Larsen*)

### Part II: Current Model of Foot Care

The searches yielded 3 relevant cases relating to the current model of foot care in Ontario:

- Professional misconduct for failing to provide adequate care to a diabetic patient with foot lesions (see *Re Depass*, *Cottrelle v Gerrard*)
- Professional misconduct for prescribing orthotics without examining patients (see *Re Rahman*)

Please note that there were few cases directly relating to the foot care of diabetic or elderly patients or foot wound care generally. There were no cases relating to the scope of practice of Orthotists or Pedorthists or insurance fraud relating to the fitting and selling of orthotics and other supportive footwear.

Part I: Chiropractors and Podiatrists

<b>Case</b>	Laine v Caplin
<b>Court</b>	Ontario Court of Appeal
<b>Citation</b>	[1970] 1 O.R. 808
<b>Noted Up</b>	2
<b>Source</b>	Quicklaw
<b>Search Terms</b>	Chiropod!
<b>Date Last Accessed</b>	11-Jun-14
<b>Relevance</b>	Chiropodists – scope of practice – right to prescribe
<b>Summary</b>	<p>Referencing section 2(d) of the <i>Pharmacy Act</i> and section 4 of the <i>Chiropody Act</i>, the Court of Appeal found that chiropractors had a right to legally prescribe and pharmacists had a corresponding right to honour prescriptions of drugs found in Schedule C of the <i>Pharmacy Act</i> that were necessary to the external treatment of morbid conditions of the nails and skin and the resulting minor morbid conditions of the subcutaneous tissues of the human foot.</p> <p>Note: The current version of the <i>Pharmacy Act</i> does not contain the provision referring to the <i>Chiropody Act</i> which is discussed in this case and the current version of the <i>Chiropody Act</i> provides that chiropractors may prescribe drugs listed in the regulations.</p>

<b>Case</b>	R v Karim
<b>Court</b>	Ontario Supreme Court - High Court of Justice (Divisional Court)
<b>Citation</b>	[1980] O.J. No. 495
<b>Noted Up</b>	0
<b>Source</b>	Quicklaw
<b>Search Terms</b>	Chiropod!
<b>Date Last Accessed</b>	11-Jun-14
<b>Relevance</b>	Chiropodist – scope of practice – controlled acts
<b>Summary</b>	<p>The accused was found to have unlawfully practised chiropody by performing procedures such as paring away corn tissue by use of a scalpel, as this was not a normal or proper function of a nurse.</p> <p>Note: details of the accused's conduct were sparse and the trial decision was not available on Quicklaw.</p>

<b>Case</b>	Ladelpha v Myre
<b>Court</b>	Ontario High Court of Justice (Divisional Court)
<b>Citation</b>	(1975) 6 O.R. (2d) 439
<b>Noted Up</b>	0
<b>Source</b>	Quicklaw
<b>Search Terms</b>	Chiropod!
<b>Date Last Accessed</b>	11-Jun-14
<b>Relevance</b>	Chiropodist – scope of practice – administration of anaesthetic – meaning of “morbid” in <i>Chiropody Act</i>
<b>Summary</b>	<p>Ladelpha, a licensed chiropodist, administered a local anaesthetic to the defendant using a hypodermic needle, and then made incisions to remove calluses from her toes and removed cysts underlying the calluses.</p> <p>Under the <i>Chiropody Act</i>, chiropodists may treat “a <i>morbid</i> condition of the nails and skin and resulting minor <i>morbid</i> conditions of the subcutaneous tissues of the human foot.” The court found that “morbid” meant “unhealthy” or “diseased” skin or nail of the foot, not just “dead” skin.</p> <p>Section 4 of the <i>Chiropody Act</i> does not prohibit the administration of local anaesthetic by means of a hypodermic needle if this is necessary for the proper treatment of minor morbid conditions of subcutaneous tissue of the foot.</p> <p>The court found that the plaintiff acted outside of the scope of a chiropodist as the operation performed on the plaintiff was substantial in nature.</p> <p><b>Note:</b> The current version of the <i>Chiropody Act</i> specifies that chiropodists may administer injections that are listed in the regulations. The current version also does not contain a reference to “morbid conditions”.</p>

<b>Case</b>	Hillmer v Sheldon (Nadal)
<b>Court</b>	Ontario Court of Justice (General Division)
<b>Citation</b>	[1998] O.J. No. 5826
<b>Noted Up</b>	0
<b>Source</b>	Quicklaw
<b>Search Terms</b>	podiatr!
<b>Date Last Accessed</b>	09-Jun-14
<b>Relevance</b>	Podiatrist – scope of practice – sterilization of instruments
<b>Summary</b>	<p>Nadal was a podiatrist and treated Hillmer at his clinic by providing him with injections. Hillmer contracted an infection. The court found that the infection was caused by breach of proper sterilization technique, which was the responsibility of Nadal.</p> <p>Nadal’s staff performed the sterilization of the instruments he used in his practice, however it was his responsibility to ensure that staff were properly instructed on sterilization techniques. His method of instructing senior staff and allowing them to instruct junior staff was inadequate. There was no formal testing of staff to determine whether they had learned the proper techniques. There was also no routine or periodic training. No written instructions were provided by Nadal, nor were his staff warned about the importance of breaching sterilization techniques. There was no routine checking of vials for expiration dates. The Med-E-jet device was not properly sterilized between patients and this was found to be the likely source of the infection.</p>



<b>Case</b>	R v Ladelpha
<b>Court</b>	Ontario County Court (Ottawa-Carleton County Court)
<b>Citation</b>	1970 O.J. No. 1532, 1970 3 O.R. 282
<b>Noted Up</b>	2
<b>Source</b>	Quicklaw
<b>Search Terms</b>	podiatr!
<b>Date Last Accessed</b>	09-Jun-14
<b>Relevance</b>	Chiropodist – scope of practice – restricted titles
<b>Summary</b>	<p>The accused, Ladelpha, used the title “Doctor” in the course of his work, placed the title on stationaries, cheques, letterhead, and used the title in other instances, contrary to section 53 of the <i>Medical Act</i>. The accused argued that subsection 8(1)(c) of Reg. 53, R.R.O., 1960 under the <i>Chiropody Act</i>, which provided titles that could be used by registered chiropodists or podiatrists, created an exception to the general prohibition in the <i>Medical Act</i>.</p> <p>The court interpreted subsection 8(1)(c) of Reg. 53, R.R.O., 1960 under the <i>Chiropody Act</i> and found that it did not create a general exception to the prohibition, but instead specified which titles a chiropodist or podiatrist could use.</p> <p>Chiropodists may place after their names their degree in podiatric medicine (D.P.M.) followed by the word “chiropodist” or “podiatrist”, but are not permitted to used the title “Doctor” whether as an occupational designation or scholastic title.</p> <p><b>Note:</b> This regulation was revoked and the current version of the <i>Chiropody Act</i> provides a list of restricted titles.</p> <p>The restrictions on the use of the title “Doctor” now found in the <i>Regulated Health Professions Act, 1991</i>.</p>

<b>Case</b>	R v Zarras
<b>Court</b>	Ontario County Court (York Judicial District)
<b>Citation</b>	1971 O.J. No. 1662, 1971 3 O.R. 481
<b>Noted Up</b>	1
<b>Source</b>	Quicklaw
<b>Search Terms</b>	podiatr!
<b>Date Last Accessed</b>	09-Jun-14
<b>Relevance</b>	Chiropodist – scope of practice – controlled acts – restricted titles
<b>Summary</b>	<p>The accused was a registered chiropodist. On two patients, the accused administered local anaesthetics and cut open the toes to expose the bones and removed some bone. The court found that cutting open the foot to expose toe bones and removing bone was not “treating a morbid condition of the nails and skin and resulting minor morbid conditions of the subcutaneous tissues of the human foot”, which was the prescribed scope of practice for chiropodists under the <i>Chiropody Act</i>.</p> <p>The court found that the accused used the title “Doctor” as an occupational designation and that he used the title “Doctor” implying or calculated to lead be to infer that he was registered under the <i>Medical Act</i>, both being contrary to the <i>Medical Act</i>. He signed “Attending Physicians Statements” without properly amending and without crossing out the initials “M.D.” The fact that “Podiatrist” was written on the statement was not enough of a distinction because there was no indication whether that designation was in addition to or in substitution of M.D.</p> <p><b>Note:</b> This description of the scope of practice does not appear in the current version of the <i>Chiropody Act</i>.</p> <p>The current version of the <i>Medicine Act</i> does not contain a restriction on the use of the title “Doctor”. The restriction of the use of the title “Doctor” now appears in the <i>Regulated Health Professional Act, 1991</i>.</p>

<b>Case</b>	College of Physicians and Surgeons of Ontario v. Larsen
<b>Court</b>	Ontario High Court of Justice
<b>Citation</b>	[1987] 62 O.R. (2d) 545, 45 D.L.R. (4th) 700
<b>Noted Up</b>	3 (1 from Ontario)
<b>Source</b>	Quicklaw
<b>Search Terms</b>	podiatr!
<b>Date Last Accessed</b>	09-Jun-14
<b>Relevance</b>	Chiroprapist – scope of practice – controlled acts - restricted titles
<b>Summary</b>	<p><u>Controlled Acts</u> Larsen was a registered chiroprapist. To treat a patient for a corn, he injected the patient with anaesthetic and then made an incision along the toe and inserted a drill into the joint space. He prescribed this patient an oral antibiotic.</p> <p>The court determined that this treatment was beyond the scope of practice for a chiroprapist as prescribed in the <i>Chiroprapist Act</i> since this treatment was not treatment of morbid conditions of the nails and skin and the resulting minor morbid conditions of the subcutaneous tissues of the human foot. In this case, the patient's corn <i>resulted from</i> the condition of the bone, instead of the corn <i>resulting in</i> the condition of the bone.</p> <p>The court found that “subcutaneous tissues of the human foot” means tissue lying between the dermis layer and the deep fascia layer, including a layer of fat with connective and elastic fibres but not including bone, joint capsule or tendon.</p> <p>The court found that the prescription of drugs to be taken orally and the administration of a subcutaneous anaesthetic by hypodermic injection were outside chiroprapists’ scope of practice except where such activities are “necessarily incidental” to treatment permitted by the Act.</p> <p><b>Note:</b> The current version of the <i>Chiroprapist Act</i> specifies that chiroprapists may administer injections and prescribe medications that are listed in the regulations</p> <p><u>Restricted Title</u> Larsen signed prescription slips for a patient as “Dr. G.A. Larsen” and used the designation “Dr.” on his cheques and stationary and was referred to as “doctor” by his nurse.</p> <p>The court found that Larsen used the title “Doctor”, at least in part, as an occupational designation, and thus violated the <i>Health Disciplines Act</i> [now the <i>Regulated Health Professions Act, 1991</i>].</p> <p>The court found that the prohibition on the use of the title “Doctor” did not violate section 2(b) of the <i>Charter</i> (freedom of expression).</p>

Part II: Current Model of Foot Care

<b>Case</b>	Re Depass
<b>Court</b>	Ontario College of Physicians and Surgeons Discipline Committee
<b>Citation</b>	[2012] OCPD No. 41
<b>Noted Up</b>	0
<b>Source</b>	Quicklaw
<b>Search Terms</b>	diabet! /p (foot or feet)
<b>Date Last Accessed</b>	24-Jun-14
<b>Relevance</b>	Professional misconduct - diabetic patient with foot lesions
<b>Summary</b>	<p>The Discipline Committee found professional misconduct relating to the treatment of multiple patients. One patient, Patient A, a diabetic, was admitted to the hospital on January 9, 2006. Dr. Depass saw Patient A on January 10 and noted a bilateral pitting edema with “evidence of crepitus throughout the left foot and left leg. There was also an ulcer on the sole of Patient A’s left foot with significant undermining and “evidence of fractured metatarsals”. Dr. Depass did a minor excision of the edge of the ulcer and ordered a diabetic diet and normal saline dressing for the ulcer.</p> <p>Patient A also saw other physicians, but was seen by Dr. Depass on January 12. Dr. Depass noted: “subcutaneous air still evident...? Settle with abc (antibiotic treatment)”; “sepsis? Getting better... primary focus on left foot... needs further debridement... surgical risk... Discuss with Dr. [R]” [physician seen by Patient A]. In the chart, Dr. Depass noted Patient A was getting better.</p> <p>On January 16, Dr. Depass noted worsening necrosis on Patient A’s left foot and new ulcers on the right foot. After an interdisciplinary conference, Dr. Depass ordered, among other things, to obtain consent for debridement of feet the next day. Dr. Depass performed the debridement the next day.</p> <p>Patient A’s condition worsened and on January 20, Dr. Depass performed an above the knee amputation of the left leg.</p> <p>The Discipline Committee found that Dr. Depass did not conduct an adequate debridement of the left foot in that all of the necrotic tissue was not resected soon enough.</p>

<b>Case</b>	Re Rahman
<b>Court</b>	Ontario College of Physicians and Surgeons Discipline Committee
<b>Citation</b>	[2007] OCPD No. 22
<b>Noted Up</b>	0
<b>Source</b>	Quicklaw
<b>Search Terms</b>	Chiropod!
<b>Date Last Accessed</b>	11-Jun-14
<b>Relevance</b>	Professional misconduct – prescription of orthotics without examining patients
<b>Summary</b>	<p>Dr. Rahman signed approximately 25 orthotic prescriptions made by a certified pedorthist without examining the patients himself. The Discipline Committee found that this constituted an act of professional misconduct.</p> <p>The Discipline Committee found that the onus is on CPSO members to be familiar with College policies which apply to his or her practice, which included the requirement that physicians examine patients personally before prescribing them medications.</p> <p>The Discipline Committee found no evidence of financial gain by Dr. Rahman.</p>

<b>Case</b>	Cottrelle v Gerrard
<b>Court</b>	Ontario Superior Court of Justice
<b>Citation</b>	[2001] O.J. No. 5472
<b>Noted Up</b>	3
<b>Source</b>	Quicklaw
<b>Search Terms</b>	delegat! and (ortho! Or pedorth! Or podiatr! Or chirpod!)
<b>Date Last Accessed</b>	June 24, 2014
<b>Relevance</b>	Medical malpractice – diabetic foot care
<b>Summary</b>	<p>Cottrelle was a long-term diabetic patient of Dr. Gerrard, a family physician. In April 1993, Dr. Gerrard prescribed Cottrelle cream to care for a corn in between her toes, without examining her himself. On May 25, 1993, Cottrelle saw Dr. Gerrard and complained of a sore foot. He prescribed her another cream. He did not provide her with care nor did he request a follow-up appointment.</p> <p>On June 30, Cottrelle's pain in her foot worsened with an open sore and she visited in the Emergency Room. The treating physician at the Emergency Room prescribed antibiotic medication and told her to follow-up with the Emergency Room or her family physician.</p> <p>On July 2, Cottrelle visited Dr. Gerrard. Dr. Gerrard instructed her that he would make an appointment for her with a skin specialist. He did not provide care instructions or information relating to vascular disease and signs of deterioration that she should watch for. The court found that he did not examine her foot that day.</p> <p>Cottrelle's pain worsened, her foot turned black and gave off an odour. She did not see a physician until she was taken by ambulance to a hospital on July 20, 1993. Her leg was then amputated.</p> <p>The court found that Dr. Gerrard breached the standard of care owed to Cottrelle as he should have diagnosed her with peripheral vascular disease on May 25 and should have instructed her more vigorously of modifiable risks (ie. smoking). By failing to examine her foot on May 25 or follow-up or monitor her condition after July 2, he also did not meet the required standard of care. The court found that Dr. Gerrard did not delegate his responsibility for care of Cottrelle to the skin specialist as an appointment with the skin specialist was not set until July 15 and was made for September, 1993.</p> <p>The court ultimately found Dr. Gerrard liable to Cottrelle for the loss of her leg.</p>

**Note:**

The Court of Appeal reversed the finding of liability. The Court of Appeal determined that the Superior Court wrongly found that Dr. Gerrard's actions *caused* Cottrelle to lose her leg, since evidence indicated that she may have lost the leg anyways due to the fact that she was a smoker, a long-term diabetic and had a family history of diabetes.

The Court of Appeal found that it was open to the trial judge at the Superior Court to find, based on the evidence before her, that Dr. Gerrard breached the standard of care owed to Cottrelle. However, the Court of Appeal stated, in *obiter* (ie. this determination was not essential to the Court of Appeal's final decision), that there was conflicting medical evidence relating to the standard of care in this case.

## **Appendix A: Description of Databases**

### **LexisNexis Quicklaw<sup>1</sup>**

LexisNexis Quicklaw offers access to a collection of databases including case law from all Canadian jurisdictions, administrative tribunal decisions, legislation and legal commentary in the form of texts, journals, newsletter and indexes. In addition to Canadian materials, LexisNexis Quicklaw includes American case law and legislation and selected U.K. and Commonwealth judgments. Decisions are in the form of digests or full text. They may be either electronic versions of printed reports (e.g., Ontario Reports) or unreported current judgments<sup>2</sup> as received directly from the courts.<sup>3</sup>

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<sup>1</sup> [http://rc.lsuc.on.ca/library/research\\_databases.htm](http://rc.lsuc.on.ca/library/research_databases.htm)

<sup>2</sup> Unreported full text judgments from Canadian courts can be accessed through the "All Canadian Court Cases" group source. (Quicklaw Source Information)

<sup>3</sup> [http://rc.lsuc.on.ca/library/research\\_databases.htm](http://rc.lsuc.on.ca/library/research_databases.htm)



**Appendix B: Part I: Chiropodists and Podiatrists – Search Results**

Quicklaw was searched using the “All Canadian Court Cases” and “All Canadian Tribunal Case Cases” feature, which contains all available reported and unreported full text judgments from Canadian courts and tribunals as well as LexisNexis case law summaries. The search results were limited to Ontario cases. The following table summarizes the search terms used and the number of results each term yielded:

Date of Most Recent Search	Feature	Phrase Searched	Total Hits	Total Relevant Hits
06/09/2014	"All Canadian Court Cases" - Limit to Ontario	podiatr!	40	4
06/09/2014	"All Canadian Tribunal Cases" - Limit to Ontario	podiatr!	185	0
06/11/2014	"All Canadian Court Cases" - Limit to Ontario	Chiropod!	46	3
06/11/2014	"All Canadian Tribunal Cases" - Limit to Ontario	Chiropod!	345	0

**Note:**

The number of “Relevant” hits found in Appendix B and Appendix C does not match the number of cases summarized in this review. For the purposes of producing Appendix B, cases were deemed “Relevant” based on a preliminary reading of the cases. Some cases were subsequently deemed not to be “Relevant” after consultation with Counsel at the Legal Services Branch and thus are not included in the Summary of Findings. (eg. a case from the Consent and Capacity Board, where a schizophrenic patient had diabetes and foot lesions, was deemed not to be relevant to this Review because the patient’s diabetes and foot lesions were considered by the Board for the purpose of assessing whether the patient was suitable for involuntary admission to a hospital.)

These search terms yielded many results when the “All Canadian Tribunal Cases” feature was used. Most, if not all of these cases were not relevant to the review of the scope of practice of Chiropodists and Podiatrists. Most of these cases were Work Safety and Insurance Board decisions, which referred to chiropodists or podiatrists that had treated workers who were requesting coverage for foot care or who were acting as expert witnesses. Relevant cases yielded when the “All Canadian Tribunal Cases” feature was used were decisions of the College of Physicians and Surgeons of Ontario Discipline Committee.

**Appendix C: Part II: Current Model of Foot Care – Search Results**

Quicklaw was searched using the “All Canadian Court Cases” and “All Canadian Tribunal Case Cases” feature, which contains all available reported and unreported full text judgments from Canadian courts and tribunals as well as LexisNexis case law summaries. The search results were limited to Ontario cases. The following table summarizes the search terms used and the number of results each term yielded:

<b>Date of Most Recent Search</b>	<b>Feature</b>	<b>Phrase Searched</b>	<b>Total Hits</b>	<b>Total Relevant Hits</b>
06/11/2014	"All Canadian Court Cases" - Limit to Ontario	Orthot! or Pedorth!	94	1
06/11/2014	"All Canadian Tribunal Cases" - Limit to Ontario	Orthot! or Pedorth!	975	0
06/12/2014	"All Canadian Court Cases" - Limit to Ontario	Orthos*s	15	0
06/12/2014	"All Canadian Court Cases" - Limit to Ontario	((foot or feet) /3 care) or ((foot or feet) /3 surgery)	64	1
06/20/2014	"All Canadian Tribunal Cases" - Limit to Ontario	((foot or feet) /3 care) or ((foot or feet) /3 surgery)	293	1
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	insurance /p fraud /p (foot or feet)	19	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	insurance /p fraud /p (foot or feet)	3	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	insurance /p fraud and (podiatr! Or chirpod!)	1	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	insurance /p fraud and (podiatr! Or chirpod!)	1	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	delegat! and (ortho! Or pedorth! Or podiatr! Or chirpod!)	118	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	delegat! and (ortho! Or pedorth! Or podiatr! Or chirpod!)	497	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	controlled act! and (foot or feet)	5	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	controlled act! and (foot or feet)	3	0

Date of Most Recent Search	Feature	Phrase Searched	Total Hits	Total Relevant Hits
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	controlled act! /p (chiropractist or podiatrist)	0	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	diabet! /p (foot or feet)	53	1
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	diabet! /p (foot or feet)	319	3
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	diabet! And (foot /p (wound or lesion))	16	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	diabet! And (foot /p (wound or lesion))	61	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	diabet! /p (nurs! Care)	3	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	diabet! /p (nurs! Care)	16	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	(elderly or senior) /p foot care	4	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	(elderly or senior) /p foot care	5	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	(elderly or senior) /p wound	33	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	(elderly or senior) /p wound	27	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	personal support worker /p (foot or feet)	1	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	personal support worker /p (foot or feet)	12	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	licensure /p (foot or feet)	0	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	licensure /p (foot or feet)	1	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	misconduct /p (podiatr! Or chiropract!)	1	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	misconduct /p (foot)	50	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	misconduct /p (podiatr! Or chiropract!)	0	0

Date of Most Recent Search	Feature	Phrase Searched	Total Hits	Total Relevant Hits
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	misconduct /p (foot)	53	0
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	fraud /p ortho!	3	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	fraud /p ortho!	9	0
06/24/2014	"All Canadian Court Cases" - Limit to Ontario	prescri! /p (orthot! Or pedorth!)	9	
06/24/2014	"All Canadian Tribunal Cases" - Limit to Ontario	prescri! /p (orthot! Or pedorth!)	300	0

**Note:**

The number of “Relevant” hits found in Appendix B and Appendix C does not match the number of cases summarized in this review. For the purposes of producing Appendix C, cases were deemed “Relevant” based on a preliminary reading of the cases. Some cases were subsequently deemed not to be “Relevant” after consultation with Counsel at the Legal Services Branch and thus are not included in the Summary of Findings. (eg. a case from the Consent and Capacity Board, where a schizophrenic patient had diabetes and foot lesions, was deemed not to be relevant to this Review because the patient’s diabetes and foot lesions were considered by the Board for the purpose of assessing whether the patient was suitable for involuntary admission to a hospital.)

These search terms yielded many results when the “All Canadian Tribunal Cases” feature was used. Most, if not all of these cases were not relevant to the scope of practice of Orthotists or Pedorthists, insurance fraud relating to the fitting and selling of orthotics, or foot care of elderly or diabetic patients. Most of these cases were Work Safety and Insurance Board decisions, which referred to the search terms in the context of requests by workers foot care coverage. Relevant cases yielded using the “All Canadian Tribunal Cases” feature were decisions of the College of Physicians and Surgeons of Ontario Discipline Committee.





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