



Physiotherapy Virtual Care /Telerehabilitation FAQ's

General Virtual Care / Telerehabilitation Questions

1. What are telerehabilitation and virtual care?

Telerehabilitation is a subdiscipline of telehealth and involves any rehabilitation delivered using telehealth technologies such as videoconferencing, sensors, chat / text, educational portals and more. The most recognizable form of telerehabilitation is the reproduction of the one on one physiotherapy via videoconferencing. The terms telehealth and telerehabilitation are slowly being replaced by the term 'Virtual Care'.

2. What types of situations should physiotherapists use virtual care for?

With current technology and techniques, virtual care is most useful in situations where exercise, education, self-management instruction, and monitoring are the primary methods used to accomplish the therapeutic goals. With creativity, these forms of therapy are fairly easily adaptable to the virtual environment. For example, virtual care for orthopaedic surgical recovery through progressive ROM, strength, functional exercises, self-mobilization, and education has been shown to be shown to achieve similar outcomes to physical visits for several conditions.

3. Do PABC and CPTBC support virtual care?

Absolutely, when doing so is safe and in the best interest of the patient. PABC has drafted a position statement on telerehabilitation (pending adoption) and CPTBC has provided various resources on the subject to support its use.

4. Is it technically complicated?

Not really. While you will inevitably encounter occasional difficulties (as we all do with technology),

the general level of digital literacy you require to operate in society generally will allow you to participate in providing virtual care. Of course, you will learn more and encounter some frustrations as you initiate service, but as you do more it becomes quite easy.

5. Do I need to buy more computer hardware for virtual care?

In all likelihood, no. Most modern laptops and tablets purchase in the last few years will suffice, as long as they have a camera and microphone. Using a phone is not recommended for physiotherapy virtual care as the small screen size inhibits the visual observation of movement, etc. that is very important to assessment.

6. What kind of connectivity do I need for virtual care?

It is likely that you already have sufficient bandwidth if you operate in an urban centre. At minimum, your connection should be capable of 5 Mbps, but more modern systems are now suggesting 15 Mbps or more. Most high-speed internet connections will have no trouble with this, even though wireless connections. For example, note that Telus's basic fibreoptic high speed hook up in the Lower Mainland is a way-more-than-necessary 150 Mbps wirelessly. As you move away from urban centres the connectivity may become more of an issue, particularly on the patient side. However, even satellite connections (e.g. [Xplornet](#)) can be used successfully for telehealth.

Email Security Questions for Appointment Set-up and Communications

Answers Obtained from the Office of Information and Privacy Commissioner.

Note that answers from the OIPC are subject to the following disclaimer from OIPC: Please also note that our comments are not intended to be relied on as legal or other advice and cannot be relied on as such. Please see the [OIPC Policy on Consultations](#).

1. Can you confirm that email communications of this form (book appointments, communicate with their clients in regards to progress, send general documents such as exercise pdf's, or send documents (from patient to clinic) with more sensitive personal and health information such as x-ray reports) are NOT prohibited by PIPA (although they may require special consideration, security measures, and consent).

Answer from OIPC:

You are correct that email communications you describe are not prohibited by the *Personal Information Protection Act* (PIPA), but as you have identified they may require special consideration and security measures, depending on the sensitivity of the personal information.

2. Should clinics have a separate consent that allows them to use electronic communications to communicate with patients and third parties?

Answer from OIPC:

You do not need separate consent for electronic communications if you already have consent for the disclosure of a patient's personal information to third parties. PIPA treats electronic medical records the same way it treats paper medical records.

3. Some clinics are using Gmail addresses or Gsuite Business Solutions. Google does not have Canadian servers. Should clinics be requesting consent before using email communications through these

platforms due to cross border data flow? Or should a disclaimer on the signature line be used in place, or in addition to such consent?

Answer from OIPC:

PIPA does not have data residency requirements, so physiotherapists in a private practice do not require consent to store personal information on non-Canadian servers.

4. Are there any other suggestions or samples you could recommend for your members of the necessary consents we should be collecting in regard to email communications? We function quite analogously to a doctor's or dentist's office, so examples of those would suffice as well.

Answer from OIPC:

Separate consent for email communications is not required if you already have consent for the collection, use and disclosure of a patient's personal information. PIPA treats electronic medical records the same way it treats paper medical records.

However, the *Freedom of Information and Protection of Privacy Act* (FIPPA) governs health authorities. If a physiotherapist is working for a health authority, FIPPA requires personal information in a health authority's custody or control must be stored and accessed only in Canada unless the health authority obtains patient consent for access or storage outside of Canada, with very limited exceptions.

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1. Can we use a telehealth / virtual care system that has servers in the US?

Answer from OIPC

Yes, you can use a telehealth / virtual care system that has servers in the US.

2. In rare cases, a physiotherapist may wish to make a recording of a video or still image for future comparison (swelling, scar size, movement pattern). If there is a US Does this change the above answer?

Answer from OIPC

No

3. Clinics need to inform their client bases of their Virtual services. Some are concerned that this will be considered spam and break privacy legislation if the client has not agreed to receive marketing emails.

Answer from OIPC:

This office oversees the *Personal Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*. I can't really comment on Canada's Anti-Spam Legislation (CASL) but it is my understanding that CASL doesn't apply if the physiotherapist has an existing relationship with the client, and they aren't trying to sell a product or service.

4. If a Telehealth tool says it is PIPEDA compliant, should we be fairly confident that it will meet PIPA requirements for videoconferencing purposes?

Answer from OIPC:

PIPEDA and PIPA are substantially similar. However, it remains each organization's responsibility to ensure the platform is PIPA compliant.

5. If a tool says it is HIPPA compliant, even though that is US legislation, is that relevant to us in any way?

Answer from OIPC:

Unfortunately, I am not able to comment on HIPPA. The organization is responsible for making sure that the tool is PIPA compliant. I am not familiar enough with HIPPA to know how similar it is to PIPA.

6. Anything else you can suggest to us that we tell our members about using virtual care (assuming all personal information is initially collected using standard, PIPA compliant procedures as it would be for in-person visits).

Answer from OIPC:

A: The specific requirement in PIPA is in [s. 34](#). Here are some basic things to keep in mind:

- You would need your patients' consent.
- Tell clients that you cannot guarantee that your conversations with them will be intercepted, but explain what security measures are in place to minimize that from happening. (e.g. end-to-end encryption).
- Given the personal information you are collecting, using and disclosing is sensitive because it relates to an individual's health, you should only use a platform that has end to end encryption.
- You should read the privacy policy of whatever platform you are using to ensure that there are not any terms that seem like red flags.
- Avoid platforms owned by companies with known privacy problems.
- If you record meetings, you should immediately save a copy on a local, secure computer you control and delete recordings off of the platform you are using.
- You are not responsible under PIPA for the security of the patient's device, only your device and the platform on which you conduct your work. I suggest you make it clear to your patients they are responsible for their own security. For example, they should communicate with you using a machine with an encrypted hard drive (like an iPad or iPhone) but if they do not, then that is their responsibility, not yours.

If you want to read more about what the OIPC has published about this topic, here are two resources:

[Security Self-Assessment Tool](#)

[Mobile Devices: Tips for Security & Privacy](#)

Other Regulatory Questions:

1. Can I treat a patient in another province?

Yes, at times. A recurrent concern in considerations of virtual care is the real possibility of treating a patient who either resides or is treated in a different province (or even country) than where the therapist is licensed. Regulators have addressed this issue in the document [Cross Border Physiotherapy – Guidelines for Physiotherapists](#). The document notes that cross border therapy is allowed under two conditions:

1. Where the physiotherapist began care in one jurisdiction and will offer follow-up care in another.
2. Where the patient would otherwise not be able to obtain care because there is a shortage of appropriate physiotherapy care available in the region or jurisdiction in which the patient ordinarily resides

There are also two conditions where cross border therapy is not allowed. There are:

1. Where there is no demonstrable patient need for tele-rehabilitation or in-person, cross-border services because appropriate and suitable in-person care would otherwise be available.
2. Any other circumstances where it appears that the provision of care is in the physiotherapist's best interests but the patient might benefit equally or more from care from a local provider.

The document provides further details on provincial cross-border physiotherapy. However, provincial border questions are not the only ones that arise. Some of the others do not yet have answers. As the service of virtual care matures, additional issues of jurisdiction will undoubtedly arise and the profession will need to address them in time. Contact CPTBC if you have other specific questions.

2. Do I need a special license to practice Virtual Physiotherapy Care?

No, you do not need a special license. You do need to have to be registered and licensed within the province you are practicing.

Further regulation questions will be answered here as CPTBC and PABC communicate and seek input on the developing practice. Check back to as this guide will be updated over the coming months.