

Practice Standard- Professional Boundaries

Approved: June 2012

Revised: September 2017

Intent

This Standard deals with the expectations of conduct in any professional relationship where a kinesiologist is in a position of power or authority.

Standard Statement

The professional nature of the relationship between patients/clients and a kinesiologist makes it a unique relationship, which differs from other forms of personal or professional relationships. The professional relationship is essential to ensure safe, ethical and effective assessment and treatment of patients/clients.

The professional relationship is based on respect, trust and professional intimacy. The relationship is one where the kinesiologist holds an inherent position of power over the patient/client because of their specialized skills and knowledge, access to personal health information, and the patient/client's reliance on a kinesiologist's judgment and recommendations to improve their condition/provide health services.

Kinesiologists are responsible for anticipating the boundaries that exist with their patients/clients, and setting and managing boundaries relating to personal dignity, privacy, control and professional detachment to ensure that the trust a patient/client has placed in the member is not betrayed.

Performance Expectations

A kinesiologist demonstrates the Standard by:

- Showing sensitivity to the power imbalance (real or perceived).
- Establishing and managing the boundaries of the professional relationship by:
 - Recognizing and understanding the components of the professional relationship;
 - Maintaining an appropriate level of professional distance and objectivity with respect to the assessment and treatment of the patient/client ;
 - Refraining from accepting and giving gifts;
 - Refraining from inappropriate self-disclosure;

- Recognizing that boundary crossings are often subtle and motivated by what appear to be noble intentions.
- Refraining from behaviour that could be seen as inappropriate, abusive and/or neglectful. Abuse includes verbal, physical, financial and sexual.
- Refraining from excessive or inappropriate touching of a patient/client. Appropriate physical contact that is necessary for clinical treatment is permitted.
- Telling a patient/client that you are going to touch him/her, indicating the clinical reason and ensuring the patient/client provides consent before proceeding.
- Engaging in appropriate professional communication by:
 - Using calm and plain language;
 - Refraining from voicing personal opinions about values, lifestyles, politics, etc. where the client may feel you judging or trying to influence him/her;
 - Ensuring client choice and informed consent;
 - Being aware of both verbal and non-verbal communication and how it may be perceived.
- Respecting a patient's/client's rights to reach decisions about treatment and/or services.
- Advocating for the patient's/client's best interests.
- Demonstrating sensitivity to diversity (diversity includes but is not limited to age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability, values and lifestyles) and adjusting boundaries as appropriate.
- Refraining from engaging in a close personal relationship with a patient/client.
 - Close personal relationships can diminish a kinesiologist's objectivity and can increase a patient's/client's vulnerability. A close personal relationship does not recognize the unique components of the professional relationship and risks the efficacy of the patient/client's health improvement.
 - ***A sexual relationship with a patient/client or their substitute decision maker (SDM) is strictly prohibited and is considered sexual abuse.*** Kinesiologists are not permitted to engage in a sexual relationship with a patient/client for at least one year after the end of the professional relationship¹. A sexual relationship with a former patient/client may never be acceptable if the power imbalance continues to exist.
- Refraining from engaging in a close personal relationship with a patient/client's family member.
- Refraining from dual relationships.
- Educating patients/clients and client advocates on the professional relationship and protecting them from boundary violations or abuse.
- Maintaining a professional image in any professional engagement.

Definitions

Professional Relationship: A relationship between the kinesiologist and the patient/client that is based on respect, trust and professional intimacy, and acknowledges the inherent power of the kinesiologist over the patient/client.

Client Advocate: Anyone who the client has consented to assisting them in their health care needs and who advocates for the client's best interests.

Substitute Decision Maker: A person who is authorized to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.

¹ This one year period is now prescribed in the *Health Professions Procedural Code*

Close Personal Relationship: A relationship with a person that is characterized by feelings of warmth and familiarity, and/or has elements of exclusivity, privacy or intimacy.

Boundaries: The limits that allow for safe and respectful connections between individuals.

Dual Relationships: When a kinesiologist has a business or personal relationship with a patient/client outside of their practice. For example, a patient/client cannot provide professional services to their kinesiologist, such as financial planning or managing real estate transactions.

Family Members: A patient's/client's spouse or partner, parent, child, sibling, grandparent or grandchild; the patient/client's substitute decision maker; or another individual with whom the patient/client has a personal or emotional involvement with and may interfere in the professional relationship.

Abuse: The misuse of the power imbalance existing in the professional relationship and a manipulation of the core elements of the relationships – trust, respect and professional intimacy, when the kinesiologist knew, or ought to have known, that their behaviour would cause harm. Abuse can be verbal, physical, financial, sexual and/or emotional. Neglecting a patient/client's needs may also be considered abusive.

For more explanation of the expectations and principles outlined in this Standard, refer to the Practice Guideline- The Professional Relationship and the Prevention of Sexual Abuse.

Legislative References

Regulated Health Professions Act, 1991

Professional Misconduct Regulation