



Power Imbalance in Physical Therapy

No matter how familiar or formal, brief or longstanding, every relationship functions on an underlying construct of the balance or imbalance of power between two individuals. A power imbalance is a differential in authority in a relationship or within a single interaction.¹ Various intrinsic personal factors affect the balance of power, including an individual's height, weight, gender, and age. Extrinsic factors such as one's experience, knowledge, education, reputation, and resources may also tilt the balance of power.

In addition to personal influence, each member's specific role in the relationship carries a certain amount of power. The Doctor of Physical Therapy title alone may create an immediate power imbalance.² At the first interaction, and throughout their rehabilitation experience, patients/clients are in a vulnerable position due to the nature of their injury, illness, or disability, and their dependence on the physical therapy provider's unique knowledge and training.³

Power exists in all aspects of society and "...is a neutral concept, neither inherently good or evil, but all power can be used or misused."⁴ As licensed healthcare professionals, physical therapists (PT) and physical therapist assistants (PTA) must be aware of their influence and how their inherent power may significantly impact the meaning or intent of a comment, touch, or interaction.

The extensive education and experience of the PT and PTA, combined with the patient's/client's vulnerability, creates a power imbalance. Physical therapy practitioners who wish to connect personally with their patients/clients to build therapeutic relationships may underestimate or fail to consider the highly charged power imbalance that exists, even before the initial evaluation has begun. Physical therapy is a profession that regularly heals through touch. PTs and PTAs often see patients over longer periods of time than other healthcare providers and foster friendly relationships; those relationships are essential to the positive outcomes for the patients/clients. But these same positive qualities contribute to the "perfect storm" when touch ripens relationships, and the distinction between "friendly" evolves into becoming "friends," leading to the increased risk of boundary drift.

What may begin as a minor action that merely weakens professional boundaries (e.g., engagement with a patient on social media, meetings outside of the care setting, special treatment arrangements, sharing of personal information unrelated to the therapeutic relationship), may become incrementally problematic. Personal interaction that is natural, harmless, and based on the honorable intent of helping a patient/client can, thanks to the "slippery slope" ethicists warn of, lead to harmful boundary violations, such as inappropriate touch, unethical treatment/billing decisions, or even sexual misconduct.

¹ Nimmon, T., and Stenfor-Hayes, T, "The 'handling' of power in the physician-patient encounter: perceptions from experienced physicians," *BMC Medical Education* 16, no. 114 (2016), <https://doi.org/10.1186/s12909-016-0634-0>.

² Barstow, Cedar, "The power differential and why it matters so much in therapy," *GoodTherapy.org*, October 9, 2015, <https://www.goodtherapy.org/blog/power-differential-why-it-matters-so-much-in-therapy-1009154>.

³ *Therapeutic Relationships Guide for Alberta Physiotherapists*, College of Physiotherapists of Alberta, July 2017, https://www.cpta.ab.ca/docs/87/Therapeutic_Relationships_Guide.pdf.

⁴ Goodyear-Smith, F, "Power issues in the doctor-patient relationship," *Health Care Anal* 9, no. 4 (2001), 449-462, <https://doi.org/10.1023/A:1013812802937>.

Jurisdictions regulating healthcare disciplines, including physical therapy, have a new awareness of the prevalence of sexual boundary violations and their impact on safe and effective healthcare delivery.⁵ These violations and complaints include the following byproducts:

- Increased patient sexual and financial abuse
- Increased physical therapy provider sanctions and disciplinary actions, including licensure suspensions, revocations, restricted employment setting options, punitive fines, and remedial measures
- Public erosion of trust and confidence in the profession of physical therapy

Judicious practitioners can avoid the risk of boundary violations by consciously practicing self-assessment of personal risk factors (i.e., conditions that lead to an imbalance between personal/professional lives, such as burnout, financial problems, relationship stress, births, or deaths in the family). The professional's own personal vulnerabilities may compound their violation risk, as some boundary issues may result from a conscious or subconscious desire to satisfy their own unmet needs. The Healthy Practice Resource, designed by the Federation of State Board of Physical Therapy's (FSBPT's) Continuing Competence Committee, is an excellent tool to assist physical therapy providers in their own comprehensive self-assessment of physical and mental health, professional best practices, and the organizational culture within which they work. Frequent, honest self-assessment of personal abilities and needs can ensure a healthy healthcare environment for practitioners and patients alike.

The FSBPT Sexual Misconduct and Boundaries Committee further recommends that each regulatory jurisdiction develop and implement a strategic plan that includes the following:

- An acknowledgement among individual board members that an inherent power imbalance exists in the provider-patient relationship
- A collaborative educational approach between the jurisdictional regulatory board and each PT and PTA educational institution on the concept of power imbalance and the formality of patient disrobing, informed consent, intimate treatment protocols, and patient discussions before hands-on treatment
- Practitioner education on the concepts of power imbalance and negative outcomes, inclusion of relevant topics/statutes and regs on the jurisprudence exam, distribution of white papers, and website development with topical links
- Consumer education on professional boundaries, including websites for consumers and brochures for physical therapy clinics for distribution to patients
- Working definitions of "patient" and "patient-provider relationship"

The practice of physical therapy is too vital and well-respected for this trend of violations and complaints to continue unchecked. As licensed healthcare practitioners and providers, PTs and PTAs must ensure that the power imbalance inherent to the therapist-patient relationship is recognized, researched, and regulated to prevent future violations.

⁵ Halter, Max, Hilary Brown, and Julie Stone, *Sexual Boundary Violations by Health Professionals - an overview of the published empirical literature*, The Council for Healthcare Regulatory Excellence (April 2007). https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/sexual-boundary-violations-2007.pdf?sfvrsn=79c47f20_6.