

THE JHARKHAND STATE COUNCIL FOR PHYSIOTHERAPY

**“Code of Conduct, Ethics Scope and Standards of
Physiotherapy Practice 2020”**

THE JHARKHAND STATE COUNCIL FOR PHYSIOTHERAPY, RANCHI

1. (i) **Short title and commencement:** These regulations may be called “Code of Conduct, Ethics Scope and Standards of Physiotherapy Practice 2020”.
- (ii) They shall come into force on the date of their publication in the Official Gazette.

1. **Objective:-** The objective of this regulation is to prescribe code of conduct, ethics, scope and standards of Physiotherapy practice.

2. **Definitions:-**

(1) In these regulations, unless the context otherwise requires, –

(a) “Act” means the Jharkhand State Council For Physiotherapy Act 2020;

(b) “Government” means Jharkhand State Government

(c) “Council” means the Jharkhand State Council For Physiotherapy established under the Act;

(d) “Physiotherapy college” means any institution, college or a body by whatever name called, in which a person may undergo a course of study or training which will qualify him for the award of recognised physiotherapy qualification.

(e) “Clinic” means any “physiotherapy delivery establishment” under any hospital/ institute/ NGO/ other such establishments which may establish physiotherapy services under clinical or consultation including inpatient or outpatient or domiciliary services or any such establishment where in physiotherapy services are rendered.

(2) Words and phrases used in these regulations and not defined but defined in the Act shall have the meaning respectively assigned to them in the Ac

1. **Professional Conduct in Physiotherapy**

Preamble

This Code of Ethics is built upon the five roles of the Physiotherapy professionals as a practitioner, clinician, academician, researcher and clinical administrator (management of patients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organisational, and societal). The Physiotherapy practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physiotherapy professionals. Fundamental to the Code of Ethics is the special obligation of physiotherapy practitioners to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities (due to disease, disorder & trauma) to facilitate greater independence, health, wellness, and enhanced quality of life. The Code of Ethics delineates the ethical obligations of all physiotherapy practitioners.

1. Not inconsistent with the relevant provisions of the Act; the council shall prescribe Code of Ethics in physiotherapy from time to time.

1. The Council may constitute a subcommittee for prescribing Code of Ethics in physiotherapy as deemed appropriate.
 2. The sub-committee may prescribe and review such Code of Ethics in physiotherapy, as deemed necessary, from time to time.
2. **Purposes of this Code of Ethics** are to:
1. Define the ethical principles that form the foundation of Physiotherapy practice in patient management, consultation, education, research, and administration.
 2. Provide standards of behaviour and performance that form the basis of professional accountability to the patients & the public in general.
 3. Provide guidance to physiotherapy practitioners facing ethical challenges, regardless of their professional roles and responsibilities.
 4. Educate physiotherapy practitioners, physiotherapy students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the Physiotherapy practitioner.
 5. Establish the minimum standards by which the Jharkhand State council for Physiotherapy can determine the involvement of a Physiotherapy practitioner in unethical conduct.
3. No code of ethics is exhaustive nor can it address every situation. Physiotherapy practitioners are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.
5. **Ethic 1: Physiotherapy practitioners shall respect the inherent dignity and rights of all individuals.**
1. Physiotherapy practitioners shall act in a respectful manner toward each patient/person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
 2. Physiotherapy practitioners shall recognise their personal biases and shall not discriminate against others in Physiotherapy practice, consultation, education, research, and administration.
6. **Ethic 2: Physiotherapy practitioners shall be trustworthy and compassionate in addressing the rights and needs of patients.**
1. Physiotherapy practitioners shall adhere to the core values of the profession and shall act in the best interests of patients over the interests of the physiotherapy practitioners.
 2. Physiotherapy practitioners shall provide physiotherapy services with compassionate and caring behaviour that incorporate the individual and cultural differences of patients/community.
 3. Physiotherapy practitioners shall provide the information necessary to allow the patients or their surrogates to make informed decisions about physiotherapy care or participation in clinical research.
 4. Physiotherapy practitioners shall collaborate with patients to empower them in decisions about their health care.

7. Ethic 3: Physiotherapy practitioners shall be accountable for making sound professional judgments.

1. Physiotherapy practitioners shall demonstrate independent and objective professional judgment in the patient's best interest in all practice settings. Physiotherapy practitioners shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner's experience, and patient values.
2. Physiotherapy practitioners shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals whenever necessary.
3. Physiotherapy practitioners shall not engage in conflicts of interest that interfere with professional judgment. Physiotherapy practitioners shall provide appropriate direction of and communication with assistants/attendants and support personnel.

8. Ethic 4: Physiotherapy practitioners shall demonstrate integrity in their relationships with patients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

1. Physiotherapy practitioners shall provide truthful, accurate, and relevant information and shall not make misleading representations.
2. Physiotherapy practitioners shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients, students, supervisees, research participants, or employees).
3. Physiotherapy practitioners shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4. Physiotherapy practitioners shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
5. Physiotherapy practitioners shall not engage in any sexual relationship with any of their patients, supervisees, students, assistants/support personnel.
6. Physiotherapy practitioners shall not harass anyone verbally, physically, emotionally, or sexually.

9. Ethic 5: Physiotherapy practitioners shall fulfil their legal and professional obligations.

1. Physiotherapy practitioners shall comply with applicable local/state laws/rules and regulations.
2. Physiotherapy practitioners shall have primary responsibility for supervision of the supervisee, assistants and support personnel.
3. Physiotherapy practitioners involved in research shall abide by accepted standards governing protection of research participants.
4. Physiotherapy practitioners shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5. Physiotherapy practitioners, who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety, shall report this information to the appropriate authority.
6. Physiotherapy practitioners shall provide notice and information about alternatives for obtaining physiotherapy service in the event the Physiotherapy practitioner is unable to provide the required physiotherapy service to the patient (due to reasons explained) while the patient continues to need physiotherapy intervention/services.

10. Ethic 6: Physiotherapy practitioners shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviours.

1. Physiotherapy practitioners shall achieve and maintain professional competence.
2. Physiotherapy practitioners shall take responsibility for their professional development- based on critical self-assessment and reflection on changes in Physiotherapy practitioner practice, education, health care delivery, and technology.
3. Physiotherapy practitioners shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
4. Physiotherapy practitioners shall cultivate practice environments that support professional development, lifelong learning, and excellence.

11. Ethic 7: Physiotherapy practitioners shall promote organizational behaviours and clinical practices that benefit patients and society.

1. Physiotherapy practitioners shall promote practice environments that support autonomous and accountable professional judgments.
2. Physiotherapy practitioners shall seek remuneration as is deserved and reasonable for Physiotherapy services provided.
3. Physiotherapy practitioners shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
4. Physiotherapy practitioners shall fully disclose any financial interest they have in products or services that they recommend to their patients.
5. Physiotherapy practitioners shall be aware of charges and shall ensure that documentation and coding for physiotherapy services accurately reflect the nature and extent of the services provided.
6. Physiotherapy practitioners shall refrain from employment arrangements, or other arrangements, that prevent physiotherapy practitioners from fulfilling professional obligations to the patients.

12. Ethic 8: Physiotherapy practitioners shall participate in efforts to meet the health needs of people locally, nationally, or globally.

1. Physiotherapy practitioners shall provide pro bono physiotherapy services or support organisations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
2. Physiotherapy practitioners shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people/society/community.
3. Physiotherapy practitioners shall be responsible stewards of health care resources and shall avoid over-utilisation or under-utilisation of physiotherapy services.
4. Physiotherapy practitioners shall educate members of the public about the benefits of physiotherapy system and the unique role of the physiotherapy practitioner/physiotherapy professional.

13. Ethic 9: Physiotherapy practitioners take responsibility to maintain their own health and well being.

1. Physiotherapy practitioner must refrain from practicing while impaired by alcohol or drugs, or when their physical, mental or emotional ill health may impair their performance.

2. Physiotherapy practitioners should endeavour to recognise when fatigue, stress, physical or mental illness or any other condition may reduce their clinical or other skills and seek and comply with professional advice.
 3. Physiotherapy practitioner should engage in activities that encourage self-awareness and reflective practice and seek appropriate support when working in clinical areas where suffering, grief and loss are commonplace.
 4. Physiotherapy practitioners shall commit to maintaining and enhancing the reputation and standing of the physiotherapy profession, and to inspiring public trust and confidence by treating everyone with dignity and respect in all interactions
1. **Physiotherapists shall respect the confidentiality and security of client information.**
 - 1.1. Clients have the right to confidentiality and this right shall encompass all client information including attendance for treatment.
 - 1.2. Physiotherapists shall ensure that all staff under their supervision also respect client confidentiality.
 - 1.3. Physiotherapists shall keep a confidential record for every client which is complete, legible, and understandable and held securely for at least the period required by law.
 - 1.4. Physiotherapists shall not disclose any information about a client to a third party without the client's permission, unless such disclosure is required by law.
 2. **Physiotherapists shall communicate and co-operate with colleagues and other health care providers and agencies in the best interests of their clients and the community.**
 - 2.1. Clients have the right to expect that physiotherapists will communicate appropriately with professional colleagues and other relevant persons or agencies, to maximise the benefits of physiotherapy services provided.
 - 2.2. Clients have the right to be referred to more suitable qualified practitioners whenever that course is clinically appropriate.
 - 2.3. Physiotherapists shall respect client privacy during the exchange of client information within multi-disciplinary teams.
 - 2.4. Physiotherapists have the right to expect co-operation from their colleagues.
 - 2.5. Physiotherapists shall not engage in public criticism of professional colleagues unless such public discourse is in the best interests of their clients or the community.
 - 2.6. Physiotherapists who have evidence of unethical behaviour by professional colleagues are expected to bring such evidence to the attention of the Physiotherapists Board of the Eastern Territory.
 - 2.7. If a person who employs a health practitioner terminates or suspends the health practitioners employment because of alleged or actual misconduct or incompetence to practise, the person must provide a written report of the circumstances of the termination or suspension to the relevant board of the Eastern Territory and to the health practitioner.

16. Standards of Proficiency for Physiotherapy practice.

Preamble:

High quality performance in various roles of physiotherapy practice is an aspiration of the physiotherapy profession. A high standard of performance ensures the effectiveness of practice benefit the society and promotes the status of physiotherapy in the community as a health profession. The Standards for Physiotherapy are the benchmark that assure high standards in physiotherapy for the community and are an integral element in the process of accreditation of entry level physiotherapy education programs. No person other than a physiotherapy practitioner having qualification recognised by the Jharkhand State council for Physiotherapy, and registered with the council in the register of Physiotherapy practitioners is allowed to practice Physiotherapy. A person obtaining qualification in any other system is not allowed to practice physiotherapy in any form.

1. **A physiotherapy practitioner is required to:**
 1. be able to practise safely and effectively within his/her scope of practice
 2. know the limits of his/her practice and recognise when to seek advice or refer to another professional
 3. Recognise the need to manage their own workload and resources effectively and be able to practise accordingly.
2. **Display of registration number, qualifications & titles :**
 1. Every physiotherapy practitioner shall display the registration number accorded to him by the Council in his/her clinic and in all his/her prescriptions, certificates, money receipts given to the patients or others.
 2. Physiotherapy practitioner shall display only recognised degrees or such certificates/diplomas and memberships/honours which confer professional knowledge or recognises any exemplary qualification or achievements various roles as title and/or suffix to their names.
 3. Physiotherapy practitioner shall display his name by putting Prefix Dr” in-front of the name and suffix PT after the name.
3. **Use of Conventional names of modalities in prescription :**
 1. Every physiotherapy practitioner should, as far as possible, prescribe modalities with conventional names, not mentioning brand names, and he / she shall ensure that there is a rational prescription and use of modalities.
4. **Highest Quality Assurance in patient care:**
 1. Every physiotherapy practitioner should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education.
 2. The physiotherapy practitioner shall not employ in connection with his professional practice any physiotherapy practitioner who is neither registered nor enlisted under the Council Acts in force and shall not permit such persons to attend, treat or perform physiotherapeutic procedures on patients wherever professional discretion or skill is required.
5. **Exposure of Unethical Conduct:**
 - 5.1 A physiotherapy practitioner should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession.
6. **Practise within the legal and ethical boundaries of the profession:** A physiotherapy practitioner shall-
 1. understand the need to act in the best interests of the patients/society/community at all times
 2. understand what is required of them by the Council

3. understand the need to respect and uphold the rights, dignity, values, and autonomy of the patients including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
4. recognise that relationships with patients should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
5. know about current legislation applicable to physiotherapy profession
6. understand the importance of and be able to obtain informed consent
7. be able to exercise a professional duty of care.

7. Maintain fitness to practise: A physiotherapy practitioner shall-

1. understand the need to maintain high standards of personal and professional conduct
2. understand the importance of maintaining his/her own health
3. understand both the need to keep skills and knowledge up to date and the importance of career-long learning
4. should affiliate with other associations and societies of Physiotherapy profession
5. should participate in professional meetings as part of continued Physiotherapy programme or CME programs.

8. Be able to practise as an autonomous professional, exercising their own professional judgment:

A Physiotherapy practitioner shall:

1. be able to assess, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
2. be able to make reasoned decisions to initiate, continue, modify or cease techniques or procedures, and record the decisions and reasoning appropriately during the process of evaluation, diagnosis & physiotherapeutic interventions
3. be able to initiate resolution of problems and be able to exercise personal initiative
4. recognise that they are personally responsible for and must be able to justify their decisions
5. be able to make and receive appropriate referrals
6. understand the importance of participation in training, supervision and mentoring
7. should neither exaggerate nor minimise the gravity of a patient's condition.
8. not neglect the patient, nor should he withdraw from the case without giving adequate notice to the patient and his family.

9. Be aware of the impact of culture, equality, and diversity on practice:

A physiotherapy practitioner shall-

1. understand the requirement to adapt practice to meet the needs of different groups and individuals
2. be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities.

10. Be able to practise in a non-discriminatory manner:

A physiotherapy practitioner shall-

1. understand the importance of and be able to maintain confidentiality
2. be aware of the limits of the concept of confidentiality
3. understand the principles of information governance and be aware of the safe and effective use of health and social care information

4. be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard patients or the society/community in general.

2. Be able to communicate effectively:

A physiotherapy practitioner shall-

1. be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to the patients and their families/attendants, colleagues and others, whenever required
2. understand how communication skills affect assessment and engagement of the patients and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
3. be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients and others
4. be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
5. understand the need to provide the patients or people acting on their behalf with the information necessary to enable them to make informed decisions
6. understand the need to assist the communication needs of patients such as through the use of an appropriate interpreter, wherever possible
7. recognise the need to use interpersonal skills to encourage the active participation of the patients

2. Be able to work appropriately with others:

A physiotherapy practitioner shall-

1. be able to work, where appropriate, in partnership with the patients, other professionals, support staff and others
2. understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
3. understand the need to engage the patients and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and objectives
4. be able to contribute effectively to work undertaken as part of a multi-disciplinary team
5. understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the patient.

3. Be able to maintain records appropriately: A physiotherapy practitioner shall-

1. recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
2. be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines.

4. Be able to reflect on and review practice: A physiotherapy practitioner shall-

1. understand the value of reflection on practice and the need to record the outcome of such reflection
2. recognise the value of case conferences and other methods of review.

5. Be able to assure the quality of their practice: A physiotherapy practitioner shall-

1. be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures

2. be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients to their care
3. be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary
4. recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
5. be able to evaluate intervention plans to ensure that they meet the physiotherapeutic needs of the patients, informed by changes in circumstances and health status.

6. Understand the key concepts of the knowledge base relevant to Physiotherapy

profession: A physiotherapy practitioner shall-

1. recognise the role of other professions in health and social care
2. be aware of the principles and applications of scientific enquiry, including the evaluation of the efficacy of interventions and the research process
3. understand the concept of leadership and its application to practice
4. understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to the profession of physiotherapy
5. understand the theoretical basis of, and the variety of approaches to, evaluation, assessment and physiotherapeutic intervention
6. understand the following aspects of biological science:
 - normal and abnormal human anatomy and physiology, including the dynamic relationships of human structure and function as related to (but not limited to) the neuromuscular, musculoskeletal, cardio-vascular and respiratory, uro-genital, endocrine and other systems relevant to the practice of Physiotherapy
 - patterns of human growth and development across the lifespan
 - factors influencing individual variations in human ability and health status
 - how the application of physiotherapy can cause physiological and structural change
7. understand the following aspects of physical science:
 - the principles and theories from physics/bio-physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy practice
 - the means by which the physical sciences can inform the understanding and analysis of movement and function
 - the principles and application of measurement techniques based on biomechanics or electrophysiology or radio-imaging or other relevant methods updated time to time
 - the application of anthropometric and ergonomic principles
8. understand the following aspects of clinical science:
 - pathological changes and related clinical features commonly encountered in physiotherapy practice
 - physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression
 - the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this
 - the different concepts and approaches that inform the development of physiotherapy intervention
9. understand the following aspects of behavioural science:

- psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions
- how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice
- theories of communication relevant to effective interaction with patients, carers, colleagues, managers and other health and social care professionals
- theories of team working

7. Be able to draw on appropriate knowledge and skills of informed practice:

A physiotherapy practitioner shall-

1. understand the structure and function of health and social care services in the India
2. be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment, undertake or arrange investigations as appropriate
3. be able to analyse and critically evaluate the information collected and form a diagnosis on the basis of physiotherapy assessment
4. be able to demonstrate a logical and systematic approach to use research, reasoning and problem solving skills to determine appropriate therapeutic actions/interventions
5. be able to formulate specific and appropriate management plans including the setting of timescales
6. be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapeutic regimen
7. recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapeutic interventions
8. be able to set goals and construct specific individual and group physiotherapeutic programmes
9. be able to conduct appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively
10. be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of health, movement and function
11. know how to position or immobilise the patients for safe and effective interventions
12. be able to select and apply safe and effective physiotherapeutic skills including manual therapy, exercise therapy and therapeutic movement, electrotherapeutic modalities and kindred approaches
13. be able to change their practice as needed to take account of new developments or changing contexts
14. recognise the value of research to the critical evaluation of practice
15. be aware of a range of research methodologies
16. be able to evaluate research and other evidence to inform their own practice
17. be able to use information and communication technologies appropriate to their practice
18. know and be able to apply the key concepts which are relevant to safe and effective practice as a physiotherapy practitioner

2. Understand the need to establish and maintain a safe practice environment: A

physiotherapy practitioner shall-

1. understand the need to maintain the safety of both patients and those involved in their care

2. know and be able to apply appropriate physiotherapeutic interventions
3. be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these policies.
4. be able to work safely, including being able to select appropriate hazard control and risk management, the reduction or elimination techniques in a safe manner in accordance with the relevant legislations.
5. be able to select appropriate personal protective equipment and use it correctly
6. be able to establish safe environments for practice, which minimise risks to the patients, those treating them and others, including the use of hazard control and particularly infection control
7. ensure the appropriate level of competence and quality treatment/management of the patients by maintaining the patient and physiotherapy practitioner ratio
8. meet all legal requirements such as licensure, registration and certification by appropriate/concerned Authority
9. shall inform the patient verbally, and where required, in writing of the nature, the expected duration & cost of the investigation/assessment/treatment in advance
10. Obtain consent prior to touching the patient in any part of the patient management process. Those patients who are not competent to give consent, consent should be obtained wherever possible from the parents, guardians, etc. The physiotherapy practitioner will Document in clinical notes when consent is received
11. Obtain consent prior to patient participation in research

1. Community Responsibility

- 19.1 The Physiotherapy practitioner shall take an active part and demonstrate community responsibility by eg. participating in community and community agency activities, educating the public, etc

20. Unethical Acts

Physiotherapy practitioner shall not aid or abet or commit any of the following acts which shall be construed as unethical

20.1 Advertising:

1. Soliciting of patients directly or indirectly, by a physiotherapy practitioner, by a group of physiotherapy practitioners or by institutions or organisations is unethical. A physiotherapy practitioner shall not make use of him / her (or his / her name) as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position, skill, qualification, achievements, attainments, specialities, appointments, associations, affiliations or honours and/or of such character as would ordinarily result in his self aggrandisement. A physiotherapy practitioner shall not give to any person, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any exercise, therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any physical test,

demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through any mode nor shall he boast of cases, cures or remedies or permit the publication of report thereof through any mode. A physiotherapy practitioner is however permitted to make a formal announcement in press regarding the following:

- 1.1. On starting practice.
 - 1.2. On change of type of practice.
 - 1.3. On changing address.
 - 1.4. On temporary absence from duty.
 - 1.5. On resumption of another practice.
 - 1.6. On succeeding to another practice.
 - 1.7. Public declaration of charges.
2. Printing of self photograph, or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self advertisement and unethical conduct on the part of the physiotherapy practitioner. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical.
 3. Patent and Copy rights: A physiotherapy practitioner may patent instruments, appliances or aids copyright applications, methods and procedures. However, it shall be unethical if the benefits of such patents or copyrights are not made available in situations where the interest of large population is involved.
 4. Running an open shop (Dispensing of Aids & Appliances by physiotherapy practitioner): - A physiotherapy practitioner should not run an open shop for sale of Aids & Appliances prescribed by physiotherapy practitioner other than himself. It is not unethical for a physiotherapy practitioner to prescribe or supply Aids & Appliances as long as there is no exploitation of the patient.
 5. Rebates and Commission :A physiotherapy practitioner shall not give, solicit, or receive nor shall he offer to give solicit or receive, any gift, gratuity, commission or bonus in consideration of or return for the referring, recommending or procuring of any patient for the treatment.
 6. Secret Remedies: The prescribing or dispensing by a physiotherapy practitioner of secret remedial measures of which he/she does not know the mechanics or functioning or therapy, is unethical and as such prohibited.
 7. Human Rights: The physiotherapy practitioner shall not aid or abet torture nor shall he be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human rights.

2. Acts of Misconduct:

Without limiting the generality of the Act, the Council may find a physiotherapy practitioner guilty of professional misconduct for any of the following reasons:

- 2.1. failing to abide by the terms of his / her registration;
- 2.2. failing to abide by the code of ethics;
- 2.3. exceeding the lawful scope of practice, as defined by the Act and the generally accepted norms of current Indian professional literature, university teaching, and common practice of peers;
- 2.4. having a conflict of interest;
- 2.5. failing to maintain current patient records;
- 2.6. attempting to deal with a patient's problem which the physiotherapy practitioner recognises or should, according to his / her qualification, recognise as being beyond the scope of his / her competence or expertise;

- 2.7. failing to refer a patient appropriately when the physiotherapy practitioner recognises, or should in the Council's judgment recognise, a condition requiring the attention of another professional;
- 2.8. permitting, in circumstances within his / her control, an unauthorised person to perform any of the functions of a physiotherapy practitioner except as may be provided under the Act;
- 2.9. maintaining in his / her records, signing, issuing or submitting a record, report, certificate, claim or similar document which the physiotherapy practitioner knows or should know contains false or misleading information or which, by omitting significant information, may give a misleading impression;
- 2.10. giving information regarding a patient's condition or treatment to a person other than the patient without the consent of the patient, unless required to do so by law or for a purpose directly related to the patient's care;
- 2.11. purporting to have a qualification or special expertise which he / she does not in fact possess and which has not been recognised by Council;
- 2.12. engaging in practice while ability to perform any professional act is impaired by alcohol or other drug;
- 2.13. failing to co-operate with an appraisal or investigation duly authorised by the Council;
- 2.14. failing to explain appropriately to a patient the plan for the patient's treatment or care;
- 2.15. failing to provide appropriate explanation, instruction or advice when assigning to a patient a regimen of exercise, the use of a piece of equipment or comparable activity that is to be self-administered;
- 2.16. advertising that is, in the judgment of the Council with reference to such written guidelines as may be developed, improper or misleading;
- 2.17. failing to explain to a patient, prior to treatment, the nature of any fees to be charged to the patient;
- 2.18. attempting or carrying out, without previously informing and obtaining the advice of the Council, research based on methods which do not conform to his / her training or to generally recognised contemporary custom;
- 2.19. failing to comply with directions issued by the Council in accordance with the Act and regulations;
- 2.20. Performing an act associated with practice which, in the judgment of the Council without any negative vote, would reasonably be regarded by the vast majority of physiotherapy practitioners as dishonourable or seriously offensive to a patient.
- 2.21. Adultery or improper conduct: abuse of professional position or improper conduct with a patient or by maintaining an improper association with the patient.
- 2.22. Conviction by court of law: Conviction by a Court of Law for offences involving moral turpitude / Criminal acts.
- 2.23. Person should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practices; but is open to write to the lay press under his own name on matters of public health, hygienic living or to deliver public lectures, give talks on the radio/TV/internet chat for the same purpose and send announcement of the same to lay press.
- 2.24. It is improper for a physiotherapy practitioner to use an unusually large sign board and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his speciality, registration number including the name of the Council under which registered. The same should be the contents of his prescription papers. It is improper to affix a sign board on a chemist's shop or in places where he does not reside or work.

- 2.25. The registered physiotherapy practitioner shall not refuse treatment or assistance on religious grounds alone.
 - 2.26. A registered physiotherapy practitioner shall not publish photographs or case reports of his / her patients without their permission, in any medical or other journal in a manner by which their identity could be made out. If the identity is not to be disclosed, the consent is not needed.
 - 2.27. A physiotherapy practitioner shall not use touts or agents for procuring patients
3. The Council may find a physiotherapy practitioner guilty of professional incompetence if it concludes, without any negative vote, that a patient suffered demonstrable harm or serious risk of harm which can reasonably be attributed to something the physiotherapy practitioner did or failed to do or failed to take into account, which act or omission was inconsistent with generally accepted standards of practice and procedures, and cannot be justified by the physiotherapy practitioner to the satisfaction of the Council.
4. Punishment and Disciplinary Action
 - 4.1. It must be clearly understood that the instances of offences and of professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Council is in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered physiotherapy practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Council has to consider and decide upon the facts brought before the Council.
 - 4.2. It is made clear that any complaint with regard to professional misconduct can be brought before the Council for Disciplinary action. Upon receipt of any complaint of professional misconduct, the Council would hold an enquiry and give opportunity to the registered physiotherapy practitioner to be heard in person or by pleader. If the physiotherapy practitioner is found to be guilty of committing professional misconduct, the Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered physiotherapy practitioners. Deletion from the Register shall be widely publicised in local press as well as in the publications of council.
 - 4.3. In case the punishment of removal from the register is for a limited period, Council may also direct that the name so removed shall be restored in the register after the expiry of the period for which the name was ordered to be removed.
 - 4.4. Decision on complaint against delinquent physiotherapy practitioner shall be taken within a time limit of 6 months.
 - 4.5. During the pendency of the complaint the Council may restrain the physiotherapy practitioner from performing the procedure or practice which is under scrutiny.
 - 4.6. Professional incompetence shall be judged by peer group as per guidelines prescribed by the Council

21. Scope of Physiotherapy Practice

Physiotherapists are health care professionals with a significant role in health promotion and treatment of injury and diseases. They combine their in-depth knowledge of the body and how it works with specialised hands-on clinical skills to assess, diagnose and treat symptoms of illness, injury or disability.

All physiotherapists registered to practice are qualified to provide safe and effective physiotherapy. They have met national entry-level education and practice standards, and have successfully passed a standardised physiotherapy competence examination. Physiotherapists plan and administer physiotherapy/ rehabilitation treatments independently and also being a part of the multidisciplinary team. The minimum education requirement is often a baccalaureate degree or postgraduate degrees in Physiotherapy.

Physiotherapy is an essential part of the health and community/welfare services delivery system. Physiotherapists practice independently of other health care/service providers and also within multidisciplinary rehabilitation/habilitation programmes to prevent, gain, maintain or restore optimal function and quality of life in individuals with loss and disorders of movement.

Physiotherapists are guided by their own code of ethical principles. Thus, they may be concerned with any of the following purposes:

1. Promoting the health and well-being of individuals and the general public/society, emphasising the importance of physical activity and exercise.
2. Preventing impairments, activity limitations, participatory restrictions and disabilities in individuals at risk of altered movement behaviours due to health or medically related factors, socio-economic stressors, environmental factors and lifestyle factors.
3. Providing interventions/treatment to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life, independent living and workability in individuals and groups of individuals with altered movement behaviours resulting from impairments, activity limitations, participatory restrictions and disabilities.
4. Modifying environmental, home and work access and barriers to ensure full participation in one's normal and expected societal roles. Physiotherapists may also contribute to the development of local, national and international health policies and public health strategies.

Settings in which physiotherapy is practiced

Physiotherapy is delivered in a variety of settings which allow it to achieve its purpose. Prevention, health promotion, treatment/intervention, habilitation and rehabilitation take place in multiple settings that may include, but are not confined to, the following:

1. Community based rehabilitation programmes
2. Community settings including primary health care centres, individual homes, and field settings
3. Education and research centres
4. Fitness clubs, health clubs, gymnasias and spas
5. Hospices
6. Hospitals

7. Nursing homes
8. Occupational health centres
9. Out-patient clinics
10. Physiotherapist private offices, practices, clinics
11. Prisons
12. Public settings (e.g., shopping malls) for health promotion
13. Rehabilitation centres and residential homes
14. Schools, including pre-schools and special schools
15. Senior citizen centres
16. Sports centres/clubs
17. Workplaces/companies