

Practice Standard- Professional Boundaries

Approved: June 2012

Revised: March 2022

Intent

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

Objectives

- To ensure that registrants (“kinesiologists”) are aware of the professional boundaries that pertain to the practice of kinesiology in Ontario.
- To ensure that kinesiologists maintain all professional boundaries.
- To assist kinesiologists in identifying and managing potential boundary violations and preventing serious breaches of professional conduct.

Description of Standard

The professional relationship is essential to ensure patients and clients receive safe, ethical and effective assessment and treatment.

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 patients/clients because of their specialized skills and knowledge, access to personal health information, and the patients’/client’s reliance on a kinesiologist’s judgement and recommendations to improve their condition/provide health services.

Kinesiologists are responsible for anticipating the boundaries that exist with their patients/clients, To ensure that the trust a patient has placed in the registrant is not betrayed, kinesiologists should establish boundaries relating to personal dignity, privacy, control and professional detachment.

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 (but is not limited to) verbal, physical, financial and sexual abuse.
 - Refraining from excessive or inappropriate touching of a patient. Appropriate physical contact that is necessary for clinical treatment is permitted with the patient's informed consent.
 - Informed consent includes (but is not limited to): telling a patient/client that you are going to touch them and indicating the clinical reason for touching them.
 - 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 them;
 - Ensuring patient/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, except in demonstrably exceptional or emergency circumstances, from treatment of individuals with whom the kinesiologist has a close personal relationship.
 - Close personal relationships can diminish a kinesiologist's objectivity and can increase a patient'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 unless the patient is the Kinesiologist's spouse as per the provisions of the spousal exception regulation adopted by the College.***
 - In general, kinesiologists are not permitted to engage in a sexual relationship with a patient for at least one year after the end of the professional relationship¹. A sexual relationship with a former patient may never be acceptable if the power imbalance continues to exist.
 - Refraining from engaging in a close personal relationship with a patient's/client's family member.
 - Refraining from dual relationships².
 - Educating patients/clients and patient/client advocates on the professional relationship and protecting them from boundary violations or abuse.

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

² See "Definitions" below for a definition of "dual relationships".

- 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.

Patient/Client Advocate: Anyone whom the patient/client has consented to assisting them in their health care needs and who advocates for the patient's/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.

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 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. A spouse is considered to be a person's legal spouse under the Family Law Act. A spouse may also be defined as someone with whom a person has lived in a conjugal relationship outside of marriage for not less than three years.

Patient: The following criteria may be used to determine whether an individual could be considered a patient of a kinesiologist:

- a) The kinesiologist has charged or received payment for a healthcare service for the individual.
- b) The kinesiologist has contributed to a health record or file for the individual
- c) The individual has consented to a healthcare service recommended by the kinesiologist.

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's/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

Notation

In the event of any inconsistency between this standard and the legislation that governs the practice of kinesiology, the legislation governs.