

Professional Practice Standards for Kinesiologists



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Purpose

The BC Association of Kinesiologists has established practice standards based on the scope of practice for kinesiologists as defined by the BC Association of Kinesiologists and the College of Kinesiologists of Ontario (COKO).

Professional practice standards

- Provide guidance in both clinical and non-clinical decision-making,
- Outline practice expectations to protect the public and provide assurance of high-quality service,
- Demonstrate a standard of practice such that the public will place their confidence in those providing kinesiology services,
- Reflect a minimum service level expected of a BCKA Practicing Kinesiologist.



Introduction to Professional Practice Standards

These Professional Practice Standards are intended to assist members in understanding their professional obligations when practicing as kinesiologists and are based on the scope of practice for kinesiologists. The BCAK recognizes that individual kinesiologists will endeavour to exceed these standards when possible, however all kinesiologists are expected to meet the minimum performance levels defined herein based on their area(s) of practice.

These standards include performance guidelines and criteria to help educate and direct kinesiologists in reasonable and competent practice. BCAK requires its Practicing members to apply all applicable guidelines and criteria as they relate to the practice setting. The scope of practice of kinesiology is broad and includes services, treatments and interventions that are not exclusive to kinesiologists. Many kinesiology interventions may exist or be perceived to be within the scope of practice of other professions. This overlap in scope of practice is referred to as a [Shared Scope of Practice Model](#) and was adopted in 2006 by the [British Columbia Ministry of Health](#). These practice standards were established with the understanding that kinesiologists frequently, but not always, perform activities that fall under the definition of “health services” as determined by the BC Ministry of Health.

In British Columbia there are [26 regulated health professions, of which 25 are self-regulating professions governed by 22 regulatory colleges under the Health Professions Act](#). One profession (emergency medical assisting) is regulated by a government-appointed licensing board under a separate statute. The various colleges have been delegated the authority under provincial legislation to govern the practice of their members in the public interest. Their mandate always is to serve and protect the public.

The primary function of the colleges is to ensure their members are qualified, competent, and following clearly defined standards of practice and ethics. All colleges administer processes for responding to complaints from clients and the public, and for acting when it appears one of their members is practicing in a manner that is incompetent, unethical, illegal, or impaired by alcohol, drugs or illness.

Although kinesiology is not included among the regulated health professions in BC, the BCAK has been notified by the BC Ministry of Health that it considers kinesiology to be an “unregulated” health profession. Based on this classification, kinesiologists are required to act in a professional and competent manner when dealing with clients and the public irrespective of the service(s) they provide or the absence of professional regulation. Kinesiologists must ensure they are knowledgeable of the [Health Professions Act](#) and [restricted activities](#); which is a narrowly defined list of invasive, higher risk activities that must not be performed by any person in the course of providing health services except by those who have been granted or delegated the authority to do so.



The six (6) areas of kinesiology service as defined by the BCAK are

1. Injury Assessment and Rehabilitation,
2. Health Promotion/Fitness,
3. Exercise Therapy,
4. Disability/Case/Health & Safety Management,
5. Ergonomics & Workplace Design,
6. Biomedical Technology and Research.

Developmental Principles for Practice Standards

Practice standards are based on the following principles and reflect the beliefs and values intrinsic to kinesiologists

- A. Practicing Membership in the BCAK requires the successful completion of an education that includes an undergraduate degree in an approved course curriculum or equivalent to ensure basic entry level skills and knowledge related to the scope of practice of a kinesiologist.
- B. Kinesiologists abide by a professional Code of Ethics and understand their obligations to the public as unregulated professional practitioners.
- C. Kinesiologists maintain competency by continuously improving their skills, knowledge and critical reasoning ability through continuing education.
- D. Kinesiologists are committed to providing client-centered services informed by [best-practices](#).
- E. Kinesiologists always act in the best interests of their clients.
- F. Kinesiologists act as advocates on issues related to the health and wellbeing of the public and the delivery of kinesiology services.

Subdivisions of Practice Standards Established by the BCAK

1. **Standards for Professional Qualification/Membership**
 - (Refer to Practicing Membership admission requirements)
 2. **Standards for Professional Ethics**
 - (Refer to Code of Ethics)
 3. **Standards for Continuing Competency**
 - (Refer to Continuing Education Standards Program or “CESP”)
 4. **Standards for Professional Practice**
 - (Refer to this document)
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Areas of Responsibility (Overview)

- 1. Professional Accountability and Maintenance of Competence**
 - a) Practice within legal and ethical requirements,
 - b) Respect the autonomy of the client,
 - c) Demonstrate professional integrity and fiduciary responsibility,
 - d) Ensure client safety.

 - 2. Communication**
 - a) Respect the confidentiality of personal information,
 - b) Communicate effectively,
 - c) Maintain appropriate clinical records, including clear, concise written records.

 - 3. Evaluation**
 - a) Conduct an appropriate evaluation.

 - 4. Treatment Planning**
 - a) Utilize a logical process to identify the nature and cause of a condition,
 - b) Establish a viable treatment plan or solution,
 - c) Explain the anticipated outcome.

 - 5. Implementation and Evaluation**
 - a) Implementation of the action or treatment plan,
 - b) Evaluate the response to action or treatment and the outcomes.

 - 6. Organization and Delivery of Service**
 - a) Deliver safe, quality service.

 - 7. Work Environment / Setting**
 - a) Work in a safe practice setting.
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Areas of Responsibility (Detailed)

1. Professional Accountability and Maintenance of Competence

Kinesiologists are accountable for their professional behaviour, including the premises or location in which they work. Sound judgment in the best interest of clients, exercising safe, ethical, culturally sensitive and autonomous professional practice must be followed.

a) PRACTICE WITHIN LEGAL AND ETHICAL BOUNDARIES

Performance guidelines and criteria

- i. Demonstrate knowledge of all government and other regulations influencing your practice including, but not limited to, [health legislation](#), [personal information & privacy legislation](#), [human rights legislation](#) and the BCKA ethics policy.
- ii. Ensure that all applicable federal, provincial and local government laws are being complied with regarding employees, contractors, workplace safety, payment of wages and fees, payment of required federal and provincial tax submissions and fees (PST, GST, income tax, EI, CPP, WorkSafe BC) together with business licensing and zoning requirements.
- iii. Self-assess your practice to identify continuous learning needs and maintain competency with ongoing professional development.
- iv. Provide service within scope of practice and within your own personal competence.
- v. Ensure full disclosure of any potential conflict of interest.

b) RESPECT THE AUTONOMY OF THE CLIENT

Performance guidelines and criteria

- i. Obtain and document informed consent prior to the application of any kinesiology related procedure.
- ii. Respect the client's right to refuse or decline service.
- iii. Share decision making with the client and/or family.
- iv. Actively involve the client and/or family and caregivers in developing treatment goals.
- v. Respect the client's right and desire for privacy and maintenance of confidentiality.



c) **DEMONSTRATE PROFESSIONAL INTEGRITY AND FIDUCIARY RESPONSIBILITY**

Performance guidelines and criteria

- i. Maintain autonomy in practice and accept responsibility for your actions and decisions at all times.
- ii. Establish and maintain appropriate professional boundaries
 1. Identify behaviour and circumstances that could lead you to go beyond the limits of the professional relationship and/or intervention.
 2. Act to avoid going beyond the limits of the professional relationship and/or intervention.
- iii. Understand the billing and records system, as well as the scheduling protocols of your organization.
- iv. Charge justifiable fees and explain all fees prior to the provision of service.
- v. Provide client-centered care with consideration of the needs and resources of the client, ensuring that the type and duration of service reflect best practices.
- vi. Apply an ethical framework to all decision making.
- vii. Recognize and report any error or adverse situation.

d) **ENSURE CLIENT SAFETY**

Performance guidelines and criteria

- i. Perform appropriate screening and safety tests and record results prior to initiation of treatment.
- ii. Explain procedures, precautions and potential risks of any examination or treatment technique prior to it being performed on or by the client.
- iii. Orient clients to practice setting and ensure that clients know when and how to contact staff when left unsupervised.
- iv. Recognize when a client's problem or issue is beyond your scope of practice and refer the individual to the appropriate health professional.
- v. Educate clients about safe techniques, warning signs to watch for and appropriate action to take.
- vi. Delegate tasks only to appropriate personnel/staff under your supervision (i.e. mentees, assistants or kinesiology students) and document. Monitor the delegated task.
- vii. Implement appropriate infection prevention and control (IPC) policies and [WHIMIS](#) procedures and keep updated.
- viii. Use proper disposal techniques and containers for sharps and hazardous waste.
- ix. Know and understand the fire safety plan and the emergency response plan for the practice setting.
- x. Ensure fire extinguishers are present and functioning.



2. Communication

Kinesiologists must demonstrate the ability to communicate effectively in both written and verbal communication. Communication requires an understanding of the kinesiologist ↔ client relationship, an understanding of the self as well as of others, and the use of a subservient repertoire of specific behavioural skills. Communication must occur in a timely manner with clients, the client's family (when appropriate) and other members of the client's health care team. Kinesiologists must maintain complete and accurate clinical records which include records of examination or evaluation results, treatment plans, goals set, interventions used, outcomes achieved, and any errors made, along with dates of all visits or communications as appropriate for the practice setting. Any chart entries are to be signed or initialed and completed in a timely fashion. Kinesiologists must also understand the importance of client confidentiality and the rights and responsibilities imposed by government legislation regarding the creation, maintenance, retention, release, and destruction of a client's personal information.

a) RESPECT THE CONFIDENTIALITY OF PERSONAL INFORMATION

Performance guidelines and criteria

- i. Comply with legislation for the collection, use, storage, and disclosure of personal information and ensure that you and/or your employer have a Privacy Policy that is publicly available.
- ii. Ensure automatic back-up and recovery of electronic files and take measures to protect against loss of, or damage to, information.
- iii. Only collect information which is required for the purpose of providing service to the client.
- iv. Obtain informed written consent from the client when you need to share information with other treatment team members or third-party payers. Client consent should document the following
 - when client consent is provided to share information
 - the specific person or party with whom information is to be shared
 - how long the consent is valid for, along with,
 - the right and means by which a client may withdraw consent
- v. All communication must respect an individual's right to privacy and confidentiality, be it a client or a co-worker.
- vi. Ensure client charting is done in a non-public area to maintain confidentiality and that charts are securely stored.

b) COMMUNICATE EFFECTIVELY

Performance guidelines and criteria

- i. Answer questions and address concerns received from the patient or other team members involved in care about any aspect of the client's care or treatment.



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- ii. Respond to requests for reports about the kinesiology care in a timely and comprehensive manner when the client has given consent.
 - iii. Review, update and maintain charting notes, ensuring kinesiology entries are distinguishable from those of other professional team members when working and recording in a team environment.

c) **MAINTAIN APPROPRIATE CLINICAL RECORDS**

Performance guidelines and criteria

- i. Maintain a complete and legible client record, including copies of referrals and correspondence with other parties and ensure that the client's name is on each page.
- ii. Document information about delegation of tasks, interventions used, and the client's response to treatment or testing, including errors or adverse reactions.
- iii. Ensure that kinesiology entries are identifiable in situations where team notes exist.
- iv. Document all consents, and any verbal information received.
- v. Sign or initial all entries and maintain them in chronological order. Co-sign notes as needed (that is, kinesiology students or mentees) and review those entries making notations as needed if the student note is not appropriate or complete.
- vi. Corrections or changes are to be struck through with a single line and initialed.
- vii. Client records must be maintained for a minimum of 2 years in compliance with the Personal Information Protection Act (PIPA-BC). In the case of medical/health treatment records, retention for a minimum of 2 years and up to 15 years after the last entry in the record is appropriate. Records should be maintained for as long as your errors and omissions or commercial general liability insurance carrier recommends.

Notes

- BC's Limitations Act establishes the "Basic Limitation Period" for filing a civil lawsuit at two years, while the "Ultimate Limitation Period" is fifteen years. These periods do not include the mandatory Discovery Period. "Special Discovery Rules" can also postpone or extend the discovery period. For kinesiologists these 'rules' will typically relate to the presence of disability (incapacity) of a claimant or if the claimant is a minor, however other situations may apply, and you should familiarize yourself with the "Special Discovery Rules".
- Kinesiologists should ensure they retain client records for an appropriate time period. The current general recommendation is to retain records for a minimum of 7 years. This includes financial and other business/client records, unless they are related to medical/health services and then the retention period recommended is from 7 to a maximum of 16 years from the date of discharge of the client, unless there are "special circumstances" as indicated above. This recommendation is only a



guideline, and each kinesiologist must assess their individual situation and determine an appropriate retention policy based on type of work and clientele.

- In accordance with PIPA-BC client personal records should be destroyed once the purpose for which the information was collected, is no longer being served by retention of the personal information, and retention is no longer necessary for legal or business purposes.

3. Evaluation

Kinesiologists conduct evaluations or examinations of their clients based on the service being provided. When a client visits a kinesiologist for consultation, evaluation or assessment, informed consent is always obtained prior to the assessment and also prior to any intervention, treatment, or exercise prescription. The client is informed as to the nature and purpose of the evaluation and costs associated with the evaluation process.

a) CONDUCT AN APPROPRIATE EVALUATION

Performance guidelines and criteria

- i. Explain the process, procedures and obtain informed (preferably written) consent prior to the evaluation.
- ii. Interview the client to obtain detailed relevant information, including a health history and review or request any other applicable information or charts if they are pertinent to the client's care.
- iii. Perform a thorough clinical evaluation using appropriate standardized assessment tools and techniques available, including screening and safety tests. Document all findings on the client's chart.
- iv. Identify the associated health factors affecting physical and occupational performance and assess the client's perception of their own functional status and quality of life.
- v. Monitor the client for physical or emotional changes during the examination and follow up appropriately.
- vi. Using a structured logical approach, document the client's health history; reason for treatment or service request; data collected (key observations and test results); analysis; treatment plan; and goals.
- vii. Recognize when evaluation findings indicate a need for referral to another discipline, or when the services required are not within your scope of practice and make the appropriate referral.



4. Treatment Planning

Kinesiologists collect the necessary health history and pertinent information about a client prior to evaluation. The outcome of the examinations and/or evaluations along with the health history and any referral diagnosis are utilized in a scientific knowledge-based process of actively and skillfully evaluating, conceptualizing, analyzing, and synthesizing the information gathered to develop treatment goals and objective(s). Once the goals and objectives are established, and the client's expectations and needs are understood, treatment planning begins.

a) ESTABLISH GOALS AND OBJECTIVES

Performance guidelines and criteria

- i. Recognize, request, respect and follow up on all diagnosis provided by regulated health professionals.
- ii. Document the apparent nature and cause of issues identified.
- iii. Communicate the findings to the client.
- iv. Explain the nature of the findings and the rationale for, and against, treatment or further consultation, to the client.
- v. Communicate the findings to the client's general physician, referral source, and other health team members as appropriate.

b) ESTABLISH A TREATMENT PLAN

Performance guidelines and criteria

- i. Use the best available evidence to develop a treatment plan considering client preference, resources, and abilities.
- ii. Establish and document client-centered goals which are specific, measurable, attainable, realistic and time based.
- iii. Collaborate with other healthcare team members as appropriate.
- iv. Discuss concurrent treatments and possible benefits and/or contra-indications.
- v. Recommend duration and frequency of treatment in collaboration with the client.
- vi. Provide client education and coaching to promote client selfcare and exercise for enhancement of activities of daily living.
- vii. Identify appropriate treatment resources (including location, time, assistance equipment and/or supplies) needed to carry-out selfcare programs.



c) **COMMUNICATE THE EXPECTED OUTCOME**

Performance guidelines and criteria

- i. Promote informed decision-making by helping the client and /or family understand the evaluation and treatment plan.
- ii. Outline the client's responsibilities relative to the treatment plan; as well as outlining the potential risks and alternate treatment options.
- iii. Inform client and/or family of the expected outcomes and obtain consent to initiate and follow the treatment plan.

5. Implementation and Evaluation

Kinesiologists provide treatment plans that are client-centered, and goal oriented to maximize positive outcomes. The implementation of any intervention will include the client's consent to utilize support personnel or students for service delivery, as appropriate.

a) **IMPLEMENTATION OF THE TREATMENT PLAN**

Performance guidelines and criteria

- i. Minimize risk to the client by performing appropriate screening tests prior to treatment and follow universal (routine practice) precautions at all times.
- ii. Discontinue treatment at the client's request or if it is no longer effective.
- iii. Perform only the treatments for which you have obtained informed consent.
- iv. Refer to another kinesiologist any desired treatment that is beyond your level of competency.
- v. Educate the client and/or family with information on self-management, prevention, and health promotion.
- vi. Maintain continuity in service by communicating effectively to any substitute service provider, and by charting clearly, the current treatment plan and progression.
- vii. Ensure that any delegation of service is appropriate and supervised in accordance with the abilities of the subordinate.
- viii. Document on each page of charting notes the equipment utilized (if any), measurements taken and ongoing analysis of data.



b) EVALUATE THE RESPONSE TO TREATMENT AND THE OUTCOMES.

Performance guidelines and criteria

- i. Evaluate and review the treatment plan regularly with client and modify/progress on an ongoing basis to maximize performance.
- ii. Discuss discharge with client when service is no longer indicated, and/or the planned outcomes are achieved and prepare discharge report.
- iii. Recommend options for ongoing care as appropriate.
- iv. Use standardized measures to compare initial status with discharge status to assess outcomes.

6. Organization and Delivery of Service

Kinesiologists practice in a manner consistent with their skills and knowledge to deliver quality care. They adapt their client load to the physical limitations of the working space and the level of staffing available to provide the best care for their clients.

a) DELIVER SAFE QUALITY SERVICE

Performance guidelines and criteria

- i. Demonstrate an understanding of the organizational structure and the scope and
- ii. limitations of the service. There needs to be a Policy and Procedure Manual available onsite.
- iii. Ensure that clients are aware of the procedures for calling staff to their area of the premise and are given a call bell or safety switch where appropriate.
- iv. Ensure there are sufficient numbers of professional staff to safely meet the scope and volume of services offered.
- v. Ensure that only kinesiologists, or their delegates, are providing the kinesiology treatment.
- vi. Ensure a staff development plan is in place, with provision for continuing education.

7. Work Environment/Setting

Kinesiologists are accountable for all aspects of the service they deliver. They play a role in maintaining the physical environment and practice setting.



a) **WORK IN A SAFE PRACTICE SETTING**

Performance guidelines and criteria:

- i. Ensure there is adequate space to meet the client load and allow for safe movement about the area, with exits clearly marked.
- ii. Ensure that equipment is in proper working order and is used safely and effectively.
- iii. Ensure the workspace is clean and tidy and is wheelchair accessible.
- iv. Ensure all electrical equipment is functioning properly, with documented calibration records.
- v. Ensure all electrical outlets are properly installed and meet the current electrical code requirements.
- vi. Ensure all site waste is disposed in a safe and timely manner.
- vii. Endeavour to ensure safe and secure access to the practice environment and provide storage for client belongings during delivery of services, as appropriate.

Glossary

Competence – the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice. (Adapted from Epstein, R. M. and E. Hundert, 2002)

Competency – a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance in practice, that can be measured against well-accepted standards, and that can be improved via training and development. (Adapted from Parry, 1996)

Informed consent – consent is informed if, before giving it, the person received information that a reasonable person in the same circumstances would require to come to decision about proceeding with the treatment, as well as responses to requests for additional information. It is important to note that informed consent is a process of ongoing dialogue between the kinesiologist and client. Having a signature on a piece of paper does not guarantee that the consent was informed.

Outcome – is a characteristic or construct that is expected to change appropriately as a result of the provision of a strategy, intervention, or program. A successful outcome includes improved or maintained physical function, when possible, the slowing of functional decline where the current status cannot be maintained, and/or the outcome is considered meaningful to the client. (Finch, E, et al., 2002)

Client – a person who receives kinesiology services.

Professional Accountability - means being responsible for one's actions and decisions and accepting the consequences. Health care professionals demonstrate accountability through their decision-making process, ethics, competency, and integrity and reflect accountability through actions and accurate documentation. (Adapted from the College of Nurses of Ontario, 2002)
