



PHYSIOTHERAPY NEW ZEALAND  
Kōmiri Aotearoa

## Position Statement

### Clear sexual boundaries in the patient – physiotherapist relationship A guide for physiotherapists

#### Introduction

The patient-physiotherapist relationship is one of confidence and trust. It can involve the sharing of private information and physical contact so clearly understood boundaries are important.

1. Physiotherapy New Zealand considers that a sexual relationship with a current patient is never acceptable, breaks professional boundaries and is unethical. (*Note: in this policy the word patient may be substituted for clients or their designates.*) The Aotearoa New Zealand Code of Ethics and Professional Conduct states (2.9 & 2.10):

“Physiotherapists must not exploit any patient/client whether physically, sexually, emotionally, or financially. Sexual contact of any kind with patients/clients is unacceptable

Physiotherapists must establish and maintain appropriate professional boundaries with patients/clients and their whanau and families.”

2. Physiotherapists, like a number of other professionals, are involved in relationships in which there is a potential imbalance of power. The physiotherapist to patient relationship is not one of equality. In seeking assistance, guidance and treatment the patient is vulnerable. Sexual exploitation of the patient is an abuse of power. Because of the power imbalance, initiation by the patient and their consent is not considered a valid defence.
3. The abuse of professional boundaries is not restricted to sexual relationships but may include any conduct which crosses professional boundaries, or may be reasonably construed by the patient as having that purpose. Professional boundaries are defined as limits which protect the space between the professional’s power and the client’s vulnerability – they define the edges between a professional therapeutic relationship and a non-professional or personal relationship between a physiotherapist and the person in their care. For further guidance please refer to Standards of Practice 2012: 1B 5,6, 7 & 8, 3C 1.

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## Definition of a Patient

4. A person should be considered to be a current patient until that person ceases to receive professional advice, treatment or support from the physiotherapists. The point at which she/he ceases to be a patient will vary according to the:
  - Nature of the professional consultation.
  - Length of the patient/physiotherapist professional relationship.
  - Reason for seeking professional treatment.
  - Degree of dependency involved in the professional relationship.
  - Degree of knowledge and personal disclosure that has occurred during the therapeutic relationship.
5. It is not possible to be definitive regarding these issues. Each situation will require careful judgment of the individual circumstances.

## Professional Sexual Boundaries

6. Varying degrees of sexual harassment may occur which break sexual boundaries. Such behaviour can be grouped into the following three categories:
  - Sexual impropriety
  - Sexual transgression
  - Sexual violation
7. **Sexual impropriety** means any behaviour such as gestures or expressions that are sexually demeaning to a patient, or which demonstrate a lack of respect for the patient's privacy, including but not exclusively:
  - Inappropriate disrobing or inadequate draping practices.
  - Inappropriate comments about or to the patient such as making sexual comments about the patient's body or underclothing.
  - Making sexualised or sexually demeaning comments to a patient.
  - Displaying negative attitudes or making negative comments regarding the patient's sexual orientation.
  - Making comments about sexual performance during an examination or consultation (except where pertinent to professional issues of sexual function or dysfunction).
  - Requesting details of sexual history or sexual preference not relevant to the type of consultation.
  - Any conversation regarding the sexual problems, preferences or fantasies of the physiotherapist.
  - Examining the patient intimately without the patient's informed consent.
  - Conducting an intimate examination of the patient in the presence of students or other parties without the patient's consent to their presence.
  - Inappropriate use of text messaging or social media
8. **Sexual transgression** includes any inappropriate touching of a patient that is of a sexual nature, short of sexual violation, including but not exclusively:
  - Touching of breasts or genitals except for the purpose of physical examination or treatment.
  - Touching of breasts or genitals when the client has refused or withdrawn consent for the examination or treatment.

- Inappropriate touching of other parts of the body that may be construed as sexual transgression.
- Proposing a sexual relationship to a patient.
- Manual internal examination without gloves.

9. **Sexual violation** means physiotherapist/patient sexual activity whether or not initiated by the physiotherapist.

**NOTE:** *Actions within any of the three categories above may contravene the law and invoke criminal charges in the event of non-consent. The important distinction is that ethical considerations apply whether there has been consent or not.*

### **Signs that may indicate potential for breaking of sexual boundaries**

10. Particular care must be taken to preserve the boundaries in the professional relationship which can be broken in an insidious way. Although the following actions are not necessarily transgressions, they are warning signals which should alert a physiotherapist that the boundaries are being blurred. They include:

- Extending or accepting personal social invitations – when working with a sports team you are often included in the team social events and it is important you remain aware of your professional role
- Sharing of information not needed for the professional relationship e.g. cell phone numbers, access to personal facebook pages
- Failing to manage seductive advances by a patient in an appropriate professional manner.
- Giving inappropriate special status to the patient e.g. appointments at odd hours especially when other staff are unlikely to be present.
- Stating an attraction to the patient.
- Confiding in a patient about the physiotherapist's personal problems.
- Offering to drive the patient and "see him/her in".
- Giving patient significant gifts, or receiving them.
- Not charging or billing for treatment.
- Sexualising the atmosphere by:
  - sexual talk, including sexual emails or texts
  - using sexual remarks to praise the patient

11. Prohibited behaviour includes actions which inevitably break through professional boundaries. These include:

- The physiotherapist acting on feelings of sexual attraction towards a patient.
- Making any suggestion that a sexual relationship with the patient is part of treatment.

If you recognize your own behavior in any of the above points or you feel attracted to a patient, ask for help and advice from a respected peer who can help you to decide the appropriate and ethical course of action. It may be appropriate to organize the transfer of the patients care to another physiotherapist.

## **Safety and Protection**

12. To avoid any misunderstandings or inappropriate conduct the physiotherapist should employ the following safeguards:
- Keep to relevant personal detail in history taking.
  - Provide adequate information and explanation which helps to avoid misunderstandings and misinterpretation.
  - Honour confidentiality.
  - Maintain proper appointment systems.
  - Provide suitable facilities with screens for undressing, draping.
  - Offer and encourage the presence of chaperone/whanau/friend during intimate examinations.
  - Be aware of what is culturally acceptable to patients, especially those of a different race or religion.
  - Never use sexually demeaning words or actions or jokes in doubtful taste.
  - Refrain from undue familiarity.
  - Be cautious of the context and intent if accepting a gift from a patient (refer to section 6.5 in the Aotearoa New Zealand Code of Ethics and Professional Conduct) .
  - Be aware that people may be vulnerable at times of crisis in their personal life.
  - Get help early for personal crises.
  - Do not involve patients in personal problems.
  - Consult with colleagues about difficult situations.
  - Maintain strong support and self monitoring systems within the physiotherapy practice.