MORE THAN UNPROFESSIONAL?

A RESOURCE ON SEXUAL MISCONDUCT FOR PROVIDERS OF PHYSICAL THERAPY

WHAT IS A THERAPEUTIC RELATIONSHIP?

A therapeutic relationship between a patient/client and a provider is built on trust, respect, sensitivity, duty, and power. Aspects of a professional relationship include payment for services, a limited duration, a professional location for all interaction, structured conversation, and limited purpose for contact.

A provider must constantly re-evaluate their professional boundaries, be aware of the power imbalance between a provider and patient/client, and repeatedly seek informed consent for procedures that involve touch.

THE PATIENT-PROVIDER RELATIONSHIP DEPENDS ON THE ABILITY OF THE PATIENT TO HAVE ABSOLUTE CONFIDENCE AND TRUST IN THE PROVIDER.

WHAT IS SEXUAL MISCONDUCT?

In any relationship, whether it's casual or formal, short-term or long-term, there's always an underlying balance of power at play. This power dynamic can shift based on many factors, from external traits like height or age to internal ones like experience or education.

For example, in a healthcare setting, the title "Doctor of Physical Therapy" can immediately create a power imbalance. Patients/clients are often in a vulnerable spot due to their condition and rely heavily on the therapist's expertise.

It is crucial for professionals to be aware of their influence and how their position might impact their interactions. Every comment, gesture, or interaction can carry more weight than intended, so being mindful of this power dynamic is essential.

POWER DIFFERENTIAL

An inherent power balance or imbalance exists between two individuals in a relationship or within a single interaction. Healthcare providers must be aware of and not underestimate their influence on a patient/client and how their inherent power may significantly impact the meaning or intent of a comment, touch, or interaction.

INFORMED CONSENT

The process in which patients/clients are given important information regarding the possible risks, benefits, and alternatives of their care plan, allowing them to elect or reject treatment. Consent is an ongoing process, and as the patient's/client's plan of care evolves, so should patient/client consent be continually solicited.

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WHAT NOT TO DO

- Discuss intimate or personal issues with a patient/client.
- Flirt with a patient/client.
- Keep secrets with a patient/client or for a patient/client.
- Discharge a patient/client in order to date them.
- Meet a patient/client outside of the care setting.
- Give out personal contact information to select patients/clients.
- Communicate privately with a patient/client via phone or social media.
- "Friend" a patient/client on social media.
- Engage in a sexual or romantic relationship with a patient/client, even if consensual.

AREAS OF CONCERN

- Spending more time with a patient/client than a treatment requires.
- "Following/Liking" patients/clients on social media.
- Socializing or communicating with a patient/client outside of clinical hours.
- Making inappropriate sexual jokes or comments (either by a provider or a patient/client).

WHAT TO DO

- Be sensitive to the inherent power imbalance between a patient/client and a provider.
- Keep the relationship with the patient/client professional.
- Review informed consent and the purpose of treatment and receive ongoing consent.
- Give the patient/client permission to ask questions at any time.
- Provide contact information through clinic/business contacts, not personal contacts.
- Establish workplace policies regarding the use of chaperones, patient/client contact outside of the care setting, and gift giving.
- Acknowledge the professional duty to report sexual misconduct and boundary violations.
- Review state rules/statutes regarding sexual misconduct.
- Understand the prevalence of sexual abuse and the impacts past sexual trauma may have on the patients/clients you treat.
- Be vigilant about potential perceived boundary crossings and make corrections.

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SEXUAL MISCONDUCT BY A CLINICAN IS AN ABUSE OF POWER AND A VIOLATION OF PATIENT TRUST.

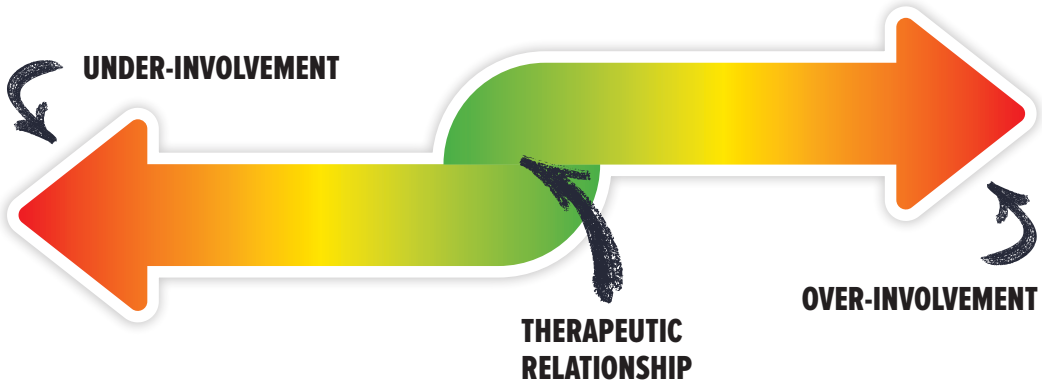
IT IS A BREACH OF PROFESSIONAL RESPONSIBILITIES, ETHICS, AND LAWS.

LEGAL CONSIDERATION

State practice acts prohibit romantic or sexual relationships with current patients/clients and, in some jurisdictions, even after the patient/client is discharged.

ETHICAL CONSIDERATION

Even if a patient/client consents to a sexual relationship with a provider, there is an inherent power imbalance in the therapeutic relationship between a vulnerable patient/client and a provider, who possesses the skillset needed by the patient/client seeking care.[2]



All patient-provider interactions can be plotted on a continuum of professional behavior. Healthcare providers can use this as a frame of reference to evaluate their behavior and consider if they are acting within acceptable confines of the therapeutic relationship.

RESOURCES FOR ONGOING EDUCATION

- Federation of State Boards of Physical Therapy (FSBPT) website: **https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Sexual-Misconduct-and-Boundary-Violations**
- Power Imbalance in Physical Therapy – FSBPT: **https://www.fsbpt.org/Portals/0/documents/free-resources/Power-Differential-White-Paper_Final.pdf**
- Consent Guide from the College of Physiotherapists of Alberta: **https://www.cpta.ab.ca/docs/65/Consent_Guide.pdf**
- Use of Chaperones – APTA: **https://aptapelvichealth.org/wp-content/oploads/2023/01/Academy -of- Pelvic-Health-Position-Statement-on-Use-of-Chaperones.pdf**
- **Continuing Education Courses:**
  - UC San Diego PACE: Professional Boundaries Program: **https://www.paceprogram.ucsd.edu/CME/Boundaries**
  - PBI Education: **https://pbieducation.com/courses/**
- **APTA Resources (members-only access):**
  - Combatting Sexual Harassment and Inappropriate Patient Sexual Behavior *(PT in Motion article, published 2/1/2019)*
  - Study: Ignoring Inappropriate Patient Behavior Doesn't Work, but Other Strategies Might *(published 7/2/2018)*
  - Ethics in Practice: #Boundaries: When is the Line Being Crossed? *(APTA Magazine column, published 8/1/2023)*

References:

(1) Federation of State Medical Boards, 2020
(2) APTA Code of Ethics and Guide for Professional Conduct

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