

# Update CPTBC

SPRING 2009 • VOLUME 10 ISSUE 1

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### NOTICE OF MEETINGS

THE COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA  
and  
THE PHYSIOTHERAPY ASSOCIATION OF BRITISH COLUMBIA  
JOINT ANNUAL GENERAL MEETING DAY  
SATURDAY, APRIL 4, 2009 • 8:00 a.m. - 4:00 p.m.  
Plaza 500 Hotel & Convention Centre, Granville Room  
500 West 12th Avenue (at Cambie), Vancouver, BC

8:00 a.m. - 9:00 a.m.	Registration, Continental Breakfast, Trade Show
8:00 a.m. - 8:30 a.m.	BC Section of the CPA Leadership Division Annual General Meeting
9:00 a.m. - 10:00 a.m.	College of Physical Therapists of BC Annual General Meeting
10:00 a.m. - 10:30 a.m.	Coffee Break and Trade Show
10:30 a.m. - 12:00 p.m.	Physiotherapy Association of BC Annual General Meeting and Awards
12:00 p.m. - 1:15 p.m.	Hosted Lunch and Trade Show

### EDUCATION SESSION

#### *YIKES, Now What Do I Do? Dealing with Professional Boundaries*

1:15 p.m. - 2:00 p.m.	<b>When Am I Crossing the Line? Professional Boundaries</b> Presenter: Carina Herman, RN
2:00 p.m. - 2:45 p.m.	<b>Is that Ethical? Ethical Decision-Making</b> Presenter: Bashir Jiwani, PhD
2:45 p.m. - 3:15 p.m.	Coffee Break, Prizes, Trade Show
3:15 p.m. - 4:00 p.m.	Case Study <b>Confessions of an Unsafe Patient – What is my Duty to Report?</b>

### PRESENTERS

**Carina Herman** is the Nursing Practice Consultant in the Practice Support Division of the College of Registered Nurses of British Columbia. Carina is a Registered Nurse who trained in Chicago, and went on to pursue a Master’s Degree in Nursing at UBC. Her practice spans clinical education and administration in various parts of the United States and Canada. Carina has been with the CRNBC (formerly the Registered Nurses Association) for 10 years and regularly supports nurses who have questions about professional boundaries.

**Bashir Jiwani** is the Director of Fraser Health Ethics Services, and has provided over 500 workshops and presentations across the country on issues in health. He holds the position of Assistant Adjunct Professor with the John Dossetor Health Ethics Centre at the University of Alberta and serves on the Executive of the Canadian Bioethics Society and on the College of Physicians and Surgeons of BC’s Ethical Standards and Conduct Review Committee. Bashir has a Masters degree in Applied Ethics from UBC and a PhD from the University of Alberta in the Public Health Sciences Department.

## NOTICE OF ELECTIONS

The College has received four (4) nominations for the three (3) vacant Board positions.

Included in this mail out is your voting ballot and brief bios for each of the candidates. Please return your completed ballot to the College in the enclosed envelope no later than Friday, **MARCH 13, 2009**.

## IMPORTANT NOTICE TO THE PROFESSION

### HOW CHANGES TO THE *HEALTH PROFESSIONS ACT* MAY AFFECT YOU:

The College wishes to inform its registrants that recent changes to the *Health Professions Act* will impact registrants who have a complaint filed against them with the College.

1. A complainant now has an automatic right to appeal the disposition of the complaint by the Inquiry Committee to the Health Professions Review Board [*HPA s.50.6(1)*];
2. The complainant now has veto power regarding the terms of an Undertaking; and
3. The new publication provisions require the College to publish the name of the registrant and state the nature of disposition of the complaint once a complaint file is closed [*HPA s.39.3*].

## IMPORTANT NOTICE

**Please find enclosed the new Advisory Statement No. 6 Preparation of Expert Opinion Reports, effective April 1, 2009. This Advisory Statement will replace Advisory Statement No. 12 Preparing a Physical Therapy Legal Report – please remove the 1998 document and replace it with the new one on April 1, 2009.**

**You should now have the following Advisory Statements in your Reference Guide:**

- No. 1 - Concurrent Treatment Practices, April 1, 2008
- No. 2 - Intrapelvic Assessment and Treatment, April 1, 2008
- No. 3 - Observation/Job Shadowing a PT by a Non Physical Therapy Student, April 1, 2008
- No. 4 - Conducting a Physical Therapy Practice, April 1, 2008
- No. 5 - Ethical Guidelines for Research, December 1, 2008
- No. 6 - Preparation of Expert Opinion Reports, April 1, 2009
- No. 8 - Client Disclosure, June 1997

**If you are missing any of these Statements, current Advisory Statements can be printed from the College website at [www.cptbc.org](http://www.cptbc.org) by selecting the heading ‘Registrants’, ‘Regulation’, ‘Advisory Statements’.**

## SCOPE OF PRACTICE SURVEY

The College, PABC and the UBC, Department of Physical Therapy have struck a tri-joint task force to review current physiotherapy practice and consider emerging opportunities. We require current practice information to move forward.

Please assist us by completing the survey located on Survey Monkey by **APRIL 15th** at the link provided below:

[http://www.surveymonkey.com/s.aspx?sm=MIahMw99XC\\_2fG5ajo9yJGdA\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=MIahMw99XC_2fG5ajo9yJGdA_3d_3d)

The survey is anonymous and it seeks information on your current physiotherapy practice, education needs, and views on emerging professional roles in practice today.

Individual information will be kept confidential; only group data, trends and comparisons will be shared. It will take about 5 minutes to complete this survey. If you need further information, please contact Rebecca at PABC (604 736 5130) or Brenda at the College (604 730 9193).

**REGISTRATION COMMITTEE REPORT****Renewals Report – 2009**

Registrant renewals are now complete for 2009. Thanks to all registrants who diligently completed their renewals before the January 1st deadline. The utilization rate of the online renewal system has consistently increased since its first launch in 2006 and we strongly encourage all registrants to renew their registration online next year.

**Full Registrants Cancelled for Non-payment of Dues – 2009**

Name	Registration Number
BESSERER, Floyd	06639
BLACKWELL, Tammy-Jo	06594
EWANYSHYN, Holly	06655
FALTAS, Eriny	06433
GABRIEL, Garrett	04819
HALL, Lee-Anne	06021
HAMMOND, Elizabeth	06718
IRWIN, Melanie	04696
MORO, Vasant	04270
OLUBOWALE, Oluseyi	05184
PEDERSEN, Patricia	00457
PYLOT, Brenda	03226
RIZZO, Stefania	04719
WOLOSHYN, Jared	06891

**Inactive Registrants Cancelled for Non-payment of Dues – 2009**

Name	Registration Number
BOYKO, Brenda	02703
CAPELL, Jennifer	04289
FORWELL, Lorie	02619
FUSSELL, Catherine	05060
GILBERT, Hugh	03591
GREENE, Deborah	03643
HAMILTON, Susan	00235
LEE, Beng "Leon"	05086
MCCLUNG, Amanda	03223
PARKS, Cindy	06041
RAI, Bakhtawar	01520
THOMPSON, Bryn	04690

**Full Registrants Reinstated – 2009**

Name	Registration Number
IRWIN, Melanie	04696
<b>EFFECTIVE DATE</b> February 9, 2009	
FALTAS, Eriny	06433
<b>EFFECTIVE DATE</b> February 17, 2009	

**Inactive Registrants Reinstated – 2009**

Name	Registration Number
PARKS, Cindy	06041
<b>EFFECTIVE DATE</b> February 16, 2009	

**Registrants Cancelled in Good Standing effective January 1, 2009**

Name	Registration Number
ANHOLT, T Jill	02481
ALLEN, Shawn	04091
ASLAM, Zebulnisa	02359
BEATON, Trudy	01005
BOURDAGE, Stephanie	06048
BOWEN, Beverley	00056
BRINKS, Stephen	06352
BROWN, Derek	06656
CARAHER, Anna	04513
CAVERHILL, Linda	00097
CHENGKALATH, Devendra	06096
CORBET, Avril	01296
DUNNETT, James	05175
DUTOIT, Shirley	00769
EGGENBERGER, Kathy	04410
GAYLE, Carl	04162
GREATREX, Robina	00226
GROENING, Cathryn	06725
HEPBURN, Katherine	05145
HUGHES, Shari	03053
JENNINGS POWER, Julia	06203
KLASSEN, Curtis	04209
KNIGHTLEY, Monique	02144
LE PERS, Shirley	01519
LERCH, Kristine	06451
MACDONELL, Ruth	03892
MAKORTOFF, Harvey	03787
MATHUR, Sunita	04769
MEYER, Karen	06201
OLM, Charlene	06060
PAQUETTE, Nicole	06114
PENIKETT, Sally	02658
SHAH, Rupeshkumar	06592
SPROWSON, Jessica	04665
STEBBINGS, Kate	02355
TOEWS, Kathryn	05018
TROTTIER, Isabelle	06276
YEATES, Michelle	05261

**REGISTRATION COMMITTEE REPORT (cont'd)****Registrants Retired effective January 1, 2009**

<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	<b>Registration Number</b>
BARRETT-LAPLANTE, Vivienne	00123	MARTINDALE, Linda	00381
BENNETT, Dixie	00039	MATTICE, Rachel	01386
DEWDNEY, M Elaine	00147	MCMOW, M Gail	00447
FRANZEN, Karin	00201	NORMAN, Barbara	01015
HALL, Andrea	02577	OLSEN, David	00466
HODGSON, Nancy	03239	PARSONS, E Ann	00480
HOLLAND, Linda	01110	PETERSON, Karen	00488
HOOD, Loverna	01012	PIKE, Patricia	00496
HUBER, Susan	00275	PUGLIESE, J Anthea	00513
HUNTING, Joan	00849	SCHOLTON, Ann	00404
JOHN, Olive	00297	TRUEMAN, Dora	02985
KOEDOODER, Roland	01026	WILKINSON, Marianne	00674
MARSHALL, Yolande	00378	YEUNG, Ben	00685

**PT CLINICAL PLACEMENTS****HAVE YOU BEEN APPROACHED BY OUT-OF-PROVINCE OR INTERNATIONAL STUDENTS LOOKING FOR AN EDUCATIONAL EXPERIENCE IN BC?****If so, please contact the Academic Coordinator for Clinical Education at UBC!**

We strongly encourage all clinicians who would like to provide a learning experience for a student to do so, however it is very important that all placements in BC (including those for out of province or international students) are coordinated through the Department of Physical Therapy at UBC. This is to ensure that a) all legal requirements for the learning experience are in place, b) that students coming to you have an appropriate academic standard for practice in Canada and c) that we do not disadvantage our own UBC students by filling available BC placement opportunities with students from other programs.

**For example:**

1. *All students practicing in BC must be registered with the College and provide proof of liability insurance. Once the placement is approved by UBC the Academic Coordinator will provide the student with a CPTBC student application package which must be completed, forwarded to and approved by the College before the clinical placement may begin. Without College registration, the student is practicing illegally.*
2. *Academic standards and programs vary widely throughout the world. International students may not be of the standard you expect or may be at a different stage of their education than you anticipated. UBC will assess the academic achievement of the student to ensure that they meet the standards for practice in Canada.*
3. *UBC students have the right to expect that quality fieldwork opportunities in BC will be available to them. With expanded enrollment there will be more pressure than ever before on BC sites to offer placements to BC students. Some international programs request lengthy clinical experiences which block several placements for BC students (e.g.: some international students complete up to 15 weeks of clinical placement in one location which effectively removes three potential 5 week placement periods for UBC students).*

*There is an agreement between all PT programs in Canada as to how out-of-province placements are handled. PT program students from their own province first and then students from other Canadian programs, before offering placements internationally. This is to protect the rights of Canadian students for access to Canadian placements. Out-of-province students should be directed back to their home program to request placements in BC through this system.*

*If you are approached by out-of-province or international students, or are interested in becoming involved in Clinical Fieldwork Education, please contact Sue Murphy (Academic Coordinator of Clinical Education) at UBC: sue.murphy@ubc.ca (or 604-822-7413). We would love to hear from you!*

**INCORPORATIONS REPORT**

Current physical therapist corporation permit holders will receive a notice of permit renewal in the beginning of March. Your current corporation permit expires on March 31, 2009 and you must renew your registration in order for your corporation to continue its operation. If your corporation mailing address has been changed recently, please remember to update the College with your new contact information.

**CLINICAL EDUCATION CORNER****VOLUNTEER PHYSIOTHERAPISTS NEEDED!**

One of the volunteer activities that the UBC MPT students are involved with is the Community Health Initiative by University Students (CHIUS). CHIUS is a student-run, inter-professional health care initiative that operates in the Downtown Eastside to help with the marginalized communities. It was founded by two UBC medical students in 1998 and now includes over 500 volunteers from nine different faculties (medicine, nursing, physiotherapy, occupational therapy, dentistry, pharmacy, social work, dietetics, public health) who work together through a "team approach" in hosting health education workshops and participating in clinic shifts under the supervision of faculty-specific mentors. CHIUS is currently operating from the Downtown Community Health Center and the Vancouver Native Health Clinic. The UBC Department of Physical Therapy is supportive of this initiative and encourages student involvement.

CHIUS is currently looking for volunteer physical therapists to act as mentors and supervisors for PT students at the clinic. Volunteers can be from any area of practice and the only requirements are to enjoy mentoring students and to be available for 4-8 hours per month or alternate months (usually on an evening or weekend).

If you are interested in finding out more or if you think you might be interested in volunteering please contact Helen Ko at helen.h.ko@gmail.com. Thank you in advance for considering this opportunity to contribute to student learning and to the clients we serve in the Downtown East Side.

*Submitted by Helen Ko  
CHIUS Student Representative, MPTI*

**QUALITY ASSURANCE PROGRAM CORNER****REGISTRANT SURVEY**

In June 2008, the College of Physical Therapists of British Columbia (CPTBC) conducted a survey as part of the development of the Quality Assurance Program.

The goal of the survey was to validate the assumptions made in the program blueprint, and to invite physical therapists to participate in the development of the program.

An invitation to participate in the online survey was sent to a targeted sample of 1200 registered Physical Therapists (51%). Participants were chosen to ensure that geographical location, primary practice setting, primary area of clinical practice, patient age groups and therapist age and gender represented the total registrant population. 384 registrants completed the survey, for a response rate of 32%. This is considered a good rate of response for the survey.

Survey participants were asked to rate their confidence in demonstrating competence in the areas of adult musculoskeletal, adult cardio-respiratory, adult neuromuscular, geriatrics, pediatrics musculoskeletal and pediatrics neuromuscular practice. The results showed that 97.5 % of the respondents felt confident practicing in two or more of these six areas of practice.

These results validated a principle proposed in the Quality Assurance Program Framework and Blueprint that the registrants would be competent in two or more areas of practice and could therefore be able to demonstrate their competence in two areas of clinical practice as part of the Quality Assurance Program.

*In summary, the survey indicated that the program blueprint is valid.*

Thank you to everyone who participated. Your involvement and suggestions contribute significantly to the on-going development of our QA Program.

*Submitted by the Registrant Competence Assessment Subcommittee*

## CPTBC IS CURRENTLY LOOKING FOR COMPETENCE ASSESSMENT

### *Key Features Cases WRITERS*

**For more information, go to [www.cptbc.org](http://www.cptbc.org) home page/recent news.**

The College staff has responded to invitations from physical therapists working in both the public and the private sectors to talk about the Quality Assurance Program.

Call (604 730 9193) or e-mail the program coordinator ([olga\\_nesic@cptbc.org](mailto:olga_nesic@cptbc.org)) if you are interested in scheduling an in-service to hear more about the program.

## ACUPUNCTURE CREDENTIALING SUBCOMMITTEE UPDATE

The College Acupuncture Credentialing Sub-committee has recently added a second McMaster University acupuncture program to the list of approved education programs. The McMaster University Medical Acupuncture Program: An Evidence-Based Approach to Traditional Chinese Medicine ([www.acupunctureprogram.com](http://www.acupunctureprogram.com)) has been approved and will be added to Schedule G in Practice Standard No. 10 – Dry Needling for Physical Therapists

([www.cptbc.org/pdf/PracticeStandards/PracticeStandards10.pdf](http://www.cptbc.org/pdf/PracticeStandards/PracticeStandards10.pdf)).

### Frequently Asked Questions

***Q: I am working at a private practice that is owned by a non physical therapist and there seems to be a lot of pressure to increase my patient volume by assigning most treatment to support workers and to make referrals to other providers at the clinic. The financial bonuses offered make it hard to refuse. What should I do?***

The College of Physical Therapists of BC regulates physical therapists, as opposed to the facility, and as such there is no regulatory control over who owns a clinic where physical therapists work. It is important to know that regardless of your employment setting physical therapists MUST meet all College regulation. This means being familiar with, and abiding by:

- Part V of the College Bylaws ([www.cptbc.org/bylaws.asp](http://www.cptbc.org/bylaws.asp)) on Standards of Practice (including the Code of Ethics, Minimal Treatment Standards, Business Practice Standards, Advertising Standards, etc),
- Meeting the requirements of the *Personal Information Protection Act*, and the *Health Care Consent and Facilities Admissions Act*; both of which are available at: [www.bclaws.ca](http://www.bclaws.ca).
- Adhering to all of the College Practice Standards ([www.cptbc.org/practicestandards.asp](http://www.cptbc.org/practicestandards.asp)) and Advisory Statements ([www.cptbc.org/advisorstements.asp](http://www.cptbc.org/advisorstements.asp)).

Be sure to familiarize yourself with the College requirements so that you can be clear with your employer about your legal, ethical, and professional responsibilities as a physical therapist. Keep in mind that if there is a problem down the road, it is the responsibility of the physical therapist to demonstrate that they met all of the College requirements, regardless of what a business owner expects.

## PATIENT RELATIONS CORNER

### How Things Have Changed • Patient-Centered versus Provider-Centered Care:

#### Then: Provider-Centered care

Many of us take a paternalistic role in our relationships with our patients; we control the patient interview and ask predetermined questions. We do not allow the patient to sidetrack the interview with “irrelevant” information or concerns. With information gathered we decide what care is required. We tell the patient what to do and expect them to comply. Those who don’t may be labeled non-compliant or uncommitted to their recovery.

#### Now: Patient-Centered care

Patient-centered care means the physical therapist contributes expertise to assist the patient, and, through information-sharing, makes decisions regarding care. It does not mean handing over the responsibility to the patient to determine their treatment and goals.

Patient-centered care is a holistic concept in clinical care that involves

- considering the patient’s reasons for their visit
- encouraging the patient to express their concerns
- understanding the patient’s need for information
- seeking information to understand the patient as a whole person including the issues in their life, their age and cultural background
- agreeing on the problem with the patient, the management of the problem and treatment goals
- obtaining informed consent from the patient

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#### “I’m not giving up my stiletto heels!”: A Case In Point.

In the booklet, “Are You Providing Patient-Centered Care?”, the College of Physical Therapists of Ontario gives an example of patient-centered care as it relates to physiotherapy.

The patient, Mrs. Mason, sought physiotherapy treatment for back pain. Mrs. Mason routinely wore high heels in spite of being told by her physiotherapist the heels likely contributed to her pain. The physiotherapist told Mrs. Mason she was unable to treat her as long as she continued to wear heels. In response, Mrs. Mason literally dug in her heels and refused to give them up!

If Mrs. Mason had felt informed, supported and respected, a different outcome may have been reached; she might have decided to make a small change and remove her heels at least some of the time. It’s not a perfect solution, but it leaves a door open nevertheless. The physiotherapist can support and reinforce the change with continued education, positive feedback and progress reviews.

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A patient-centered approach involves building rapport and forming a working partnership with the patient. By informing the patient in a non-judgmental manner of the pros and cons of their behavior he or she may understand the benefits of change. The patient is then able to make informed decisions about care.

If you and your patient disagree about their management then listen carefully to the patient’s thoughts about their care. Let the patient know you understand their point of view. Then express your concerns and seek to find treatment goals that are acceptable to you both.

#### Benefits of patient-centered care

Taking a patient-centered approach to care has proven to result in better treatment outcomes. Research has shown the patient is more motivated and has fewer complaints. When the patient feels respected and heard, (s)he feel empowered. As a more active participant in their care there is a greater likelihood of achieving treatment goals.

HOW: Spend the time early in the relationship to develop a partnership and establish goals together. This can avoid any misunderstandings and save the need for time-consuming explanations later.

*Submitted by the College Patient Relations Committee*

**MEMBER ADVISORIES****Health Canada Endorsed Important Safety Information on Liko Uno Patient Lift**

Liko, a Hill-Rom company, has initiated a field correction program for the Liko Uno Patient Lift, applicable only to the models and serial numbers listed on the Health Canada website: [www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/\\_2008/liko\\_lift\\_leve\\_hpc-cps-eng.php](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/_2008/liko_lift_leve_hpc-cps-eng.php). **Please see the Health Canada website for full details of the safety notice.**

The actuator of the lift has the potential to separate when the upper arm is fully extended. If this happens when a patient is being lifted the lift will fail, resulting in a patient fall. To date, Liko has received 18 reports of actuator failures, one report of a death from complications associated with a hip fracture, and one report of a fractured femur.

**Action to be taken:** *Immediately take the unit out of service* and contact your authorized Liko distributor or Hill-Rom to discuss available options.

**Brochure on IMS from the Institute for the Study and Treatment of Pain**

The Institute for the Study and Treatment of Pain will be removing the section on the comparison between IMS and Acupuncture in their brochure "What is IMS" at the request of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.

Physical Therapists who have copies of this brochure in their patient waiting rooms are requested to remove the old brochures and obtain the latest version of this brochure from the Institute for the Study and Treatment of Pain.

**In Memoriam****Jan Marie Boyd**

December 17th, 2008

Vancouver, B.C.



## INQUIRY SUMMARIES

### Professional Misconduct – Billing

The College received a written complaint against a physical therapist alleging that the physical therapist billed a third party payor for service not provided.

Following an investigation into this matter the Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(c) of the *Act* and request that the physical therapist consent to a reprimand for inappropriate billing for services.

### Incompetence – Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist aggravated the complainant's injury during the course of her OR1 program, treated her disrespectfully and breached patient confidentiality.

Following an investigation and based on the complainant's clinical record and the physical therapist's response to the complaint the committee determined, under section 33(6)(a) of the *Health Professions Act*, that there was no reason to take action against the physical therapist for allegedly breaching the College Bylaws Standards of Practice sections:

- i) 55(1.1) - Physical therapists shall consider the well-being of the client as their primary concern by respecting the client's legal rights, dignity, needs, wishes and values;
- ii) 55(1.4) - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime;
- iii) 56(2)(c) - Once treatment is initiated the registrant must complete a reassessment of the client, including objective findings and re-evaluate the treatment regime and

Clinical Practice Standards:

- i) #4 - Consent to treatment and
- ii) #9 - Conflict of Interest & Payment for Physical Therapy Services.

The file was closed.

### Incompetence – Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist burned her shoulder during the course of treatment. The patient discovered blisters on her shoulder following the removal of a 'treatment devise' that was attached to her shoulder and upper arm.

Following an investigation the Inquiry Committee determined to act under section 33(6)(c) of the *Health Professions Act* to act under s.36(1)(a) and s.36(1)(d) to request that the physical therapist consent to a reprimand, consent to not repeating this behavior by ensuring that she has properly informed her patients of the need to call for assistance and consent to provide the committee with a communications protocol to be used with her patients.

### Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist used foul language in the complainant's presence and that the physical therapist touched the patient's arm and leg in a manner that made the patient feel uncomfortable.

Following an investigation the committee determined that there was no reason for it to take action against the physical therapist under the *Health Professions Act* for allegedly breaching Section 53(1)(f) - Professional Misconduct - contravening a standard of practice, clinical practice statement of the profession, or the code of ethics of the College Bylaw or Clinical Practice Standard #7 - Sexual Misconduct. The file was closed.

### Professional Misconduct

The College received a written complainant against a physical therapist alleging that the physical therapist inappropriately touched the complainant during her treatment sessions.

Following an investigation the committee determined that there was no reason for it to take action against the physical therapist under the *Health Professions Act* for allegedly breaching Section 53(1)(f) - Professional Misconduct - contravening a standard of practice, clinical practice statement of the profession, or the code of ethics of the College Bylaw or Clinical Practice Standard #7 - Sexual Misconduct. The file was closed.

# FOR RENT/LEASE

## Surrey - Guildford

**Set up medical office** in a multidisciplinary clinic: furnished private office, two examination rooms, reception desk with ample space for charts, large waiting room, staff room, storage room, one underground parking space and patient parking.

Located in a professional building across from Guildford Mall (152nd Street & 104th Avenue). Unit shared with a general dentist, family physician, chiropractor, nutritionist, acupuncturist and psychologist.

**Space available April 1st, 2009.**

### PHYSIOTHERAPIST • VANCOUVER BC

Are you interested in a great opportunity to grow and create? We are a progressive long term care centre with a strong rehab department and multidisciplinary team, serving the needs of over 230 complex care residents at the Louis Brier Home and Hospital and the Weinberg Residence, within the Snider Campus for Jewish Seniors.

We are looking for an enthusiastic self-directed physiotherapist who can think out of the box, and who brings clinical expertise, excellent communication and collaboration skills, program development and evaluation know-how.

You will use these skills to assess residents' needs and work with the team, the residents and their families to deliver individual and group rehabilitation programs. You will also supervise students and rehabilitation assistants and participate in teaching and mentoring.

This is a **Part-time position, approximately 3 – 4 days / week.**

The successful candidate must be registered with the College of Physical Therapists of BC. Experience in geriatrics / long term care is strongly preferred.

To find out more about working with our incredible team of professionals, see [www.louisbrier.com](http://www.louisbrier.com) or call Oksana Peczeniuk, Leader Rehabilitation Services at 604.267.4712.

To apply, please send your resumé to [jfawcett@louisbrier.com](mailto:jfawcett@louisbrier.com).

**ARE YOU MOVING?  
CHANGING YOUR STATUS?  
CHANGING YOUR NAME?  
MAIL OR FAX COUPON TO:**

Registration Program  
College of Physical Therapists of B.C.  
302-1765 West 8th Avenue  
Vancouver, BC V6J 5C6  
Phone: (604) 730-9193  
Fax: (604) 730-9273  
Email: registration@cptbc.org

**MOVING OR CHANGING JOBS?**

Name: \_\_\_\_\_

Full: \_\_\_\_\_ Inactive: \_\_\_\_\_ Interim: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

**New Home Address**

\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**New Business Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CHANGING YOUR NAME?**

Reg. No. \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Attach a copy of official change of name form or marriage certificate and \$25 each for a new certificate or registration card.

**GOING INACTIVE**

**CHANGE MY REGISTRATION STATUS**

\_\_\_\_\_  
(Print Name) & (Signature)

\_\_\_\_\_  
Registration Number

I am a full registrant in good standing with the CPTBC and intend to cease practice as a physical therapist in British Columbia. If I choose inactive registration, I understand that as an inactive registrant I no longer need to carry malpractice insurance, may not work in BC as a physical therapist and **MUST** renew my registration by December 31. Please change my registration status to:

- Cancelled in good standing
- Retired
- Inactive\*

on \_\_\_\_\_ (m/d/y)

\*If you choose inactive registration, please be aware of the following:

1. You must be a full registrant to qualify for inactive status. You must request this change in writing, either with this form, with a letter to the Deputy Registrar or on your annual renewal form.
2. You **must** change to inactive registration in BC if you no longer carry malpractice insurance.
3. There is no refund in whole or part of the annual registration fee when you change status during the year.
4. Inactive registrants may not work as physical therapists in any capacity, either clinically or non-clinically **and must report practice hours on renewal of registration.**
5. Inactive registrants continue to be listed in the register, receive the newsletter and any College mailouts.
6. To change from **inactive to full** registration at **any time during the year** you must first contact the office and obtain an application package. Allow three weeks for processing. Call the Deputy Registrar if you have any questions.

**ADVERTISING RATES**

The College of Physical Therapist newsletter **Update** is published three times per year (spring, summer and fall).

Contact the College for submission deadlines.

<b>Rates:</b>	\$100	up to 3¼" x 3¼"
	\$150	3¼" x 4½"
	\$200	3¼" x 8½"
	\$400	full page (black and white)

Contact the College for quotes for color ads

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