



SPNZ SPORTS PHYSIOTHERAPY
NEW ZEALAND

SPORTS PHYSIOTHERAPY CODE OF CONDUCT

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PREAMBLE

The objective of the Sports Physiotherapy Code of Conduct (SPCC) is to provide a comprehensive set of guidelines for the professional behaviour expected of physiotherapists providing sports physiotherapy services.

The SPCC applies to any physiotherapist providing sports physiotherapy services including immediate care, injury assessment and management, rehabilitation, exercise prescription, injury prevention or enhancement of sporting performance in individuals involved in any level of exercise or sport.

The SPCC acknowledges the varied work environments of a sports physiotherapist. Sports physiotherapists work in recreational sports and leisure industries, as physiotherapists working with athletes at all levels, within sporting organisations as a physiotherapy/medical coordinator, or in physiotherapy clinics.

A patient/client in this setting is the individual receiving sports physiotherapy services, or, the group of people for whom the sports physiotherapist is contracted or otherwise engaged to provide sports physiotherapy services.

RELATIONSHIP BETWEEN THE “*Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct*” AND THE SPCC.

The same ethical principles that apply to the practice of all physiotherapists in New Zealand also apply to those physiotherapists who provide sports health care.

The *Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct* produced by the New Zealand Physiotherapy Board (NZPB) and Physiotherapy New Zealand (PNZ), is the code for all physiotherapists in New Zealand (see www.physioboard.org.nz).

Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct

1. Physiotherapists respect patients/clients and their whanau and families.
2. Physiotherapists act to promote the health and wellbeing of the patient/client, while acknowledging, respecting and facilitating patient/client autonomy.
3. Physiotherapists respect confidentiality, privacy and security of patient/client information.
4. Physiotherapists treat people fairly.
5. Physiotherapists practice in a safe, competent and accountable manner.
6. Physiotherapists act with integrity in all dealings.
7. Physiotherapists strive for excellence in physiotherapy standards.
8. Physiotherapists communicate effectively and cooperate with colleagues, other health professionals and agencies, for the benefit of their patients/clients and the wider community.
9. Physiotherapists take responsibility to maintain their own health and wellbeing.
10. Physiotherapists accept responsibility to uphold the integrity of the profession.

The SPCC does not alter the *Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct*, but interprets and explains these principles as they relate to the sporting environment.

A SPORTS PHYSIOTHERAPIST'S LEGAL OBLIGATIONS

The SPCC should be read in conjunction with all legislation, standards and codes relevant to the provision of physiotherapy services in New Zealand. This code is not intended to vary the legal obligations and duties of sports physiotherapists. It is the responsibility of the sports physiotherapist to identify the particular legal obligations and responsibilities applicable to their work situation.

FORMAT AND STYLE

The term 'will' is used to indicate that the associated statement sets a minimum standard that sports physiotherapists will achieve. The term 'should' reflects a standard that sports physiotherapists aim to promote and nurture.

1. GOOD PATIENT CARE

Commentary: Good patient care in sport requires a range of clinical, interpersonal and management skills. The nature of the physiotherapy-patient relationship is critical to achieving positive outcomes. Sports physiotherapists should be aware of how the environment in sport may impact upon the ability to provide quality care. Sports health care sometimes requires balancing the health and welfare of the patient with the desire for sporting success. An understanding of the special physical and mental demands placed on patients through their participation in sporting activities is required.

Standard of Clinical Practice

The sports physiotherapist will:

- i. Acknowledge the best interest of the patient as the underlying value that should guide management in the sporting environment.
- ii. Provide a standard of clinical care that is consistent with the current best practice in sports physiotherapy, within the resource and systems constraints of the sporting environment.
- iii. Be aware that he or she is not obliged to provide treatment if, in his or her professional judgement, the treatment would either not benefit or would harm the patient, or is considered unethical (assist the patient to seek a second opinion if requested).
- iv. In an emergency, be prepared to assist in the care of others if required.
- v. When providing physiotherapy services at sports events, hold up-to-date competencies in basic life support (including use of Automated External Defibrillator, Cardiopulmonary resuscitation and airway management) and first aid.
- vi. Provide appropriate handover of patient information to relevant medical personnel to ensure continuity of care.

- vii. Recognise the particular vulnerabilities and physiological and developmental characteristics of children in sport, and the short and long-term risks (physical and psychological) of training regimes and competition on children.
- viii. Recognise the particular needs and vulnerabilities of athletes with disabilities.

The sports physiotherapist should:

- ix. Advocate for children if children are being placed at high risk of harm from their participation in sport.
- x. Be aware of the psychological and emotional aspects of sport including: training, competition, sporting success/failure, injury (and recovery from injury) and retirement. Have baseline knowledge of the key warning signs of depression, significant anxieties and eating disorders and, refer patients appropriately.

Commentary: Sports physiotherapists may be the first person to observe mental health issues in a patient. Depression and significant anxieties may first present with sleep problems, extreme fatigue, loss of motivation and energy, anger and/or sadness, over-thinking, withdrawal from sport and life. Eating disorders may include anorexia, bulimia, binge eating, purging, abuse of laxatives and or diuretics, or other inappropriate compensatory behaviour including excessive exercise. Eating disorders are more common in sports that emphasise the athletes' appearance, or those sports with weight classes. Patients identified as having eating disorders or mental health issues or should be referred to their GP or, within a team environment, to the appropriate health professional.

2. RELATIONSHIPS WITH PATIENTS

Sports physiotherapists will:

- i. Communicate effectively with patients (including parents and guardians of minors) about the nature, prognosis, and implications of an injury on training and competition, the risks of continued participation and possible consequences for recovery, the treatment options and any relevant injury prevention strategies.
- ii. Not exploit any patient/client whether physically, sexually, emotionally, or financially. Sexual contact of any kind with any patients/clients is unacceptable.

Commentary: Sexual contact of any kind with athlete-patients is unacceptable. If a sports physiotherapist has an existing relationship with an athlete or team management prior to taking on the physiotherapy role, he or she should be aware that this relationship may create a conflict of interest. (see PNZ, [Clear sexual boundaries in the patient-physiotherapist relationship](#))

- iii. Act in a considered and professional manner during all team social activities, especially where alcohol is consumed.

Commentary: A sports physiotherapist is part of the team by virtue of their professional role. As a health professional within that team, the sports physiotherapist should consider how their individual actions in a team social setting reflects on themselves and the physiotherapy profession, and impacts on future physiotherapy patient relationships and may endorse particular team behaviours. Insofar as a sports physiotherapist has a role in ensuring patient health and welfare, the abuse of any substances should be discouraged.

3. EMPLOYMENT STRUCTURE AND RELATIONSHIPS

Commentary: Where a sports physiotherapist is employed or otherwise engaged by a team or sports governing body, multiple responsibilities and obligations may result. Particular duties or responsibilities may be specified within an employment contract that will conflict with the ethical obligations expected of physiotherapists. A problem can arise where meeting one obligation will result in the neglect of others. The most common divided loyalty for a sports physiotherapist is where the needs of the employer conflicts with the health needs of the patient. Before agreeing to provide services to a team the sports physiotherapist should be aware of whom they will be expected to provide care for.

When employed/engaged by a sports organisation the sports physiotherapist will:

- i. Act with honesty and integrity in all professional activities and act in good faith with their employer/contractor.
- ii. Recognise his or her duty of care to the patient as the first concern and that contractual or other responsibilities are of secondary importance.
- iii. Not be party to an employment contract that forces or encourages him or her to abandon a commitment to patient welfare.
- iv. Be aware of the contractual and regulatory requirements of funding authorities in the provision of sports physiotherapy services.

The sports physiotherapist should:

- v. Seek legal advice prior to signing an employment contract.
- vi. Ensure that decisions regarding the supply of health products to the patient or team are, where possible, evidence based. Advocate constructively for patients where sponsors' demands or products negatively impact on patient welfare.
- vii. Discourage sponsorship of the sports medical team that is in conflict with good health (e.g. alcohol or tobacco sponsorship)

4. CONFIDENTIALITY AND PRIVACY

Commentary: Confidentiality of health information about athletes is an area of concern for sports physiotherapists, particularly when the physiotherapist is employed or otherwise engaged by a team or sporting franchise. Employment contracts may require physiotherapists to share health information, in particular injury and injury treatment information with the coach or management. In these situations a sports physiotherapist may face a dilemma, either to share health information in accordance with contractual obligations (and employer expectations) but against the wishes of the athlete, or, respect the wishes of the athlete, but be in breach of contractual obligations.

Failure to respect confidentiality of personal health information about a patient may result in unintended consequences including a patient deciding not to disclose relevant information to the sports physiotherapist, creating unnecessary risk to the health of the individual or others. Sports physiotherapists should take particular care to protect confidentiality when using social media.

The sports physiotherapist will:

- i. Maintain patient confidentiality, except where legal requirements direct otherwise, or a strong ethical justification exists.

- ii. Seek permission from the patient prior to each disclosure of health information to a third party (unless it is believed on reasonable grounds that such disclosure is one of the purposes for which the information was obtained and the patient is aware of the intended recipient(s)). Inform the patient of the advantage of sharing health information with coaches and team management to promote effective injury management and return to play.
- iii. Where necessary, educate coaches, trainers, team management and sports governing bodies of the need for confidentiality between the sports physiotherapist and the patient.

Commentary: Sports teams or sporting bodies commonly require athletes to sign a health information release form at the beginning of the season or on joining a team. A health information release form signed by an athlete does not discharge the sports physiotherapist from the responsibility for seeking permission to each disclosure of health information about the patient to a third party. In complex situations a sports physiotherapist should seek advice from other health professionals associated with that patient's care, or other appropriate sources.

- iv. Be sensitive to and respect the cultural and personal values of patients, especially where carrying out assessment or treatment in shared facilities.
- v. Where assessment or treatment must be carried out in a public environment, patient privacy will be maintained to the level it can be reasonably achieved.

Commentary: The nature of some sports settings may make it difficult to provide privacy for the patient.

- vi. Not provide health information about a patient to the media without the consent of the patient (and/or team management where required) and will consider how information provided might impact on the athlete or team.

5. SCOPE OF PRACTICE

Sports physiotherapists will:

- i. Be aware of the limits of their clinical competence and sports-specific knowledge at varying levels of competition and refer to, or seek advice from an appropriately skilled professional as required.
- ii. Work within their scope of practice, and ensure that they maintain their knowledge and skills through regular continuing professional development.

Commentary: In some situations, sports physiotherapists may be expected to work, outside the usual scope of practice generally understood to be that of a physiotherapist. These situations may include suturing, fracture and dislocation care, and administering medications. Sports physiotherapists must be aware of their legal obligations, and the regulations of the New Zealand Physiotherapy Board. It is the responsibility of individual sports physiotherapist to ensure they have received relevant training and education and have obtained the necessary competencies to work at this level.

Providing Medications in the Absence of a Doctor (Standing Orders)

Commentary: Patient safety and wellbeing are of utmost importance when receiving physiotherapy services. Prescription and dispensing medications is not within the scope of practice of a physiotherapist, however a sports physiotherapist may, under certain formal structures, supply or administer medications under instruction from a doctor in that doctor's absence. This activity is set out

in the [Medicines \(Standing Orders\) Regulations, 2002](#), and is further explained in the NZ Ministry of Health document entitled '[Standing Orders Guidelines, 2012](#)'. Sports physiotherapists wishing to supply or administer medications must familiarise themselves and comply with the requirements specified in these documents. Standing orders must not be an activity of first choice if better options are available (e.g. travelling with a doctor or using a doctor in another centre). A relationship of trust with the prescribing doctor is necessary to ensure safe patient care.

When working under 'standing orders'

Sports physiotherapists will:

- Be aware of and comply with all legal obligations.
- Maintain appropriate competencies (including those specified by the issuer) for this work.
- Ensure patient safety is paramount, if in doubt – seek assistance. Any referrals to other services must be documented and the prescribing doctor informed.
- Recognise that any deviations from the standing order are not permitted (this includes providing medication to those not specified within the standing order).
- Keep contemporaneous documentation of care and advice given.
- Debrief with the prescribing doctor on return
- Understand that over the counter medications must be included in a standing order. If no standing order exists direct the patient to consult a pharmacist or doctor.

6. RISK TAKING

Commentary: Risk-taking in sport is the responsibility of the patient where that patient understands the nature and extent of the risk, is competent to make a decision, and the decision is freely made.

The sports physiotherapist will:

- i. Inform the patient (as far as possible) of the potential harm associated with returning to sport following injury including the likelihood and severity of further injury and the implications of injury on quality of life and future career. Advocate for the patient where the patient is being pressured into taking high levels of risk.
- ii. When advising athletes about return to sport following injury, discourage choices to participate in sport where a patient's condition creates a high likelihood of a severe outcome (loss of life or severe incapacity). This advice should be documented.
- iii. Not knowingly facilitate a return to sport following injury where there is a high likelihood of a severe outcome for the patient (loss of life or severe incapacity). A sports physiotherapist is under no obligation to assist a patient to return to sport following an injury if the sports physiotherapist considers the risk is unacceptable.

7. MAINTENANCE OF PATIENT RECORDS

Commentary: Maintenance of patient records can be difficult during training or games, however for reasons of patient safety and to meet professional expectations the sports physiotherapist will:

- i. Ensure maintenance of accurate, legible and contemporaneous records of treatment provided, advice given, and the results of investigations. (PNZ position statement)

- ii. Be aware of legal requirements about collection, storage, and disclosure of personal health information about patients, and ensure appropriate transfer or storage of patient's records upon completion of care. [See the [Health Information Privacy Code](#)]

8. FAIR PLAY IN SPORT

Banned Performance Enhancing Substances:

The sports physiotherapist will:

- i. Be familiar with current anti-doping policies (including the current list of banned substances) and the rules of the WADC ([World Anti-Doping Code](#)).
- ii. Not engage in any activity that encourages or enables the use or administration of any prohibited substance or doping method (as defined by the World Anti-Doping Code) *unless* an athlete has a current [Therapeutic Use Exemption](#) (TUE).
- iii. Cooperate fully with the athlete testing programme and not impede doping control officials, or encourage/assist athletes to impede or evade doping control procedures and processes. Discourage the potential use of banned performance enhancing substances and banned doping methods.

Honesty and Integrity:

Sports physiotherapists will:

- i. Act with honesty and integrity and promote fair play in sport.
- ii. Not violate the rules of a particular sport in order to obtain an unfair advantage.
- iii. Not fix or attempt to fix a match (or any part of a match), or use or reveal inside information for the purposes of betting.

9. EFFECTIVE RELATIONSHIPS

Commentary: Good quality care for patients often requires collaboration with a health care team.

Sports physiotherapists will:

- i. Maintain effective, collaborative and professional relationships with other medical/healthcare professionals (including physiotherapists, sports physicians, sports doctors, GP's) involved in the patient's care.
- ii. Maintain respectful relationships and behave in a professional manner with non-medical/health care personnel (including coaches, managers, support and administration staff, match officials etc.).
- iii. Not undermine relationships between another sports health care provider and their patient.

REFERENCES

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