



PT UPDATE

Oregon Physical Therapist Licensing Board

WE'VE GOT NEWS!

April 1999

Vol 3 No 4

INSIDE

This issue contains a message from the Board Chair regarding sexual misconduct.

BOARD MEMBERS:

Linda Barbee, PT, Chair
Dorthea Petersen, Public Member
Rose Dusan-Speck, PT
Thomas Lorish, MD
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Cathy Zarosinski, PT
Katie Isaac, PTA

BOARD STAFF:

Georgia Spence, Executive Officer
Dot Danovich, Administrative Assistant

800 NE Oregon Street, Suite 407
Portland, OR 97232
Phone: 503-731-4047
E-Mail: Georgia.A.SPENCE@state.or.us

BOARD TOPICS

Topics discussed by the Board since the last newsletter include:

Question: Can a PT Aide perform tasks in one room if the therapist is in another room?

Answer: Yes, if the therapist is within hearing distance should the aide call out for help.

Question: Can the therapist go to the parking garage after checking in on the patient and PT Aide?

Answer: No, that is not within hearing distance.

Question: Is co-signing the PT Aide's notes adequate documentation that the therapist has assessed the patient, and does the therapist need to assess the patient during each treatment when treatments are BID?

Answer: According to Board rules the therapist must, at some point during each treatment, provide direct service to the patient and so document in the patient's record. This is required every time PT Aides are used to administer treatments to patients. The PT Aide's documentation must be limited to objective information, only.

NEXT BOARD MEETING

Date: April 13, 1999

Time: 8:00 am

Place: 800 NE Oregon Street, Room 445
Portland, OR 97232

Sexual Misconduct: the Epidemic

Some of the most disturbing complaints received by the licensing board are those that allege sexual misconduct on the part of a therapist or assistant. The board receives a few of these complaints each year. In the last few months, however, the frequency of these complaints has increased dramatically.

These complaints, even if determined to be groundless, are devastating to both the patient and the therapist involved. It is imperative that all therapists and assistants make every effort to avoid the appearance of impropriety.

Definitions and Guidelines

The definition of unprofessional conduct used by the Licensing Board includes:

- engaging in sexual contact with a patient
- becoming involved in a sexual or romantic relationship with a patient
- entering into a sexual or romantic relationship with a former patient, if that relationship is facilitated by the former patient's trust or attraction arising from the therapeutic relationship.

APTA guidelines state: "The therapist or assistant shall not engage in any sexual relationship or activity, whether consensual or non-consensual, with any patient, while the therapist-patient relationship exists."

It is very important to note that these definitions of misconduct include consensual relationships with patients, and that the prohibition extends for an indefinite period, beyond the time the patient is in active therapy.

Not All Complaints Are Valid

Some complaints received by the Board are found to violate the above guidelines. Occasionally, the Board determines that a therapist has been accused of actions that did not happen. More commonly, we find that actions which were intended to be therapeutic were misunderstood by the patient.

Why We Are Vulnerable

Therapists and assistants appear to be especially vulnerable to allegations of sexual misconduct for several reasons, including:

- people who enter our profession tend to be very friendly, open and curious.
- patients are often completely or mostly disrobed.
- therapy is provided in private, usually without any chaperone.
- therapy involves touching, sometimes of body parts usually touched only in intimate situations.
- therapists tend to spend much more time with patients than other health care providers.

All of these factors contribute to an illusion of intimacy that can easily be misinterpreted by patients and/or their family.

The Origin of Complaints

Generally, complaints of sexual misconduct received by the Licensing Board result from one of the following types of activities:

- the therapist palpates, manipulates and/or massages parts of the body normally associated with erotic activity, especially if the need for this touching is not readily apparent to a lay person.
- the therapist fails to adequately protect the patient's modesty (draping, positioning, using curtains).
- the relationship with the patient becomes overly friendly, flirtatious and/or extends outside the clinical setting.

Other Concerns

Therapists should be especially cautious when:

- the gender of the therapist and patient are different.
- the patient is a minor.
- the therapist's and patient's cultural norms related to health care and/or sexual activity might be different.
- the patient has a history of sexual abuse
- the patient has a history of depression or other psychiatric impairment.

Board Actions

All complaints received by the board are thoroughly investigated. We often find that other agencies are investigating, as well. Depending on where the patient files his or her complaint, investigations may be conducted by the employer, other state agencies such as the health division and/or local law enforcement.

In some instances, the board determines an allegation to be unfounded, and no action is taken. However, when the board determines that a therapist or assistant is guilty of unprofessional conduct, a range of penalties can be levied, including reprimand, restrictions on practice, and license revocation.

Prevention is Key

Because the ramifications of a misconduct allegation are so devastating to everyone involved, a prudent therapist will do anything and everything possible to prevent these accusations from arising.

Educate and Communicate

Of foremost importance is the need to educate your patients and their families about your care. Often, lay people do not understand the need to evaluate and treat the pelvic area when their pain is in their back. They may not understand the need to work with their chest musculature when their shoulder is restricted. Consequently, they may view your touching or intensely observing these areas as improper.

Be sure you have *informed consent* before you touch your patients. A form documenting consent is important. A separate, specific form should be used for especially sensitive treatments such as incontinence training or coccygeal mobilization.

Verbal consent should be sought continuously and repeatedly thorough out the treatment. Explain what you plan to do, why you need to do it and ask the patient's permission to do it. Document the education and the permission.

Avoid Isolation

Whenever possible, avoid being completely alone with your patient. Close curtains and/or treatment room doors only when it is essential to protect the patient's modesty. Be sure another staff member is close enough to hear what you and your patient are saying. For especially risky treatments, ask another staff member to observe you in the treatment room. When treating a minor, ask a parent or guardian to remain in the room.

If you become uncomfortable with the interaction between you and your patient, or if you suspect the patient is uncomfortable, discuss this immediately with a co-worker or supervisor. Not only can you use this opportunity to identify ways to improve future treatments, but your willingness to engage in the discussion will help negate the appearance of impropriety on your part.

Protect the Patient's Modesty

Care must be taken when a patient is unclothed. Gowns (or shorts and halters) and drapes should always be used to cover the parts of the body that are not being directly treated. Exposure of the patient should be limited to as short a time as possible.

Use Common Sense

Other, simple measures can help protect you from unfounded accusations. Ask patients if they would like to have another staff member in the treatment room. Ask patients if they would prefer to have a therapist of their own gender, and make arrangements accordingly.

While it is certainly appropriate to pay close attention to non-verbal signals that the patient is uncomfortable, do not depend on this as your only defense. Non-verbal communication is highly variable culturally. Occasionally, it is not the patient but their family that will be suspicious of your motives.

Finally, always maintain a caring, concerned and professional demeanor with your patients.

Linda Barbee, PT, Board Chair

NOTE: The Board would like to extend thanks to Carol Schunk, PT, for her assistance with this article.

Oregon PT Licensing Board

800 NE Oregon St #407
Portland, OR 97232

**The
Mailing
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**Secondary Article
Heading**