

Update CPTBC

SUMMER 2010 • VOLUME 11 ISSUE 2

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INSERTS

Annual Self Report Insert
Consent Booklet

**QUALITY ASSURANCE PROGRAM
THE ANNUAL SELF REPORT STARTS THIS YEAR!
READ THE ENCLOSED YELLOW INSERT FOR DETAILS!**

COLLEGE BOARD OF DIRECTORS: 2010-2011

- **Jason Giesbrecht** - Elected Registrant and Board Chair
- **Annick de Gooyer** - Elected Registrant and Board Vice-Chair
- **Jane Gates** - Elected Registrant
- **Tony Gui** - Student Representative
- **Anne Harris** - Elected Registrant
- **Michael Lam** - Appointed Public Representative
- **Freeman Qu** - Elected Registrant
- **Philip Sweeney** - Elected Registrant
- **Marilyn Tevington** - Appointed Public Representative
- **John Zimmer** - Appointed Public Representative

MESSAGE FROM THE BOARD CHAIR

Greetings Registrants!

2010 has proven to be a busy and exciting year for CPTBC thus far. The College's fourteen (14) committees have continued to be very active this year with more than one hundred and fifty (150) volunteers producing exceptionally high quality and valuable work. The Annual General Meeting and Physiotherapy Practice Forum, held in Vancouver and co-sponsored by the Physiotherapy Association of BC in April, was a resounding success as it achieved an all time high in attendance and registrant participation. Your Board of Directors voted me Chair of the Board at its meeting following the Annual General Meeting and Annick de Gooyer was voted Vice-chair. I would like to thank Victor Brittain for all his work as past Board Chair; as well as Anne Scott for her six year tenure on the Board and Registration Committee.

Also, welcome to the new Board members who were elected at the Annual General Meeting, Phil Sweeney and Anne Harris, and to Marilyn Tevington who was appointed by the Minister of Health to the College Board on April 1, 2010.

The most challenging aspect of the College's current work is the ongoing development of the Quality Assurance Program (QAP) as the College strives to comply with legislation recently passed by our provincial government. The QAP is currently in the development

and consultation phase. So far this year, the College has delivered more than twenty two (22) QAP education / consultation sessions across the province. This session will eventually be available, via webcast, on the www.cptbc.org website. At the same time, numerous hard working committees continue with program development activities with the intention to launch the first phase (the Annual Self Report) this year. The CPTBC Board of Directors has received much feedback, via the AGM and education sessions, related to the format and design of the Quality Assurance Program and will continue to consider the perspectives of therapists around the province as the Board strives to ensure that the program is evidence based, reliable, and valid.

We expect the rest of 2010 to be very exciting as we move towards the development of our 5 year strategic plan and thereby set the course for the next few years. I would like to take this opportunity to thank all of our staff and volunteers for their tireless efforts over the past year. I look forward to the journey ahead of the Board as self regulation continues to evolve in the province of British Columbia.

Best wishes,
Jason Giesbrecht,
Board Chair

REGISTRAR'S REPORT

ANNUAL GENERAL MEETING and PHYSIOTHERAPY PRACTICE FORUM

The Annual General Meeting (AGM) was held on Saturday, April 17, 2010 at the Plaza 500 Hotel, 500 West 12th Avenue, British Columbia. There were one hundred and ninety (190) members in attendance carrying thirty nine (39) proxies; therefore a quorum of registrants was present as required under section 4(1) of the College's Bylaws.

The Board Vice-Chair, Jason Giesbrecht, welcomed the registrants and guests to the meeting.

The Chair, Committees, Registrar's reports and the 2009 financial statements were received and placed on file.

Annick de Gooyer was elected for a second two-year term to the Board of Directors. Anne Harris and Philip Sweeney (see biography below) were both elected to the Board of Directors for a two-year term.

The Vice-Chair welcomed the Board's new public member, Marilyn Tevington.

RECOGNITION AWARDS

The following individuals were recognized for their contributions to the College:

- | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Victor Brittain | - Board of Directors from March 20, 2004 to April 17, 2010 including Vice-chair from July 2005 and Chair from April 12, 2008 |
| Terry Fedorkiw | - Patient Relations Committee from June 14, 2003 to June 14, 2009 |
| Jeff Garrett | - Quality Assurance Program, Annual Self Report Subcommittee from June 21, 2008 to June 30, 2009;
- Quality Assurance Committee, Standards of Practice Subcommittee from July 9, 2005 to June 30, 2009;
- Nomination Committee from April 28, 2007 to June 30, 2009;
- Physical Therapists' Support Worker Steering Group and Complaints Task Group, September 8, 2007 to June 30, 2009; and
- Joint Initiative Committee (JIC) representative from February 1, 2007 to June 30, 2009 |
| Wren Montgomery | - Patient Relations Committee, Public member from July 17, 2004 to June 9, 2009 |
| Anne Scott | - Board of Directors from March 20, 2004 to April 17, 2010 |
| Klari Varallyai | - Nominations Committee (including chair) from January 19, 2002 to June 21, 2009 |

BIOGRAPHIES – NEW BOARD MEMBERS

ANNE HARRIS

Anne graduated from the University of British Columbia in 2004 with a Bachelor of Human Kinetics. Anne worked as a kinesiologist in exercise rehabilitation and as a camp counselor for children with disabilities before returning to university to pursue a degree in physiotherapy. Anne completed her Masters of Science in Physical Therapy from Queen's University in 2007 and has worked with Vancouver Coastal Health since then.

Anne has volunteered with numerous groups. She has acted as an athlete representative on the Board of the BC Water Polo Association. At Queen's, she was a member of the Health Sciences Students' Association and the Rehabilitation Students' Society. She participated in the Canadian Alliance of Physiotherapy Regulators working group to revise the essential competencies for Canadian physiotherapists in 2009. Since last summer, Anne has been a part of the Annual Self Report Subcommittee with the CPTBC.

PHIL SWEENEY

Phil was born and raised in Aotearoa, New Zealand. He completed his high schooling at Nelson Boys College in 1998, and went on to study physiotherapy in Dunedin at Otago University completing his degree in 2002.

Phil moved to Australia in 2003 where he worked in Victoria, Queensland and ended up in Western Australia (Perth) at the end of 2004. From there he traveled to the UK in 2006 where he worked for two years as a locum physiotherapist all around England and Northern Wales. In 2008 he moved to Canada, passed his exams and has since been working at the Vancouver General Hospital.

Phil predominantly works in the Cardio-Respiratory field, but he has covered almost all areas throughout his career. In total he has worked in 15 different hospitals, has been licensed under 6 different Registration Boards, and has worked in 3 different countries but has never worked in New Zealand.

Phil played Rugby Union for 11 years both at school and university. He is an avid fan of outdoor activities and has tried to make the most of his surroundings. He has been rock climbing in Wales, mountain biking in the French Alps, and skiing and snowshoeing in Vancouver. He loves the outdoors and is always ready for the next adventure or challenge.

MARILYN TEVINGTON

Marilyn Tevington was appointed as a new public member to the Board of the College of Physical Therapists of British Columbia by Minister Kevin Falcon on April 1, 2010.

Marilyn is retired from the Royal Bank after 35 years of service in personal and business banking. She is an active member of her community and has served as President of such organizations as the Comox Valley United Way and the Courtenay Rotary Club. She has also served as a member of the Comox Valley Community Foundation and the local Spirit of BC Community Committee. Recently, Ms. Tevington led the Comox Valley Association Task Force for the visit of the 2010 Olympic Torch Relay.

COMMITTEE REPORTS

QUALITY ASSURANCE PROGRAM CORNER

The College Quality Assurance Program development and implementation is well under way.

The Annual Self Report, the first of three components of the Quality Assurance Program, will launch in September 30, 2010. Please read the enclosed insert explaining the Annual Self Report. Completion of the Annual Self Report will be a registration renewal requirement for 2011.

Since April 2008, when the Program was first introduced, College staffs have made presentations about the Program at twenty-two (22) locations around the province. More than 900 registrants have had an opportunity to attend the information sessions, including 300 registrants at the April 2010 AGM. Part of the presentations reviewed the second component of the Program, the Registrant Competence Assessment, and we provided registrants with sample questions to give them an opportunity to look at the assessment format. Feedback has been positive and supportive of the Program as a result of the interactive presentations. All the feedback, including that received via mail and e-mail has been very valuable, thoughtful and professionally communicated. The College Board and our writing teams will use this feedback in their future work.

Physical therapists are now more aware of the BC legislation under which the College is mandated to provide a quality assurance program. This Program is designed to ensure that professional standards are maintained by all physical therapists in British Columbia. This is a huge cultural shift in our profession and we endeavor to meet the high expectations of the public. As one of our registrants pointed out: "Let everybody slowly get used to a new way of thinking."

Thanks to all who attended the sessions this year in Nanaimo, Vancouver, Abbotsford, Victoria, Prince George, Kelowna, Kamloops, Cranbrook, Comox and Castlegar. For those physical therapists who haven't been able to attend any of the sessions, the website and newsletter are a good source for the latest information.

The College continues to enhance communication with registrants regarding the Quality Assurance Program and has already started to schedule the next cycle of presentations for the fall. There are two presentations already scheduled at the Lions Gate Hospital – North Vancouver and Richmond Hospital. Please visit www.cptbc.org

REGISTRATION REPORT

MALPRACTICE INSURANCE REMINDER!

If you have renewed your malpractice insurance already or are going to renew it in the next few months, please remember to forward a copy of your insurance to info@cptbc.org or fax to 604 730 9273. The College will keep it on file for your 2011 registration renewal.

MEMBER ADVISORY

The 2009 *Essential Competency Profile for Physiotherapists in Canada* can now be found on the College website (<http://www.cptbc.org/pdf/EssentialCompetency2009.pdf>) and the Alliance website (http://www.alliancept.org/alliance_resources.shtml). This document is not available in hard copy.

Electrophysical Agents – Practice Standard No. 2 Important Safety Notice:

Currently Practice Standard No. 2 – Electrophysical Agents indicates that all electrical equipment must be CSA, UL, or CE approved. It has been brought to the attention of the College that unless electrical equipment that plugs into a wall has CSA or C-ULT approval that it may not have undergone safety testing. In the absence of safety testing liability protection may be limited as insurance companies may not cover these units if there is an adverse reaction.

To inquire about getting your electrophysical agents tested and approved by the Canadian Standards Association please contact:

CSA Special Inspections
13799 Commerce Parkway
Richmond, BC
V6V 2N9
(p) 604 244 6606

The recommendation is that all electrical equipment be CSA or C-ULT approved, and Health Canada approved. Health Canada licensing ensures tracking of recalls or safety issues, which might otherwise be missed.

The College will revise the Practice Standard to reflect current information.

Information on Disability Tax Credit for Physical Therapists

The Canada Revenue Agency (CRA) has launched a series of new web-pages for Qualified Practitioners (medical doctors, optometrists, speech-language pathologist, audiologists, occupational therapists, psychologists and where applicable physiotherapists). These new web-pages explain what the disability tax credit (DTC) is, what the practitioner's responsibilities are with respect to completing the form, provide greater detail in interpreting the patient's impairments in the context of DTC eligibility criteria and provide some insights into the CRA practice of sending clarification letters. If you are called upon to certify Form T2201, the Disability Tax Credit Certificate, please visit www.cra.gc.ca/qualified-practitioners for more information.

PABC & CPTBC JOINT INITIATIVES COMMITTEE

Can Advocacy Blur Professional Boundaries in the Therapeutic Relationship?

Recently, both the PABC and CPTBC have had inquiries about different aspects of patient advocacy. The inquiries often arise when a third party (often an insurer but can be another stakeholder) is involved. Through our Joint Initiatives Committee, PABC and CPTBC are examining the role of patient advocacy in our summer newsletters. We are asking “How should I advocate for my patient’s best interests?” In the PABC Summer *Directions*, you’ll find the perspective of stakeholder relations. Here, we will look at it from the perspective of professional boundaries and your duty of care.

From the College’s perspective it’s important to remember that your duty of care is to your patient – that is the relationship model within which you can best assist your patient. Your role in advocating for your patient is to present objective information that is supported by your clinical record within the confines of a professional relationship.

Boundaries can become blurred when we define patient advocacy as acting on behalf of the patient, however, appropriate advocacy is treating and educating our patients so that they can actively participate in managing their own care. This is the definition the Canadian Physiotherapy Association is calling “patient engagement.”

As a physical therapist you have a therapeutic or professional relationship with your patient, and with patient’s consent you may communicate directly with his/her physician or another third party. These direct lines of communication between the physical therapist and patient or between the physical therapist and the third party help maintain professional boundaries, and they ensure communication remains based on objective findings supported by your clinical record. Remember that any communication between the physical therapist and a third party must be recorded in the clinical record in accordance with Practice Standard No. 1 – Clinical Records (<http://cptbc.org/pdf/PracticeStandards/PracticeStandards1.pdf>).

Things get tricky if a patient makes a request that you act as a ‘go between’ or an advocate with a third party (physician or payer) on their behalf. When you step outside of your direct line of communication with the patient or with the third party, the therapeutic and the professional relationship lines become blurred and boundaries may be crossed. If you find yourself in this scenario it might be helpful to review the chart on page 5 in the College resource “*Where’s the Line?*” *Professional Boundaries in the Therapeutic Relationship* at http://cptbc.org/pdf/Where_is_my_line.pdf. This chart outlines the difference between a professional and a personal relationship, and the resource goes on to explore why maintaining professional boundaries is in your patient’s best interest. If you think boundaries are blurring ask yourself: Would I do this for all of my patients? Am I using my personal time to advocate? Am I still talking strictly about physical therapy issues? Am I confident that I am remaining objective in my decision making? Could this have the appearance of a conflict of interest?

Using the concept of patient engagement rather than patient advocacy, the physical therapist respects professional boundaries because the focus remains on the relationship between themselves and the patient. Consider the implications for your patient if professional boundaries are not maintained and a third party begins to question your objectivity and your professional opinion.

We all want what is best for our patients, and often we are in the unique position of being relied upon for our professional objective opinion about a patient’s recovery, current limits, and recommendations for future care. These recommendations can be invaluable to our patients, and maintaining professional boundaries is the best way to protect the value of your professional opinion, and that is always in your patient’s best interest.

INQUIRY SUMMARIES

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist injured the complainant during her treatment and that she has been in pain since that time.

Following an investigation the committee determined that there was, on the face of the information before it, no basis to substantiate the allegation of professional misconduct and for the committee to take action against the physical therapist under the *Health Professions Act* for having breached the College By-laws section 55(1.3) - Standards of Practice - Responsibilities to the Client - Physical therapists must respect the client’s rights to be informed about the effects of treatment and inherent risks; section 55(1.4) - Standards of Practice - Responsibilities to the Client - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime; and Clinical Practice Statements #4 - Consent to treatment. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist breached patient confidentiality by discussing her third party payer claim in a loud voice outside the nursing station. In addition the complainant alleges that the physical therapist did not provide her with the appropriate walking aides given her injuries.

Following an investigation the committee determined that there was, on the face of the information before it, no basis to substantiate the allegation of unprofessional conduct and for the committee to take action against the physical therapist under the *Health Professions Act* for having breached the College By-laws section 55(1.5) - Standards of Practice - Responsibilities to the Client - Physical therapists must respect all client information as confidential. Such information shall not be communicated to any person without the consent of the client or surrogate except where required by law; section 56(1)(a)(v) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by discussing the results of the assessment and proposed treatment plan with the client or, where the client is a minor or mentally impaired, the client's guardian or agent; and section 56(1)(a)(vi) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by obtaining the client's consent for treatment. The file was closed.

Incompetence

The College received a written complaint against a physical therapist alleging that the physical therapist did not perform a proper physical therapy assessment, failed to diagnose her problem and did not provide her with the proper physical therapy treatment when she attended for treatment of her sciatic pain. The complainant is requesting a refund of the fees paid for the treatments.

Following an investigation the committee determined that there was, on the face of the information before it, no basis to substantiate the allegation of incompetence and for the committee to take action against the physical therapist under the *Health Professions Act* for having breached the College By-laws section 56(1)(a)(i) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by taking a history, including all required elements, and contacting the client's physician, with the patient's permission, to obtain further detail, where concurrent disease processes exist and present contraindications or precautions to physiotherapy treatment; section 56(1)(a)(ii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by completing a physical examination relevant to the presenting symptoms, including measurable and observable physical findings; section 56(1)(a)(iii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by establishing a physical therapy diagnosis; and section 56(1)(a)(iv) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by formulating a treatment plan. Use, where available, evidence-based practice information to guide the development of the plan, taking into consideration client preferences, resource constraints and individual client factors (e.g. age, previous health history) that may alter expected outcomes. The file was closed.

Professional misconduct – Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist misdiagnosed her right shoulder pain. Following an investigation the committee determined that there was, on the face of the information before it, no basis to substantiate the allegation of professional misconduct and for the committee to take action against the physical therapist under the *Health Professions Act* for having breached the College By-laws section 56(1)(a)(i) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by taking a history, including all required elements, and contacting the client's physician, with the patient's permission, to obtain further detail, where concurrent disease processes exist and present contraindications or precautions to physiotherapy treatment; section 56(1)(a)(ii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by completing a physical examination relevant to the presenting symptoms, including measurable and observable physical findings; section 56(1)(a)(iii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by establishing a physical therapy diagnosis; and section 56(1)(a)(iv) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by formulating

a treatment plan. Use, where available, evidence-based practice information to guide the development of the plan, taking into consideration client preferences, resource constraints and individual client factors (e.g. age, previous health history) that may alter expected outcomes. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist did not inform them that their mother was receiving physical therapy treatments by an unsupervised physical therapist support worker and that these services were billed to a third party payer using the physical therapist's billing number. The complainants' mother lives in a care facility.

Following an investigation into this matter the Inquiry Committee determined that there were, based on the materials before it, concerns about possible professional misconduct under section 53 of the College's Bylaws. There was cause to take action against the physical therapist under section 33(6)(c) of the *Health Professions Act* to act under sections 36(1)(c) of the *Health Professions Act* and request the physical therapist consent to a reprimand for having breached the College Bylaws: section 53(1)(f) - Professional Misconduct - contravening a standard of practice, clinical practice statement of the profession, or the code of ethics; section 53(1)(n) - Professional Misconduct - submitting an account or charge for services that the registrant knows is false or misleading; section 55(1.7) - Standards of Practice - Responsibilities to the Client - Physical therapists shall assume full responsibility for all the care they provide or delegate to personnel under their supervision; section 57(1)(a) - Standards of Practice - Business Practice Standards - A registrant must not charge fees for services which have not been provided; and Practice Standard No. 3 – Assignment of Task to Physical Therapist Support Worker.

Professional Misconduct/Sexual Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist touched the complainant inappropriately during the course of her treatments.

Following an investigation the committee determined that there was, on the face of the information before it, no basis to substantiate the allegation of professional misconduct /sexual misconduct and for the committee to take action against the physical therapist under the *Health Professions Act* for having breached the College By-laws section 53(1)(f) - Professional Misconduct - contravening a standard of practice, clinical practice statement of the profession, or the code of ethics and Clinical Practice Statement No.7 - Sexual Misconduct. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist is using prescription/referral pads that are similar to his and this is causing confusion for the public. Following an investigation the committee determined that there was, on the face of the information before it, no basis to substantiate the allegation of professional misconduct and for the committee to take action against the physical therapist under the *Health Professions Act* for breaching the College Bylaw section 58(1)(c) - Standards of Practice - Advertising Standards - Any advertising or marketing activity undertaken or authorized by a registrant in respect of his or her professional services must not be reasonably capable of misleading the recipient or intended recipient. The file was closed.

Unprofessional Conduct

The College received a written complaint against a physical therapist alleging that the physical therapist had borrowed large amounts of monies from individuals and had not repaid these loans. The committee directed the Registrar to assign an inspector to interview the complainant to determine if it had jurisdiction in this matter. Following an investigation the committee determined that its jurisdiction is limited to former patients of the physical therapist and therefore the jurisdiction of the committee in this matter is limited. The file was closed.

The committee motioned to investigate this issue as it related to the former patients of this physical therapist under section 33(4) of the *Health Professions Act*.

Professional Misconduct & Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist aggravated the pain in her knee as a result of the treatment the physical therapist gave the complainant. Following an investigation the committee determined under section 33(a) of the *Health Professions Act* that there was, on the face of the information before it, no basis to substantiate the allegation of professional misconduct and for the committee to take action against

the physical therapist for breaching the College Bylaws section 55(1.3) - Standards of Practice - Responsibilities to the Client - Physical therapists must respect the client's rights to be informed about the effects of treatment and inherent risks and section 55(1.9) - Standards of Practice - Responsibilities to the Client - Physical therapists must not treat clients when the diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is contra-indicated or unnecessary. The file was closed.

Incompetence - Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist aggravated his injury during his treatment. Following an investigation the committee determined under Section 33(a) of the *Health Professions Act* to take no action against the physical therapist as, on the face of the information before it, there is no basis to substantiate the allegation of incompetence. Based on the information before it the committee did not find the physical therapist in breach of the College Bylaw section 55(1.6) - Standards of Practice - Responsibilities to the Client - Physical therapists are responsible for recognizing their limitations, continuing to develop their own level of competence, and confirming clinical diagnosis and management in those areas of practice in which they have been educated. The file was closed.

Professional Misconduct & Incompetence

The College received a written complaint against a physical therapist alleging that the physical therapist did not do a full assessment to determine the cause of the complainant's problem and did not formulate a treatment plan to assist her. The committee thoroughly reviewed all the evidence before it. On the basis of the information before it and the subsequent decision of the complainant to withdraw the complaint the committee determined that there was no reason for it to take action against the physical therapist under the *Health Professions Act* for breaching the College Bylaws section 56(1)(a)(ii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by completing a physical examination relevant to the presenting symptoms, including measurable and observable physical findings; section 56(1)(a)(iii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by establishing a physical therapy diagnosis; and section 56(1)(a)(iv) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by formulating a treatment plan. Use, where available, evidence-based practice information to guide the development of the plan, taking into consideration client preferences, resource constraints and individual client factors (e.g. age, previous health history) that may alter expected outcomes. The file was closed.

Professional Misconduct

The Inquiry Committee moved to investigate a registered physical therapist under section 33(4) of the *Health Professions Act* for potential breach of the College Bylaws section 56 - Minimum Treatment Standard and section 58 - Advertising Standards. The physical therapist is advertising on her business website the SpineMED decompression system and allegedly stating treatment outcomes that are unverifiable. In addition, the committee is reviewing the use of multiple modalities in conjunction with this treatment. Following an investigation and on the basis of a copy of the advertising and the physical therapist's response to the complaint, which was to have the SpineMED decompression system removed from the clinic and all advertising removed from the website, there was no reason for the committee to take action against the physical therapist under the *Health Professions Act* for breaching the College Bylaw section 58(1)(d) Standards of Practice - Advertising Standards - Any advertising or marketing activity undertaken or authorized by a registrant in respect of his or her professional services must not be unverifiable. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist had registered a number of physiotherapy clinic domain names in her geographical area to link directly to her clinic website. Following an investigation the committee determined to act under Section 33(6)(a) of the *Health Professions Act* to take no further action as, on the face of the information before it, the initial complaint could not be substantiated at this time. The file was closed.



HELPING people WORK

BACK in MOTION

**PHYSICAL THERAPIST
WANTED IMMEDIATELY**

Back in Motion (Coquitlam) Rehab Inc. has a full-time physical therapy position available at our PT clinic in Coquitlam, British Columbia. The clinic comes with a full rehab gym, state of the art modalities and is conveniently located 2 blocks from the Lougheed Skytrain station. The caseload will consist of a mixture of private, WorkSafeBC and third party clients.

We are looking for a dynamic, energetic physical therapist with a background or a specific interest in orthopedics and musculoskeletal conditions. The successful candidate will be registered or eligible for registration with the College of Physical Therapists of British Columbia.

To learn more, please contact
Karen Sawatzky at karens@backinmotion.com
604-575-5676 (office) or 604-575-7745 (fax).

To apply for the position, please forward your resume and cover letter to Karen Sawatzky, HR Coordinator by August 31, 2010.

**WANTED:
REGISTERED
PHYSIOTHERAPIST**

Collingwood Physiotherapy & Wellness is currently looking for a registered physiotherapist to join our practice. Part-time, full-time, and locum are available.

Great store front location beside Starbucks and across from Safeway. Excellent opportunity to serve the communities of Collingwood, Killarney, and Burnaby Hospital. New grads welcomed. To arrange for an interview and to view the clinic please contact our office at **604-569-3419.**

www.collingwoodphysio.com



***Did you graduate from the U of A
Physical Therapy Program in
1996-2000, 2003-07, 2009, or 2010?***

Eligible U of A grads living in BC are invited to participate in a 90 minute telephone interview. Interviews will begin October 2010.

The results of the study will help us to identify the strengths and challenges of our current curriculum.

**For more information,
please contact Elisa Zenari,
the Project Coordinator, at
ptgrads@rehabmed.ualberta.ca**

GRADUATE LEVEL CERTIFICATE IN PAIN MANAGEMENT NOW AVAILABLE

The Faculty of Rehabilitation Medicine at the University of Alberta is pleased to announce the offering of an inter-professional graduate level credit Certificate in Pain Management. The aim of this program is to provide advanced education in collaborative pain management for healthcare professionals. A certificate is granted upon successful completion of three required courses, as follows:

- The Nature of Pain (REHAB 535)
- Assessment and Management of Pain (REHAB 536)
- Integrating and Implementing Pain Management Models (REHAB 537)

This September REHAB 535: The Nature of Pain is **being delivered in an online format**.

Course director is Dr. Judith Hunter, Assistant Professor, Department of Physical Therapy at the University of Alberta and University of Toronto. Course contributors include leaders in pain research, management and education.

For more information please email paincertificate@ualberta.ca or visit www.rehabmed.ualberta.ca/painmanagement

NEW ADVANCES IN HIP REHABILITATION

Instructor:

David Lindsay PT

Date:

Oct 23 2010 Vancouver BC

Cost:

\$200 (plus applicable taxes)

Contact:

Registration inquiries contact Wendy at wendy.watson@vch.ca or T: 604-875-4111, L67663

Academic inquiries or for other dates & locations, Contact David at dilindsay@ucalgary.ca

Course Description:

Recent advances in MRI arthrography and hip arthroscopic surgery have given the medical community an improved understanding of hip pathologies. However these interventions are often expensive and difficult to access. This very "hands-on" seminar examines many of the causes of hip pain, including; OA, Labral tears, F.A.I., iliopsoas syndrome and highlights scientifically supported differential diagnosis & rehabilitation strategies developed over a 15 year period at the University of Calgary Sport Medicine Centre.

**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.

Rates:	\$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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