

Over the Counter Drugs Considerations for Physiotherapy Practice

Adapted from a paper approved by the Alliance of Canadian Physiotherapy Regulators (2012)

CPTNB acknowledges input of the N.B. Pharmaceutical Society to this modified paper.

In the interest of the public, CPTNB cautions NBPTs to ensure they have a complete medication profile at hand and even so, to collaborate and consult with Pharmacists and/or Physicians in such matters.

Background

The use of medications or drugs by non-physician health professionals is evolving and is linked to collaboration and best use of resources to facilitate access to care. The use of drugs in clinical practice encompasses a wide variety of activities including: prescribing, compounding, dispensing, administering, advising and selling. These activities are defined as follows¹:

Prescribe = to advise and authorize the use of

Compound = to combine or mix

Dispense = to prepare and give out

Administer = to give or apply as a remedy

Advise = to recommend for use

Sell = to exchange or deliver for money or its equivalent

The activities of prescribing, compounding, dispensing, administering and selling drugs are restricted by provincial and federal legislation.

Health Canada is responsible for approving all drugs for sale in Canada and for regulating drug safety, quality, efficacy, importing, labelling and manufacturing. Health Canada maintains a drug product database and a licensed natural health products database, and is an important resource for advisories, warnings, recalls and safety alerts.

Provincial pharmacy regulators are responsible for the sale, dispensing and distribution of scheduled drugs. Where and how drugs can be sold in Canada depends on the national drug scheduling model established by the National Association of Pharmacy Regulatory Authorities (NAPRA). This model is based on the degree of risk involved (e.g. toxicity, side effects, potential for abuse).

- Schedule I – greatest hazard; prescription required, e.g. Tylenol #3
- Schedule II – must be kept behind the counter in a pharmacy and sold only upon pharmacist intervention, e.g. 222s

The wide margin of safety for OTCs does not preclude harm to patients or exemption from liability for PTs should harm occur.

¹ From the ITP Nelson Canadian Dictionary of the English Language, 1997

- Schedule III – must be sold in a pharmacy where a pharmacist is available for consultation, e.g. Gravol, Hydrocortisone cream (0.5%)
- Unscheduled – available anywhere, e.g. Tylenol, Advil, Aspirin

Despite this drug scheduling model, drugs and other substances (such as herbal supplements and “natural” health products) that can be sold without a prescription, are often referred to collectively as OTCs (OTC stands for “over the counter”).

Anything “scheduled” (e.g. I, II & III) is restricted as “pharmacy” only. Canadian physiotherapists (PTs) are not authorized to prescribe, compound, dispense or administer prescription drugs (other than administering by inhalation oxygen or other substance ordered by a physician - in some provinces). Whether PTs can administer, recommend or sell OTCs or other products in their practice varies from province to province. Some jurisdictions have restrictions, others – including New Brunswick — do not.

Purpose

This paper discusses important considerations for N.B. (and Canadian) PTs contemplating whether to administer, recommend or sell OTCs. OTCs are defined as drugs or other substances (such as herbal supplements) that are available without a prescription. This paper was developed as an internal resource document of The Alliance for use by provincial physiotherapy regulators.

Evolving PT Practice

The use of OTCs in PT practice has not been specifically studied in Canada. However, in provinces where there are no legislative restrictions on administering, recommending or selling OTCs, there is ample evidence that PT practice has evolved to include the use of OTCs. Typical examples of how some PTs have implemented OTCs into their practice include:

- applying a topical NSAID or pain relieving cream as part of a therapeutic intervention
- recommending a muscle relaxant as a therapeutic adjunct
- selling vitamin supplements within a practice setting

The authors highlight the potential for “medication misadventure” because PTs have limited knowledge about pharmacology, drug interactions and risks.

Researchers in Australia report similar examples of PTs recommending OTC analgesics or oral NSAIDs (non-steroidal anti-inflammatory drug) and using topical NSAIDS as a therapeutic adjunct (Kumar and Grimmer, 2005).

They argue that PTs could be putting patients and themselves at risk. The study concludes that while the inclusion of NSAIDs in treatment plans has the potential to improve patient outcomes, it should be done in collaboration with an appropriate health professional such as a pharmacist or physician.

Patients as Enlightened Consumers

There are a number of factors at play:

- 1) access to information means patients are more informed and empowered to ask for additional information;
- 2) PTs are primary care providers, and as the first and sometimes only point of contact, PTs are being asked for advice related to OTCs; and
- 3) because OTCs do not require a prescription, they are often seen as being less risky and many PTs believe their education and experience is either adequate to provide advice or at a minimum, is better than nothing.

With OTCs, consumers are expected to make decisions about self care; and when they do so, they assume personal responsibility.

When a health care provider such as a physiotherapist makes a recommendation about an OTC, greater credence is given to the advice.

Essential Principles to Understand and Manage Risk

PTs are an obvious resource for patients, especially when the OTC relates to a condition for which the patient is seeing a PT; but OTCs are not risk free.

When considering whether to incorporate OTCs into clinical practice, PTs should:

- conduct an assessment to evaluate need, and to ensure appropriateness
- focus on issues of safety, quality and accountability
- ensure competence and ability to manage negative consequences
- comply with labelling, storage and disposal requirements for OTCs

Assessment

When a regulated health care provider recommends or administers any course of therapy it should be as a result of an assessment and be grounded in therapeutic appropriateness. There are also technical aspects to consider (right therapy, right frequency, right intensity etc.). With drugs - even non-prescription OTCs - physiotherapists may have incomplete knowledge about efficacy, effectiveness, dosage, chemical and therapeutic profile, interactions etc. to ensure appropriate assessment.

Safety

Certain OTCs can be useful for a number of conditions treated by physiotherapists. Despite the fact that no prescription is required, and there may be no restriction on who can sell them, OTCs are not without adverse effects especially in vulnerable patients. (e.g. NSAIDs should not be used by patients on Coumadin, and some patients with elevated BP). Developing risk protocols to ensure safety is essential.

Quality/Competence

Linked to both safety and assessment is the concept of quality and competence. Extensive education and training are required to ensure knowledge, skill and judgement for safe, competent care. Practising within the scope of practice of the profession, providing quality care and ensuring competence for all aspects of care that is provided is an expectation for all health care professionals.

Accountability/Liability

All health professionals are held to a standard of care when practising their profession. Competence and judgement are cornerstones of accountability and informed consent continues to apply. The wide margin of safety for OTCs does not preclude harm to patients or exemption from liability for PTs should harm occur. Although patients can self-select OTCs, accountability is much higher should a health professional decide to recommend a product. The best advice is to exercise care and good judgement; practice collaboratively and refer to other health care providers when appropriate.

Logistics

A final important component relates to ensuring compliance with the requirements for labelling and storage of OTCs including monitoring expiry dates and ensuring appropriate disposal of unused or expired medications.

Summary

- PTs are administering, recommending and selling OTCs (to varying degrees across Canada) and patients are requesting these activities
- If a PT is considering these activities (and their provincial legislation does not prohibit it) there are multiple risks and obligations to be considered
- PTs should assess and be prepared to manage the risks; ensure safety, quality and accountability; practice collaboratively and above all, always act in the best interest of patients

ALSO SEE APPENDIX 1

References

Health Professions Regulatory Advisory Council (HPRAC). "Prescribing and Use of Drugs by Non-Physician Health Professionals: A Jurisdictional Review of the Profession of Physiotherapy." November 2008. Available at www.hprac.org

Kumar, S. and Grimmer, K. (2005). "Nonsteroidal anti-inflammatory drugs (NSAIDs) and physiotherapy management of musculoskeletal conditions: a professional minefield?" Ther Clin Risk Mgmt: 1(1) 69-76.

National Physiotherapy Advisory Group (NPAG). "Essential Competency Profile for Physiotherapists in Canada." October 2009. Available at www.alliancept.org

Williams, D., "Use of Drugs in Physiotherapy: Review and Options." Prepared for the Canadian Alliance of Physiotherapy Regulators, October 2011.

Appendix 1: Considerations and Questions

Considerations:

1. Some jurisdictions prohibit administering, recommending and/or selling OTCs (British Columbia, Manitoba and Nova Scotia).
2. If your jurisdiction does not prohibit administering, recommending, and/or selling OTCs, this does not mean you should do it just because you can - consider patient interests over your own interests
3. If you do decide to administer, recommend and/or sell OTCs, consider your scope of practice, your personal competence, patient risk, professional liability and appropriateness – collaboration with other health professionals is recommended.
4. Always use judgement and apply reasoning - patient safety should be the primary focus

Questions to ask yourself before administering, recommending or selling OTCs in your practice

1. Does my jurisdiction permit the activity?
2. Is this activity within my scope of practice?
3. Am I competent to do this activity?
4. Am I the right person to be doing this activity?
5. Is this activity in the best interest of my patient?
6. Is it the right thing to do?
7. Who can I access for advice/assistance?
8. Is it better to refer to another provider?
9. Have I done a complete assessment?
10. Have I evaluated all the risks?
11. Do I have appropriate protocols in place to manage the risks and ensure safety?
12. Do I have appropriate liability insurance? Does the policy cover the activities I am planning to do?