

College of Physiotherapists of New Brunswick  
**ADVISORY NOTES # 2**  
July 1998

**Direct Access to Physiotherapy Services**

Physiotherapy Act amendment, generally referred to as Bill 40. Assented to: 26/2/98

**Overview**

The objects of the amendments were to: officially change our name to the College of Physiotherapists of New Brunswick, and eliminate the ambiguity of the Physiotherapy Act 1985 as it related to diagnosis and referral. The name has changed, and direct access has been established - but what does direct access mean?

The ambiguity was "Could physiotherapists treat patients without first having a "medical or dental..." diagnosis? *Note: many were of the understanding that "referral" was also mandatory, but referral was dropped from our Act as far back as 1985.* This more recent amendment was to define how "diagnosis" should be interpreted and obtained.

In 1985, the College believed the Act would allow direct access. During intense negotiations while trying to receive government approval, a phrase was added at the medical community's request, which later opened the debate on "diagnosis." Legal advice was mixed. It was found that NO EXPLICIT legalities stopped the public from self-referral, but it could be argued that some IMPLICIT expectations obligated Physiotherapists to have a diagnosis before seeing clients. While elsewhere we saw increasing acceptance of direct access, N.B. seemed unable to clarify our situation. After several discussions at our AGMs, we launched our plan to finally get the issue legally resolved. The intent of the College was to ensure the public's right to directly access physiotherapy services.

**The Legislation**

The amended Act was assented to on February 26, 1998. It may be referred to as Bill 40, or as the direct access legislation. Ultimately, we achieved clear direct access by deleting 14 words from the 1985 Act. Under the definition of "physiotherapy" and "physical therapy" the following words were deleted - **"based upon a medical or dental diagnosis from the patient's medical or dental practitioner."**

**Physiotherapists In Practice**

***What does this mean to the public and your practice?***

LEGALLY, the public can refer themselves directly to Physiotherapists for treatment, and Physiotherapists can accept clients even if they do not have a referral or diagnosis from any other source(s). To repeat: for practitioners to accept a client, there is no legal requirement for a referral or a diagnosis from any source.

***Does this mean Physiotherapists can offer a medical diagnosis?***

**No.** Physiotherapists will identify physical dysfunction or pain, which is within their scope of knowledge, skills and expertise. This differs from medical diagnosis as represented in Figure 1:

**MEDICAL MODEL**

History  
Physical Exam  
Laboratory Data  
Radiological Data  
Classification of Signs and Symptoms  
Medical Diagnosis  
Disease

**PHYSIOTHERAPY MODEL**

History  
Physical Exam  
Other Data and Information  
Classification of Signs and Symptoms  
Identification within Scope of PT Practice  
Dysfunction

Figure 1: Comparison of the Diagnostic Process and Identification Process  
(modified from the College of Physiotherapists of Alberta - Direct Access Module, 1991)

***What are your obligations when seeing patients without referral(s) from medical or dental practitioners?***

The obligations are the same now as before, with clarification of "diagnosis". A summary follows - for full understanding - **Review** the *Physiotherapy Act* and Regulations, under sections: Definitions, Practice of Physiotherapy; and Code of Ethics, Professional Judgement, and Professional Practice. If you *have an "old" copy of the Regulations, be sure to delete Section 28 1. (b) (i): a dental or medical practitioner's diagnosis.*

Practice Standards and ethical practice guidelines, require that physiotherapists:

- exercise competent professional judgement; and
- shall only initiate treatment on the basis of adequate information which must include:
  - (i) the history of the complaint to be treated;
  - (ii) the physiotherapy assessment, including performance of appropriate test and procedures; and
  - (iii) such other information necessary in the circumstances, which may include pertinent diagnostic test, other health care team consultations and socio-economic factors;
- maintain communication with the patient's physician and other appropriate health care team members during the course of the patient's treatment.

***What are other sources of information, and how should I proceed?***

Physiotherapists may obtain medical or dental diagnosis in a variety of ways including from:

- the client's current or past medical records
- standing orders
- the client interview
- the physician or dentist in a verbal format
- other health care team members
- the physician or dentist in a written format.

Physiotherapists must be satisfied the diagnosis is relevant to the presenting condition and that the source is reliable and provides adequate legal protection.

Physiotherapists should document how, and from where, the diagnosis was obtained, if the diagnosis is relevant to the presenting condition, and the communication that occurred with other health team members.

Physiotherapists must confine intervention to areas of training and skill, must not initiate or continue intervention if no benefit is expected and must request consultation with colleagues or other health team members when necessary.

***Why are there still some requirements for a medical or dental diagnosis prior to physiotherapy?***

The College has the authority (by privilege of the Province of New Brunswick) to make this direct access model legal, but it can not enforce policies and practices on others such as government, its agencies, other employers and third-party payors. Each may set policies and practices to which participating practitioners are obligated should they wish to continue their professional relationships with these sources. It is understood that currently - as a policy, not a legality - most still require a medical or dental diagnosis or referral first.

***Will N.B. Medicare pay for these services?***

Medical coverage policies have not changed in N.B. As the College understands, clients who obtain services outside of the "public" setting are responsible for payments personally, or through individual or group health coverage plans.

**Summary of Rights and Obligations**

Physiotherapists as primary care practitioners, may provide assessment, intervention, prevention, consultation, educational, and advisory and research services.

Physiotherapists are directly responsible for the planning, administration and evaluation of physiotherapeutic programs.

Physiotherapists practise within the parameters of the Physiotherapy Act 1985 and the Regulations under the Act.

The Public has the right to access physiotherapy services directly. Payments are a separate matter.

The Public has the right to receive safe, effective, appropriate, and competent care.