



PHYSIOTHERAPY NEW ZEALAND | MOVEMENT FOR LIFE  
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# STANDARDS OF PRACTICE





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# INTRODUCTION

Physiotherapy New Zealand (PNZ) is the professional body representing physiotherapists. PNZ represents the majority of annual practising certificate holders in the profession, who work in both the public and private sector, in hospitals, medical clinics, sports institutes, industry and academic institutions.

PNZ provides a national focus for educational issues, quality assurance, public relations and a wide range of professional issues. It is also a member of the World Confederation for Physical Therapy and bound by its Charter.

The Standards of Practice play an important role in the delivery of best practice physiotherapy to patients and it is important to understand the place of these standards in everyday clinical practice. Firstly, physiotherapists must practise within New Zealand law, acknowledging the partnership with tangata whenua established by the Treaty of Waitangi. The Health Practitioners Competence Assurance (HPCA) Act 2003 as administered by the Physiotherapy Board of New Zealand is a primary piece of legislation that requires physiotherapists to meet the Board's competencies for registration and recertification requirements for the issue of an annual practising certificate. Physiotherapists must work within the physiotherapy scope of practice as gazetted by the Physiotherapy Board and abide by the New Zealand Physiotherapy Code of Ethics and Professional Conduct. Physiotherapists must work within the legal framework that impacts upon the practice of health care in New Zealand. In the case of a complaint or legal action against a physiotherapist, the Health and Disability Commissioner or the Health Practitioners Disciplinary Tribunal may refer to these Standards of Practice to establish whether the physiotherapist concerned was practicing to the level expected by the profession.

The purpose of these Standards is to cover the profession's expectations of all practising physiotherapists. Effort has been made to ensure the criteria chosen and the guidance given remain in keeping with current best practice physiotherapy.

These Standards of Practice support the New Zealand Physiotherapy Code of Ethics and Professional Conduct and provide the basis for physiotherapy practice in all settings. Physiotherapy is a constantly evolving profession and there is ongoing change in the health and social sector with a continual drive towards excellence and consistency in clinical practice

The term 'patient' has been used throughout this document but is synonymous with 'client' which may be the preferred term in some physiotherapy settings

## SECTION 1

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# PROFESSIONAL PRACTICE

Standards for professional practice include criteria for the physiotherapist and evidence based practice.

# PROFESSIONAL PRACTICE

## A. Physiotherapist

	Criteria	Guidance	References
1	The physiotherapist understands and complies with the Codes of Ethics and Professional Conduct of the Physiotherapy Board and Physiotherapy New Zealand.	The physiotherapist maintains the highest standards of professional practice and acts with integrity in all dealings with the patient and the public including funders of physiotherapy services.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
2	A practising physiotherapist holds an Annual Practising Certificate issued by the Physiotherapy Board of New Zealand.		Health Practitioners Competence Assurance (HPCA) Act 2003
3	The physiotherapist meets the competencies required by the Physiotherapy Board for registration in New Zealand.	The title Physiotherapist is protected under the HPCA Act 2003. Any person calling themselves a physiotherapist must be registered with the Physiotherapy Board.	Physiotherapy Board of New Zealand: Physiotherapy Competencies for physiotherapy practice in New Zealand 2009
4	The physiotherapist continues to meet the ongoing competency requirements of the Physiotherapy Board of New Zealand.	Ongoing competency also includes taking responsibility for one's own mental and physical health and seeking assistance if required.	Physiotherapy Board of New Zealand Recertification Guidelines Booklet 2012
5	The physiotherapist will claim only the qualifications, and affiliations to which they are entitled.		HPCA Act 2003 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (6.1 &10.4)
6	The physiotherapist is aware of the scope of practice for physiotherapy and only practises in those areas where he/she is competent.	If a patient presents with a condition outside the scope of practice of the physiotherapist the patient will be informed and referred on to another provider and/or seek the advice of a senior colleague to assist with patient management. In an emergency situation it is the individual who is best able to determine whether his or her competence is sufficient to provide first aid.	HPCA Act 2003 General Scope of Practice: Physiotherapy Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 Medical Council of New Zealand: A doctor's duty to help in a medical emergency

## B. Evidence Based Practice

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	The physiotherapist uses evidence based research to inform their clinical practice.	Practice integrates evidence based research, clinical experience and the individual requirements of the patient.	WCPT Evidence Based Practice and Critical appraisal of papers Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
<b>2</b>	Where guidelines and protocols are available the physiotherapist uses these as framework for assessment and intervention.	Guidelines and protocols support practice and do not replace clinical judgement.	Code of Health and Disability Services Consumers' Rights 1994, (4.2)
<b>3</b>	Physiotherapists are aware of the need to appraise critically papers and/or journal articles before implementing their findings into their clinical practice.		WCPT Critical Appraisal Skills

## SECTION 2

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# PATIENT PARTNERSHIP

Standards for patient partnership include cultural competence, the physiotherapy and patient relationship, consent and confidentiality.

# PATIENT PARTNERSHIP

## A. Cultural Competence

	Criteria	Guidance	References
1	The physiotherapist acknowledges Te Tiriti o Waitangi/Treaty of Waitangi as the founding document of Aotearoa New Zealand, and acknowledges the particular values and beliefs of Maori as the indigenous people of Aotearoa New Zealand.	The partnership between the crown and tangata whanau, established in Te Tiriti o Waitangi, must be respected at all times.	Te Tiriti o Waitangi 1840 (Treaty of Waitangi) United Nations Declaration on the Rights of Indigenous People Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
2	The physiotherapist responds to the individual's lifestyles, cultural beliefs and practices.	Physiotherapists need to respect and respond actively to every patient as an individual. The physiotherapist takes into consideration the patient's culture, language, spirituality, race, gender, sexual orientation, disability and age, as well as their beliefs, values, abilities, mental well-being, social, occupational, recreational and economic commitments and the impact these may have on the patient's perception of health and illness. The physiotherapist considers the impact of physiotherapy on a patient's physical, psychological and spiritual well-being.	Code of Health and Disability Services Consumers' Rights Regulation 1996 Health and Disability Commissioner Act 1994 Human Rights Act 1993 PNZ Bicultural Policy 2004 Cross-cultural resource kit Physiotherapy Board of New Zealand: Cultural Competence Position Statement Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
3	The physiotherapist will create a culturally safe environment.	The physiotherapist is aware of their own beliefs and culture and is respectful of the values, beliefs and cultural needs of others.	PNZ Guidelines for Cultural Competence in Physiotherapy Education and Practice in Aotearoa/New Zealand 2004 PNZ Bicultural Policy 2004 Physiotherapy Board of New Zealand: Cultural Competence Position Statement Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011

## B. Physiotherapist – Patient Relationship

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	The patient is addressed by the name of their choice.	Physiotherapists should be aware of the cultural differences in naming systems. Patients should be asked how they wish to be addressed.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (1.2)
<b>2</b>	The physiotherapist introduces him or herself by name and profession to the patient and family/support person present.	At the first appointment ensure there is adequate time to develop a therapeutic relationship.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2.3)
<b>3</b>	Physiotherapists are courteous and considerate.	All interactions with patients and whanau are appropriate, sensitive and responsive to difference in need and approach.	PNZ Rights and Responsibilities 2010 PNZ Position Statement: Clear sexual boundaries in the patient-physiotherapist relationship (a guide for physiotherapists) 2012 PNZ Position Statement: Clear sexual boundaries in the patient-physiotherapist relationship (a guide for patients) 2012 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
<b>4</b>	The patient is aware of and understands the role of all members of the physiotherapy/health team involved in their care including where students or physiotherapy assistants are involved in care.		Code of Health and Disability Services Consumers' Rights Regulation 1996 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2.8)
<b>5</b>	The patient's dignity and privacy are respected at all times.	Assessment, examination and treatment require a private environment. Appropriate draping practices are utilised. Care should be taken where discussions may be overheard.	Privacy Act 1993 Health Information Privacy Code 1994 PNZ Rights and Responsibilities 2010 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 Code of Health and Disability Consumers' Rights 1996(1)
<b>6</b>	Chaperones are provided where appropriate (for the safety of the physiotherapist or patient).	Chaperoning depends on the type of examination being performed and the personal wishes and culture of the patient, and the needs of the physiotherapist.	PNZ Position Statement: When another person is present during a consultation 2012

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>7</b>	The physiotherapist establishes appropriate professional boundaries with patients and their whanau and families.	Physiotherapists need to be aware of the inherent risks in therapeutic relationships, and the potential for misunderstanding.	PNZ Position Statement: Clear sexual boundaries in the patient-physiotherapist relationship (a guide for physiotherapists) 2012 PNZ Position Statement: Clear sexual boundaries in the patient-physiotherapist relationship (a guide for patients) 2012 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 PNZ Position Statement: Treatment of Whanau/Family members and Self-Treatment 2012
<b>8</b>	Patients are asked if they would or would not like a support person present.	Physiotherapists need to be aware of the role of whanau in decision making. It is the cultural norm in some cultures to be accompanied on a regular basis. However it must not be assumed the patient wants an accompanying person, and time/space should be provided to enable the patient to indicate their wishes.	Code of Health and Disability Services Consumers' Rights Regulation 1996
<b>9</b>	The physiotherapist may refuse to treat a patient if they have good reason for doing so, and should inform the patient of alternative options of care, and where appropriate refer to another practitioner.	Good reasons for refusing treatment might include: where the physiotherapist believes the treatment requested will provide no clinical benefit; where the physiotherapist has a conflict of interest; where the patient is abusive and/or poses a serious risk of harm to the physiotherapist, their family, or their employees.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 Code of Health and Disability Services Consumers' Rights Regulation 1996

## C. Consent

There are times when a patient is unable to give consent due to compromised decision making capacity. Examples include children, those with advanced dementia or other form of mental disability, and those who have lost their decision making capacity due to physical illness, injury or sedation.

In emergency situations where treatment is necessary to save the patient's life or to prevent harm to the patient and the patient's wishes are not known, the professional is expected to act in the patient's best interests (which may include for example providing resuscitation).

Relevant law: Doctrine of necessity in the common law.

If there is no emergency, but the patient is unable to consent, the physiotherapist should seek consent from a person who is legally entitled to consent on behalf of the patient, if there is such a person.

In the case of a child, the child's parent or legal guardian is normally entitled to consent on behalf of the child. However, s 36 Care of Children Act 2004 states that children aged 16 and over are deemed to have the same decision making capacity as adults to consent or refuse consent to treatment for their benefit. A child below the age of 16 who has sufficient knowledge and understanding of the nature, risks and benefits of the particular treatment is also competent to consent or refuse consent to the treatment. This test, known as the Gillick Decision Making Capacity (or competency) test, requires an individual assessment of the capacity of the child in relation to the particular decision for which the consent is required. Even if the child is not competent to consent, his or her assent should be sought and documented. Not only does this show respect to the child patient, but it is also more likely to ensure the child's participation in the treatment.

An adult patient who does not have decision-making capacity (and is therefore incompetent) may have executed an Enduring Power of Attorney prior to becoming incompetent, authorising someone else to make decisions on behalf of the patient. Alternatively the court may have appointed a welfare guardian to provide consent. The patient may also have an Advance Directive which may be relevant to care.

If an incompetent adult patient has no welfare guardian or Enduring Power of Attorney authorising someone to consent on behalf of the patient, the physiotherapist must act in the patient's best interest having taken reasonable steps to ascertain the views of the patient, for example by consulting with the whanau and family. The purpose of this consultation is not to seek consent from the family but to determine what choice the patient would make if he or she were competent. If the patient's views cannot be ascertained, the physiotherapist must act in the best interests of the patient, taking into account the views of suitable persons who are available and interested in the welfare of the patient.

Relevant law includes: s 36 Care of Children Act 2004; *Gillick v West Norfolk and Wisbech AHB* (1986); Protection of Personal and Property Rights Act 1988; Right 5-7; Code of Health and Disability Services Consumers' Rights 1996.

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	The patient's informed consent is obtained prior to commencing assessment and again prior to commencing treatment and both are documented in the patient record.	The criteria for informed consent include disclosure of relevant information to the patient, checking that the patient understands the information, ensuring that the patient is competent to give informed consent and that consent is given voluntarily.  Informed consent is an ongoing process. Consent must be revisited if there are changes to the treatment plan or changes in the patient's condition that are likely to alter the risks or treatment outcomes.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011  Code of Health and Disability Services Consumers' Rights Regulation 1996  Health and Disability Commissioner Act 1994 Human Rights Act 1993
<b>2</b>	Treatment options, including significant benefits, risks and side effects, are discussed with the patient.	Where possible patients should have access to information in a format that facilitates understanding. Written material, diagrams and models may be useful in explaining treatment options.	Code of Health and Disability Services Consumers' Rights Regulation 1996
<b>3</b>	The patient is given an opportunity to ask questions and discuss treatment options.	Patients may need time to assimilate information given. They should have the option of deferring treatment until their next appointment if they are in any doubt as to the risk and benefits of treatment. The patient should be given opportunities to ask questions on a number of occasions.	Code of Health and Disability Services Consumers' Rights Regulation 1996
<b>4</b>	The physiotherapist checks with the patient to ensure that the decision to accept or refuse treatment is given freely. The patient may refuse treatment at any point without it prejudicing the provision of care in the future.	If the patient declines physiotherapy treatment this is documented in the patient's records, together with the reasons if these are known	Code of Health and Disability Services Consumers' Rights Regulation 1996

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>5</b>	The physiotherapist checks that the patient has understood the information provided and documents this in the clinical records.	Information must be provided in a manner that can be understood by the patient. The use of jargon or other technical language can impede understanding. Deafness, visual impairment or language difficulties can also hinder comprehension. Other means of disclosure may be required. Physiotherapists should access interpreting services where necessary and practicable. Family members may not always be suitable, and the use of children as interpreters is to be avoided. It also must not be assumed the patient wants a family member to act as an interpreter, and time/space should be provided to enable the patient to indicate their wishes	Code of Health and Disability Services Consumers' Rights Regulation 1996 PNZ Position Statement: When another person is present during a consultation 2012
<b>6</b>	Informed consent is gained if a student is to be involved in their care, or is observing a treatment session.	The education of student physiotherapists is an important role for all physiotherapists; however the patient must always be informed if a student is involved in their care and has the right to refuse at any time without prejudice.	The University of Otago and AUT University provide handbooks for providers working with their undergraduate students Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2.8)
<b>7</b>	Informed consent is gained if an assistant is to be involved in their care, or is observing a treatment session.	Assistants have an important role in the treatment of patients; however the patient must always be informed if an assistant is involved in their care and has the right to refuse at any time without prejudice.	PNZ Guidelines for the use of physiotherapy assistant/support workers 2012
<b>8</b>	Informed consent in writing should be obtained for any research, for invasive, high risk physiotherapy, or for innovative physiotherapy interventions.	For most physiotherapy procedures verbal consent is usually sufficient (however this should be documented). For invasive procedures (e.g. acupuncture, or internal examinations or treatments); risky procedures (e.g. cervical manipulation); innovative procedures; or when the patient is to be involved in research, written consent is required. Written consent is not necessarily a safeguard for the physiotherapist if the process of informed consent has not been fulfilled. Getting patients to sign a non-specific consent to any future proposed treatment is not acceptable. Consent must be obtained for every new treatment, or when the patient's circumstances change.	Code of Health and Disability Services Consumers' Rights, 1996 (11) New Zealand Bill of Rights Act 1990

## D. Confidentiality

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	The physiotherapist treats all clinical information relating to the patient as confidential and divulges information only with the patient's permission, except when permitted or required by law.	Trust is important in the physiotherapy-patient relationship, and maintaining confidentiality is central to that trust. It is expected that physiotherapists respect the confidentiality, privacy and security of patient information. However, the duty of confidentiality is subject to some exceptions.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 Privacy Act 1993 Health Information Privacy Code
<b>2</b>	A physiotherapist may share patient information with other members of the health team providing care for the patient.	Physiotherapists frequently work as part of a team of health professionals, and the sharing of information between team members is important for co-ordinated, patient centred treatment.	Privacy Act 1993 Health Information Privacy Code 1994
<b>3</b>	Patient records are stored securely to prevent unauthorised access to information.	This also applies to any records that are stored or transmitted electronically including photos, videos /DVD.	NZ Standards Health Records 8153:2002 Privacy Act 1993 Health Information Privacy Code 1994 (10) Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (3.3)
<b>4</b>	Steps are taken to ensure the confidentiality of patient-identifiable data held, or transmitted, in electronic format.	Electronic notes should be stored on a password protected device. Physiotherapists should endeavour to use a secure network when sharing patient information. If not available it is important to ensure the information is sent to an individual recipient.	
<b>5</b>	Where confidentiality cannot be guaranteed, the patient should be informed of this fact and given the option to decline giving information.		
<b>6</b>	Relevant patient information may be disclosed without the patient's permission.	In some circumstances information may be disclosed without patient consent and even against the patient's wishes (e.g. when the patient poses a serious and imminent threat to themselves or someone else).	Health Information Privacy Code 1994 (11)

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>7</b>	Permission is obtained from the patient prior to using identifiable clinical information for teaching; written permission is compulsory if using the information for publication.		
<b>8</b>	The patient has the right to access their own medical records.	Physiotherapists should be mindful that treatment records may be accessed by the patient so all entries must be respectful.	Health Information Privacy Code 1994
<b>9</b>	Patient records must be stored in a secure place for a minimum of 10 years from the time the patient last accessed physiotherapy services and disposed of in accordance with the law.	<p>Examples of secure storage of patient records include a locked filing cabinet or in a locked office that is not accessible to others, or on a password protected computer in a locked office, or on a password protected storage device.</p> <p>Where children may require services over their lifetime, but may not access physiotherapy for more than 10 years, it is recommended these records should be retained until the patient reaches 21.</p> <p>Patient records must be disposed of in accordance with the law.</p>	<p>Health (Retention of Records) Regulations 1996</p> <p>NZ Standards Health Records 8153:2002</p> <p>Health Information Privacy Code 1994</p>

## SECTION 3

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# EFFECTIVE COMMUNICATION

Standards for effective communication include criteria on communicating with your patients, with other service providers and the use of social media.

# EFFECTIVE COMMUNICATION

## A. Communication with Patients

	Criteria	Guidance	References
1	The physiotherapist communicates openly and honestly with patients.	In some circumstances, for example a rehabilitation programme or terminal care, an approach to communication may need to be agreed within the team.	Code of Health and Disability Services Consumers' Rights 1996 Health and Disability Commissioner Act 1994 PNZ Rights and Responsibilities 2010 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (6.2)
2	The physiotherapist uses active listening skills, providing opportunities for the patient to communicate effectively.	Particular care should be taken with non-verbal communication that can affect the interaction.	
3	The physiotherapist adapts their method of communication to meet the requirements of the patient providing patient information in written or diagrammatic form.	Abbreviations and jargon are not to be used in patient information leaflets. Interpreters should be available for those who require them.	PNZ Rights and Responsibilities 2010 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2.5)
4	The physiotherapist assesses the patient's understanding of the information given.		PNZ Rights and Responsibilities 2010
5	Communication of a sensitive nature is undertaken in a private environment.	This applies during face to face contact with patients, carers or other health professionals, and includes telephone conversations and other methods of communication.	Code of Health and Disability Consumers' Rights 1996, Right 5
6	The physiotherapist responds appropriately to situations of conflict with a patient or the patient's family.	In the event of a conflict the physiotherapist should acknowledge the patient's concerns and seek ways of resolution. The patient has the right to get a second opinion, and the physiotherapist should facilitate this if asked. The physiotherapist should seek advice and support from colleagues and senior staff.  The patient has the right to make a complaint and the physiotherapist should facilitate this if asked.	Code of Health and Disability Services Consumers' Rights 1996 Health and Disability Commissioner Act 1994

## B. Communication with Other Service Providers

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	Physiotherapists communicate professionally and effectively (verbally and in writing) with and about: physiotherapy colleagues referrers and keeping them informed of the patient's progress, including a discharge summary other members of the health care team funders of physiotherapy services.		Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
<b>2</b>	Physiotherapists are aware of and recognise the role and contribution of other members of the health care team.		
<b>3</b>	Physiotherapists inform others of the health care team of their own specific role.		
<b>4</b>	Physiotherapists communicate using language understood by the recipient.	Jargon and abbreviations should not be used when communicating with patients and others. When communicating with other physiotherapists, technical language or language that has meaning only to other physiotherapists may be used.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011

## C. Social Media

	Criteria	Guidance	References
1	<p>Physiotherapists uphold the values of the profession when using text messaging, electronic and social networking sites.</p>	<p>Social networking sites pose a number of risks for physiotherapists:</p> <p>There is a risk that the patient may be identifiable, and patient confidentiality may be breached inadvertently. Physiotherapists must therefore be particularly careful when discussing any aspect of clinical practice online.</p> <p>If a physiotherapist posts identifiable patient information to an online site to get assistance with patient care or for some other purpose, the physiotherapist should inform the patient and get consent to do so.</p> <p>Physiotherapists should avoid making comments about other professionals or institutions that could be interpreted as defamatory or inappropriate.</p> <p>Physiotherapists need to be careful to maintain professional boundaries while using social networking sites.</p> <p>Some social networking sites allow public access to information. Physiotherapists should be mindful about the public persona they want to display and should not compromise the dignity of the profession.</p>	<p>Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011</p>

## SECTION 4

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# ASSESSMENT OF THE PATIENT

Standards for the assessment of the patient include gathering the relevant information, assessment and gaining consent.

## ASSESSMENT OF THE PATIENT

	Criteria	Guidance	References
1	The physiotherapist gathers and records all relevant information impacting on the purpose of the assessment.	<p>Assessment is an ongoing process.</p> <p>When working in a health care team some background information may have already been collected, and can be referred to by the physiotherapist.</p> <p>The patient's expectations may be expressed as anticipated gain from physiotherapy, and should be discussed with the patient.</p> <p>In some instances (e.g. case review for insurance companies) assessment is done from the patient's file and physical examination of the patient is not required.</p>	<p>NZ Standards Health Records 8153:2002</p> <p>Medical Council of New Zealand: Non-treating doctors performing medical assessments of patients for third parties. 2010</p>
2	The physiotherapist conducts safe, systematic and efficient assessments in accordance with accepted procedures. Where available, validated assessment tools and outcome measures are used.	The inclusion of a template, diagrams or pain charts is useful. Physiotherapy assessments and interventions are informed by a bio psychosocial model of health, and in particular the International Classification of Functioning Disability and Health (ICF).	World Health Organisation: International Classification of Functioning Disability and Health (ICF)
3	Any physical examination that is carried out will obtain measurable data used to determine the patient's physiotherapeutic needs and should be documented.		
4	The physiotherapist gains consent from the patient before undertaking a physical examination.		Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2C)
5	The findings of the clinical assessment are explained to the patient.		Code of Health and Disability Consumers' Rights 1996 (6.1)

## SECTION 5

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# TREATMENT PLAN

Standards for Treatment plans include assessing, developing, applying and evaluating your treatment plans. They also cover discharging a patient from your physiotherapy service.

# TREATMENT PLAN

## A. Develop Treatment Plan

	Criteria	Guidance	References
1	The physiotherapist analyses and interprets the assessment findings and identifies any potential risks associated with treatment.	The use of relevant research findings and reflective practice will support the clinical reasoning process and the mitigation of any risk factors.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2C)
2	Relevant clinical investigations/results used to assist the diagnosis and management process are documented and evaluated.	These may have been requested by the physiotherapist, or by other health professionals. The results of the tests inform the management of the patient e.g. x-rays.	
3	A diagnosis with relevant signs and symptoms is recorded.		
4	The physiotherapist ensures that the patient is fully involved in the decision-making process during treatment planning.	The physiotherapist should take account of the goals and aspirations of the patient and ensure that they have sufficient information in order to participate in the decision-making process.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (2.4)
5	Short and long term goals are set in collaboration with the patient, and where appropriate in consultation with other health professionals involved in the patient's care.	The S.M.A.R.T. format is the preferred format for writing treatment goals: <b>S</b> - specific <b>M</b> - measurable <b>A</b> - attainable <b>R</b> - realistic <b>T</b> – time-based In some clinical environments other formats for goal setting may be the preferred option.	Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
6	A treatment plan is developed based on best practice and the patient's treatment preferences and the physiotherapist's skills and experience.	This plan will be based on the information gathered during the assessment process relating to social and family history (e.g. work, sport, and lifestyle) and reflect cultural and religious beliefs.	Code of Health and Disability Consumers' Rights 1996 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>7</b>	The plan clearly documents planned interventions which make best use of existing resources where appropriate.		
<b>8</b>	Suitable (reliable and valid) outcome measures for evaluating the treatment are identified and recorded.	Outcome measures are used at the beginning and end of treatment. It is recommended the outcome measure is repeated at least every 6 treatments to evaluate progress. However, re-measurement may be required more or less frequently depending on the patient's condition, and anticipated rate of change. In some instances re-measurement should occur at each treatment session.	PNZ Position statement on outcome measures 2010 Outcome Measures in Physiotherapy Practice (2010)

## B. Apply Treatment Plan

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	The physiotherapist gains informed consent for the intervention.		Code of Health and Disability Consumers' Rights 1996 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
<b>2</b>	Interventions are implemented safely and effectively according to the treatment plan.	Assessment is an ongoing part of physiotherapy. Interventions are modified as required in response to reassessment following treatment	
<b>3</b>	Any deviation from the intended treatment plan is discussed with and agreed to by the patient and recorded in the patient's notes with the reasons given.	It must be clear in the notes why any changes to the intended plan have occurred.	Code of Health and Disability Consumers' Rights 1996 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011
<b>4</b>	Adverse and unexpected effects during treatment are managed, reported and evaluated using the relevant mechanisms.	The physiotherapist has an obligation to mitigate, as far as possible, the effects of any adverse reaction. There must be honest disclosure of any adverse reaction to the patient.	PNZ Adverse Reaction reporting form ACC treatment injury claim (ACC2152) New Zealand Health and Disability Services National Reportable Events Policy 2012
<b>5</b>	Information is available on condition-specific support groups and networks		

## C. Evaluate Treatment Plan

	Criteria	Guidance	References
1	During the treatment sessions the physiotherapist continually evaluates and records the treatment plan.	Objective findings including Information derived from the use of the outcome measure is shared with the patient.	PNZ Position statement on outcome measures 2010 Outcome Measures in Physiotherapy Practice 2010
2	If progress towards agreed goals and outcomes is not occurring the physiotherapist re-evaluates the intervention and/or treatment plan. The physiotherapist can also seek assistance from a colleague, transfer the patient's care back to the referrer, or on to another provider.	If the patient is transferred to another physiotherapist a written record of the transfer of care with any notes on the patient's ongoing care and treatment should be provided to the new physiotherapist.	

## D. Discharge from Physiotherapy Services

	Criteria	Guidance	References
1	The patient is discharged or care is transferred from the physiotherapy service when agreed goals and relevant outcomes are achieved or the patient has the tools to be able to self-manage.	It is acknowledged some patients self discharge early.	
2	The patient is involved with the arrangements for their transfer of care/discharge from physiotherapy.	Health promotion and injury prevention education are core components of any physiotherapy discharge plan.	
3	A treatment summary is sent to the referrer on completion of care and a copy offered to the patient.	A discharge or transfer letter should always be sent if the referral was from another health professional. Referrers should also receive summaries for those who self-discharge or fail to attend.	
4	Appropriate treatment information is supplied to the patient's GP for those patients who self-refer to physiotherapy.	If the patient has self-referred, the physiotherapist should discuss with the patient in advance which other health professionals e.g. GP, will receive information. The patient has the right to refuse to allow such sharing of information, but the implications of such refusal should be discussed and clearly documented.	

## SECTION 6

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# DOCUMENTATION

Standards for documentation include the accuracy of patient records, demographic details of the patient and other set criteria.

## DOCUMENTATION

	Criteria	Guidance	References
1	Patient records shall be a contemporaneous, accurate, legible and concise record of patient diagnosis, treatment and progress.	<p>Patient records may be electronic or paper based</p> <p>Patient records are a vital source of communication between health professionals providing care to a patient. The records must therefore provide clear details on investigations and diagnosis, information provided by and given to the patient, consent given by the patient, and treatment carried out.</p> <p>Patient records are started at the time of initial contact.</p> <p>Patient records must contain sufficient detail that they can be understood by others.</p>	<p>Standards New Zealand Allied Health Sector Standards NZS 8171;2005</p> <p>Standards New Zealand Health Records NZS 8153:2002</p>
2	All patients receiving treatment must have a record that clearly identifies the patient and their health problems.		<p>Standards New Zealand Allied Health Sector Standards NZS 8171;2005</p> <p>Standards New Zealand Health Records NZS 8153:2002</p>
3	Demographic details of the patient including name in full, National Health Index (NHI) number (if known), date of birth, gender, ethnicity, contact details, residency status and General Practitioner/Primary Care Provider are recorded.	The NHI number is the common language for patient identification between health providers. The Health Practitioner Index (HPI) is the personal identification number for health providers.	<p>Standards New Zealand Health Records 8153:2002</p> <p>National Health IT Board</p>
4	Continuation pages must include name in full, date of birth and NHI number (if known) and date of treatment.	With electronic records this process should occur automatically.	
5	The records must be dated and the time of entry recorded.	Entering the time of patient contact may be necessary in certain acute situations.	
6	Patient records are written as soon as possible after the contact with the physiotherapist. Records must be completed before the end of the day.		

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>7</b>	The records must be signed by the treating physiotherapist with their name printed after each entry. Signing may be done electronically.	It is necessary for the name to be printed after each entry so the physiotherapist can be traced when the signature is not legible. Where patients are treated by the same physiotherapist throughout, it is sufficient for a printed name to appear once on each page of the record.  For electronic records each provider must have their own password which clearly identifies them as the author of the records.  If the patient is treated by a student, the supervising physiotherapist should counter-sign the notes.	The University of Otago and AUT University provide handbooks for providers working with their undergraduate students
<b>8</b>	Pages are numbered.		
<b>9</b>	Notes are written in permanent ink that remains legible with photocopying.		
<b>10</b>	Correction fluid or tape is not used.		
<b>11</b>	Errors are crossed out with a single line and initialled.	Within electronic records, the 'strike through' function is used to indicate corrections once the notes have been completed.	
<b>12</b>	Any changes to the treatment plan are documented and the patient's consent to the changes documented.		
<b>13</b>	All activities and contact regarding a patient whether the patient is present or not (e.g. phone calls, text messages, emails) need to be recorded in the notes		
<b>14</b>	Patient non-attendance at a treatment session should be recorded.		
<b>15</b>	Acronyms used need to be commonly understood within the profession and be included within the service provider's list of agreed terminology.	Use of non standard abbreviations may lead to misinterpretation during retrospective inspection of records. A provider should have a list of abbreviations acceptable in their practice.	

## SECTION 7

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# WORKING ENVIRONMENT

Standards for the working environment relate to your patients safety, infection control procedures, equipment, emergency procedures, staffing and working alone.

# WORKING ENVIRONMENT

## A. Patient Safety

	Criteria	Guidance	References
1	The physiotherapist identifies and mitigates any risks to patient safety.	A risk assessment should be carried out prior to each interaction/intervention for every patient.	Allied Health Sector standards 2005
2	Adverse or unexpected events during or following physiotherapy interventions are reported using appropriate local, national and professional systems.	Where possible if an adverse event occurs a systems analysis should be undertaken to prevent recurrence.	PNZ Patient Adverse Reaction Reporting Form ACC treatment injury claim (ACC2152) New Zealand Health and Disability Services National Reportable Events Policy 2012
3	Patients receiving treatment are made aware of how to summon assistance.	This may be by the provision of a bell.	

## B. Infection Control Procedures

	Criteria	Guidance	References
1	There is an infection control policy to which the physiotherapist is formally orientated.		
2	Infection control procedures are followed e.g. hand washing, correct disposal of sharps, clinical waste and sterilisation.	The manufacturer's instructions on single use equipment e.g. needles, will be adhered to.	Health and Safety in Employment Act 1992 OSH: How to Manage Hazards OSH: Improving Workplace Safety and Health Standards New Zealand Infection Control NZS 8142:2000
3	Universal precautions are followed to prevent the spread of infectious diseases.	The importance of hand washing cannot be over stated.	

## C. Equipment

	Criteria	Guidance	References
1	Equipment is safe and clean.	The practice has a policy on the cleaning of equipment, frequency required and materials used. Equipment is used and cleaned according to the manufacturer's instructions and your infection control policies.	Standards New Zealand Infection Control NZS 8142:2000 Health and Safety in Employment Act 1992
2	All electrical equipment must be checked annually (or more frequently if stipulated by the suppliers) and there is written evidence of such checks.		
3	Warning notices on specific risks associated with equipment are prominently displayed.	The warning notices are to remind physiotherapists and alert the patient to potential risks.	

## D. Emergency Procedures

	Criteria	Guidance	References
1	The physiotherapist is formally orientated to the emergency procedures policy. Earthquake, fire, and the evacuation plans of the building are clearly displayed and known by all staff.	The information must also be clearly displayed in the practice so patients are aware of emergency exits.	
2	All emergency numbers and alarms are clearly listed and accessible to all staff.		
3	The physiotherapist is able to summon urgent assistance when required; this will range from systems for summoning colleagues, carers or hospital emergency teams, to dialing 111 in community or private settings.		
4	Staff are competent in first aid including cardio-pulmonary resuscitation equal to the level of assessed risk for the practice and work environment. This competence is reviewed at least every two years.	The New Zealand Resuscitation Council recommends Level 4 as the first appropriate level for health professionals. It is recommended at least one person in the work environment has this level of competency.	New Zealand Resuscitation Council

## E. Staffing

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	All physiotherapy staff have a current job description and employment contract, or appropriate contractor agreement.	Job descriptions may need to be revised periodically as the person's role changes.	Department of Labour Employment Relations
<b>2</b>	The physiotherapist aims to identify and control all possible relevant risks in the workplace.	A risk assessment should be carried out.	Health and Safety in Employment Act 1992
<b>3</b>	All staff are formally orientated to the work environment and practice procedures.		
<b>4</b>	There is an agreed and protected working time for professional learning activities.	There is an obligation on employers to help their staff meet the competency requirements for continued registration, by providing a planned continuing education and staff training programme.	PNZ: Workplace Guidance for Employers and Physiotherapy New Graduates 2011 Physiotherapy Board of New Zealand: Physiotherapy Competencies for physiotherapy practice in New Zealand 2009
<b>5</b>	Regular supervision is an integral part of physiotherapy practice.	Supervision is important throughout a physiotherapist's career. It is recommended recent graduates receive supervision at least every 2 weeks for at least the first year post-graduation.	PNZ Position Statement: Supervision in physiotherapy practice 2011
<b>6</b>	Supervision occurs within a structured contractual relationship.		
<b>7</b>	A system of regular staff review is in place.	A formal review of staff performance, including peer review, occurs annually.	NZ College of Physiotherapy Peer Review Guidelines
<b>8</b>	All physiotherapists have the appropriate insurance cover relevant to their status.	The level of insurance cover required may be different for employees and business/practice owners. Note staff employed by the DHBs are covered by the DHB insurance only for DHB related work.	

## F. Working Alone

	<b>Criteria</b>	<b>Guidance</b>	<b>References</b>
<b>1</b>	Physiotherapists take measures to ensure that the risks of working alone are minimised.	<p>Consider the physical safety of all staff (particularly students and junior staff) when working after hours or in isolated areas. Before commencing weekend and/or on-call work the employer needs to ensure staff are orientated to the area and are competent to cover the case load they are reasonably likely to encounter.</p> <p>Physiotherapists working in isolation are responsible for organising regular peer review and supervision.</p>	Health and Safety Guide to Working in Isolation in the Health and Disability Sector:
<b>2</b>	Communication mechanisms are established between physiotherapists working alone in the community and their base.		
<b>3</b>	Where a risk assessment has identified high levels of risk to the physiotherapist, the physiotherapist attends with support people.		

## SECTION 8

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# CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Standards for continuing professional development detail the need for reflective practice, formal planning and evaluation.

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

	Criteria	Guidance	References
1	The physiotherapist assesses his/her own learning needs.		Physiotherapy Board of New Zealand Recertification Guidelines Booklet 2012 Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011 (7.1)
2	The physiotherapist plans his or her own CPD, however areas for CPD may be identified during supervision or performance reviews.	CPD needs to cover clinical, ethical, cultural and professional issues.	Physiotherapy Board of New Zealand Recertification Guidelines Booklet 2012
3	Professional development (CPD) should relate to the enhancement of an individual's scope of practice and/or desire to move into a new clinical area or an area not practised for some time.		
4	The physiotherapist undertakes reflective practice on a regular basis.	As well as personal reflection on the outcomes of treatment it is important to discuss with your colleagues any patient you are concerned about and ask for advice if required.	
5	A formal plan is developed based on the assessment of learning needs and the identification of learning outcomes and data from performance appraisals.	There is a written plan based on the assessment of learning needs and the identification of learning outcomes. The plan is subject to review and linked to the appraisal cycle of the individual physiotherapist.	
6	The physiotherapist evaluates the benefit of their CPD.	There is evidence that the learning outcomes have been achieved and reflective practice has occurred. The individual can demonstrate that their learning has enhanced and developed their practice.	Physiotherapy Board of New Zealand Recertification Guidelines Booklet 2012

APPENDIX

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## REFERENCES

## APPENDIX

### References including relevant legislation referred to in the Standards of Practice

ACC treatment injury claim (ACC2152)	<a href="http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00028">http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00028</a>
Allied Health Sector Standards (NZS 8171:2005)	
Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2011	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Code of Health and Disability Services Consumers' Rights 1996	<a href="http://www.hdc.org.nz/the-act--code/the-code-of-rights">http://www.hdc.org.nz/the-act--code/the-code-of-rights</a>
Cross-cultural resource kit:	<a href="http://www.caldresources.org.nz/info/Cross_Cultural_Resource_Kit-Printable.pdf">http://www.caldresources.org.nz/info/Cross_Cultural_Resource_Kit-Printable.pdf</a>
Department of Labour: Employment Relations	<a href="http://www.dol.govt.nz/er/index.asp">http://www.dol.govt.nz/er/index.asp</a>
Health and Disability Commissioner Act 1994	<a href="http://www.legislation.govt.nz/pdflink.aspx?id=DLM333583">http://www.legislation.govt.nz/pdflink.aspx?id=DLM333583</a>
Health and Safety in Employment Act 1992	<a href="http://www.osh.govt.nz/law/hse.shtml">http://www.osh.govt.nz/law/hse.shtml</a>
Health and Safety Guide to Working in Isolation in the Health and Disability Sector:	<a href="http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/publications_promotion/prd_ctrb136069.pdf">http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/publications_promotion/prd_ctrb136069.pdf</a>
Health Information Privacy Code 1994	<a href="http://www.privacy.org.nz/health-information-privacy-code/">http://www.privacy.org.nz/health-information-privacy-code/</a>
Health Practitioners Competence Assurance (HPCA) Act 2003	
Health (Retention of Records) Regulations 1996	<a href="http://www.legislation.govt.nz/regulation/public/1996/0343/latest/whole.html">http://www.legislation.govt.nz/regulation/public/1996/0343/latest/whole.html</a>
Human Rights Act 1993	<a href="http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html">http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html</a>
Medical Council of New Zealand: A doctors duty to help in a medical emergency	<a href="http://www.mcnz.org.nz/assets/News-and-Publications/Statements/A-doctors-duty-to-help-in-a-medical-emergency.pdf">http://www.mcnz.org.nz/assets/News-and-Publications/Statements/A-doctors-duty-to-help-in-a-medical-emergency.pdf</a>
Medical Council of New Zealand: Non-treating doctors performing medical assessments of patients for third parties 2010	<a href="http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Non-treating-doctors.pdf">http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Non-treating-doctors.pdf</a>
National Health IT Board	<a href="http://www.ithealthboard.health.nz/">http://www.ithealthboard.health.nz/</a>
New Zealand Bill of Rights Act 1990	<a href="http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html">http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html</a>
New Zealand College of Physiotherapy Peer Review Guidelines	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
New Zealand Health and Disability Services National Reportable Events Policy 2012	<a href="http://www.hgsc.govt.nz/our-programmes/reportable-events/publications-and-resources/publication/320/">http://www.hgsc.govt.nz/our-programmes/reportable-events/publications-and-resources/publication/320/</a>
New Zealand Resuscitation Council	<a href="http://www.nzrc.org.nz/training/">http://www.nzrc.org.nz/training/</a>
Occupational Safety and Health and ACC: Improving Workplace Safety and Health	<a href="http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/reference_tools/pi00211.pdf">http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/reference_tools/pi00211.pdf</a>
Occupational Safety and Health : How to Manage Hazards	<a href="http://www.osh.govt.nz/order/catalogue/pdf/acc1104hazards.pdf">http://www.osh.govt.nz/order/catalogue/pdf/acc1104hazards.pdf</a>
Office of the Ombudsmen: A guide to the Protected Disclosures Act	<a href="http://www.ombudsmen.parliament.nz/index.php?CID=100018">http://www.ombudsmen.parliament.nz/index.php?CID=100018</a>

Outcome Measures in Physiotherapy Practice 2010	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy Board of New Zealand: Physiotherapy Competencies for physiotherapy practice in New Zealand (2009)	<a href="http://www.physioboard.org.nz">http://www.physioboard.org.nz</a>
Physiotherapy Board of New Zealand: Cultural Competence Position Statement	<a href="http://www.physioboard.org.nz">http://www.physioboard.org.nz</a>
Physiotherapy Board of New Zealand Recertification Guidelines Booklet 2012	<a href="http://www.physioboard.org.nz">http://www.physioboard.org.nz</a>
Physiotherapy New Zealand Adverse Reaction reporting form	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Bicultural Policy 2004	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Guidelines for Cultural Competence in Physiotherapy Education and Practice in Aotearoa/New Zealand 2004	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Guidelines for use of Physiotherapy Assistant/Support Workers 2012	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Position Statement: When another person is present during the consultation 2012	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Position Statement: The importance of clear sexual boundaries in the patient-physiotherapist relationship (A guide for physiotherapists) 2012	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Position Statement: The importance of clear sexual boundaries in the patient-physiotherapist relationship (A guide for patients) 2012	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Position Statement: Treatment of Whanau/Family Members and Self-Treatment 2012	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Position Statement: Outcome measures	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
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Physiotherapy New Zealand Prevention of Sexual Harassment Guidelines 2003	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand Rights and Responsibilities 2010	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Physiotherapy New Zealand: Workplace Guidance for Employers and Physiotherapy New Graduates 2012	<a href="http://www.physiotherapy.org.nz">http://www.physiotherapy.org.nz</a>
Privacy Act 1993	<a href="http://www.legislation.govt.nz/act/public/1993/0028/latest/contents.html">http://www.legislation.govt.nz/act/public/1993/0028/latest/contents.html</a>
Standards New Zealand Allied Health Sector Standards NZS 8171:2005	
Standards New Zealand Health Records NZS 8153:2002	
Standards New Zealand Infection Control NZS 8142:2000	
Te Tiriti o Waitangi 1840 (Treaty of Waitangi)	<a href="http://archives.govt.nz/exhibitions/treaty">http://archives.govt.nz/exhibitions/treaty</a>
United Nations Declaration on the Rights of Indigenous People 2008	<a href="http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf">http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf</a>
WCPT Critical Appraisal Skills	<a href="http://www.wcpt.org/node/27527">http://www.wcpt.org/node/27527</a>
WCPT Evidence Based Practice and Critical appraisal of papers	<a href="http://www.wcpt.org/node/27527 - ebp">http://www.wcpt.org/node/27527 - ebp</a>
World Health Organisation: International Classification of Functioning Disability and Health (ICF)	<a href="http://www.who.int/classifications/icf/en/">http://www.who.int/classifications/icf/en/</a>



