

# Update CPTBC

FALL 2011 • VOLUME 12 ISSUE 3

## NOMINATIONS COMMITTEE

### CALL FOR NOMINATIONS

Are you interested in making a valuable contribution to your profession?

Do you want to gain experience and insight into professional health regulation issues, including registration, inquiry, discipline, quality assurance, patient relations, legislation and finance?

Are you interested in learning more about the *Health Professions Act* and the College's Bylaws and in gaining some insight into the legal process?

If so, now is the time to consider serving on the College's Board.

**NOMINATIONS ARE NOW OPEN** for three Board positions, each to be elected for a two-year term.

The College Board has a total of nine members: six are Physical Therapists elected by the College's registrants and three are public representatives appointed by the Ministry of Health. A physical therapy student representative from University of British Columbia's Department of Physical Therapy also attends the meetings.

Board members are expected to attend all Board meetings and to serve on one or more College Committees. Board meetings are held at least five times a year, usually on a Saturday, in Vancouver. Some committee meetings occur around the same time as Board meetings to facilitate travel for out of town members.

Full registrants from all parts of the province, who practice either in the public or private sector, are encouraged to accept nominations for the three upcoming vacancies on the Board.

For further information about this opportunity contact the College Nominations Committee c/o the Registrar at [brenda\\_hudson@cptbc.org](mailto:brenda_hudson@cptbc.org) or 604.730.9193. Nomination forms can be obtained from the College office by contacting Dolores at 604.730.9193 or [dolores\\_connolly@cptbc.org](mailto:dolores_connolly@cptbc.org)

**DEADLINE FOR NOMINATIONS: MARCH 18, 2012**

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## OFFICE HOURS DURING THE HOLIDAY SEASON

The office will maintain regular office hours

8:30 a.m. to 4:30 p.m. on

Friday, December 23rd

Wednesday, December 28th

Thursday, December 29th

Friday, December 30th

The office will be **closed** on

December 26th, December 27th, 2011 and January 2nd, 2012

## NOTICE OF 2012 MEETINGS

### ANNUAL GENERAL MEETING and EDUCATION PROGRAM

**SAVE THE DATE!**

**Saturday, May 5, 2012  
at the**

**Marriott Vancouver Pinnacle  
1128 West Hastings Street, Vancouver, BC**

### BOARD MEETINGS

**January 28, 2012**

**March 31, 2012**

**May 4, 2012**

**September 15, 2012**

**November 24, 2012**

## REGISTRATION REPORT

### 2012 Registration Renewals

*Current registration expires December 31, 2011. Renew before January 1, 2012 to avoid a late fee. Remember, you must not work as a physical therapist in BC if your registration is cancelled for non payment of dues!*

Visit [www.cptbc.org](http://www.cptbc.org), log into your profile and follow the posted steps.

Email [info@cptbc.org](mailto:info@cptbc.org) if you have any technical difficulties.

Email [registration@cptbc.org](mailto:registration@cptbc.org) if you wish to change from inactive to full registration.

You will need your CPTBC registration number in order to retrieve your password online. If you forget your registration number, check Registrant Directory at <https://pacific.alinity.com/cptbc/webclient/MemberDirectory.aspx>

## PHYSIOTHERAPY COMPETENCY EXAM EXAMINERS NEEDED!

The Alliance of Physiotherapy Regulators is looking for examiners for the 2012 Physiotherapy Competency Exam. The application form can be found on the College website at [www.cptbc.org](http://www.cptbc.org)

Your participation is appreciated!

## BILLING TIP!

Some physical therapists have had third party billings rejected because their College registration number was not on the receipts. Please note that most third party payers check the College website to verify your registration status by using your registration number. If you forget your number, you can find it on the College Registrant Directory at [www.cptbc.org](http://www.cptbc.org). Your College registration number is a five-digit number that starts with the number zero; it is different from your CPA number and your MSP billing number. Please remember to include your College registration number on your receipts to facilitate third party payment.

## 2011 ANNUAL SELF REPORT

The Annual Self Report Sub-committee would like to say thank you to the almost 3000 registrants who completed the 2011 online Annual Self Report before the October 31st deadline! The sub-committee oversees the Annual Self Report, and the 5 volunteer members are all registered physical therapists from around BC.

The 2011 cycle of the Annual Report went smoothly, and the office received far fewer phone calls and emails from registrants regarding logistics of completing the Annual Self Report this year compared to last year. Interestingly, the number of practice questions the College received spiked during September and October. While the increase in volume of questions coinciding with the Annual Self Report cycle could be a coincidence, we also wonder if completing the Annual Self Report reminded registrants of other practice questions they had been meaning to ask, and prompted the increase?

There were a few changes in the Annual Self Report process this year in response to feedback from 2010. This year the Annual Self Report completion cycle was moved forward to start earlier in September and to end on October 31st – instead of running concurrently with College registration renewal. Last year there was confusion between the two distinct sets of login information (Annual Self Report vs. registration renewal login) and it is anticipated that the change in Annual Self Report completion date to October will help to clear up the confusion.

The feedback we have received this year has focused on two main issues. First, there were some questions in the self quiz section of the Annual Self Report that asked registrants to ‘select two’ answers. Several registrants indicated that they missed the cue to select two answers and only selected one answer for all questions. As a result we’ll investigate costs related to making navigational changes to the online Annual Self Report which would re-direct the user to select a second option, before allowing the user to proceed.

The second topic that generated comments was the self quiz question about signatures which was intended to highlight College Practice Standard No. 13 – Use of Title and Credentials. The Standard states that additional education should be written out in full instead of listed with abbreviations (ie. AFCI) on the line below a registrant's name, and that paid memberships in professional associations should not be listed as abbreviations – where they could be misunderstood as additional educational credentials by the public. We now realize that the answer options omitted the title 'physical therapist', and that in fact the additional education should have been spelled out on the line below the name, not next to it, according to the Practice Standard. On the up side, it certainly got people's attention and many people obviously did go on to read the Practice Standard based on the accuracy of the email messages we received from several registrants!

The purpose of the Annual Self Report is to support continuing competency by expanding physical therapists' knowledge and understanding of professional, legal, and ethical obligations as outlined in College or provincial regulation. With each cycle of the Annual Self Report the hope is that registrants become increasingly aware of regulatory requirements, and that an opportunity is created to discuss the self quiz questions in the Report amongst colleagues. The self quiz questions will continue to change every year in order to reflect the most common questions the College receives from registrants, as well as the topics that frequently appear in the complaints process. Thank you again for your participation in the 2011 online Annual Self Report.

## COMMUNICATING PATIENT INFORMATION VIA EMAIL

Do you communicate with your patients via email? Do you give patients your home email address? Do patients ever ask you to send them copies of written reports via email?

The College is receiving more questions about communicating with patients via email and the associated risks. Recently an article appeared in the Physiotherapy Association of BC (PABC) newsletter Directions, written by physical therapist Marj Belot in consultation with Susan Paul, Practice Advisor at the College. Much of the content of this article is adapted from the PABC article.

College regulation does not prohibit physical therapists from communicating via email, however, there are risks associated with email communication and these should be considered on a case by case basis.

The following factors should be considered when communicating patient information.

1. CPTBC Bylaw 60, section 2 states: *A registrant must at all times protect and maintain the confidentiality of personal information collected.*
2. There are provincial privacy laws in BC for both private and public sector physical therapists. Physical therapists in private practice should be aware of the *Personal Information Protection Act (PIPA)* and must adhere to the PIPA standards. Public practice physical therapists should be aware of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* and must adhere to the FOIPPA standards. Both documents are available online. There are also resources on the College website at: [www.cptbc.org/pipaforphysicaltherapists.asp](http://www.cptbc.org/pipaforphysicaltherapists.asp)
3. Options for maintaining confidentiality include removing identifying information from the email transmission and/or encrypting the message. For example you could use the patient's initials but exclude their name and claim number from an email message. **Remember that sending an email message is like sending a postcard, it's not considered confidential.** The more sensitive the information you intend to send, the more sensitive you should be around protecting patient confidentiality. There is always a risk that information will be forwarded to others, either by the patient, or another recipient.
4. It is advisable to have a confidentiality statement as part of your standard email signature. An example would be that used by CPTBC:  
*"CONFIDENTIALITY NOTICE: This e-mail, together with any attachments, is for the exclusive and confidential use of the addressee(s). Any other distribution, use or reproduction without the sender's prior consent is unauthorized and strictly prohibited. If you have received this message in error, please notify the sender by e-mail immediately and delete the message from your computer without making any copies."*
5. Before you hit send, double check the email address to which you are sending, ensure it is correct and that you are not unintentionally sending to the wrong person or adding unintended recipients.
6. If you are aware of compromise of a patient's personal information the *Office of the Information and Privacy Commissioner of BC* has a "Breach Notification Assessment Tool" and resources to assist you in determining when to advise patients of an incident. You should also advise the patient of what steps will be taken to prevent a recurrence. To review *Key Steps in Responding to Privacy Breaches* visit:  
[www.oipc.bc.ca/pdfs/Policy/Key\\_Steps\\_Privacy\\_Breaches%28June2008%29.pdf](http://www.oipc.bc.ca/pdfs/Policy/Key_Steps_Privacy_Breaches%28June2008%29.pdf)
7. Remember that you are still engaging in professional communication and that a copy of the email should be included in the patient's clinical record, which is a legal document. The tone and content of the email should reflect these facts, by maintaining a formal, courteous and professional tone to ensure professional boundaries are maintained.

8. Pay attention to email addresses, signatures, and tag lines. Ensure all are appropriate for a professional setting and won't distract from the professional nature of the communication. Using a work email address, as opposed to a personal email address, can help in maintaining professional boundaries.
9. Don't rush to hit 'send' in the aftermath of a difficult situation. Communication via email is much more immediate than traditional written 'progress reports' and as such care needs to be used to avoid sending impulsive, or heated comments, that might be considered inappropriate or unprofessional in retrospect. Ask yourself if you would make the same comments in a more traditional form of professional communication? Be aware that email messages lend themselves to a more casual style of dialogue and informal salutations, instead of usual professional wording.

If you have questions regarding the use of email when communicating patient information, please contact Susan Paul, Practice Advisor at: [susan\\_paul@cptbc.org](mailto:susan_paul@cptbc.org)

## PATIENT RELATIONS CORNER

### Car for Sale - seller beware....

The mandate of the Patient Relations Committee is to seek to prevent professional misconduct which includes sexual misconduct, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession. Thus, an important element of the program is to inform and educate College registrants.

Over the next year the newsletter will feature scenarios which demonstrate a gradual slide from boundary blurring to crossing. Often these scenarios progress in a seemingly 'harmless' fashion...until a boundary has been crossed, and in retrospect, the slippery slope becomes evident. The first scenario appeared in the Fall 2010 issue of Update, below is scenario 2.

#### *Scenario 2: Having a business transaction with a patient.*

You have decided to sell your second car as it is starting to need more repairs and money has become an issue. You mention that you are selling the car to your patient; he replies that he is looking for the exact model, in a second hand car, for his son. He asks if you have brought the car to work today and can he see it. You have kept the car in good shape and he makes you a good offer which you delightfully accept. After having the car for a month there is a major transmission repair job and your patient wants you to pay half. You refuse and he initiates a complaint with the College on the basis that it was a conflict of interest for you to use your position as his physical therapist to sell him your car.

#### **Question: What were the risk factors that led to this situation?**

- Failure to establish and maintain professional boundaries within the therapeutic relationship; overstepping professional boundaries.
- Failure to recognize the potential for a conflict of interest.

According to Practice Standard No. 8 – *A conflict of interest arises when a physical therapist's actions or decisions may reasonably be perceived to be, or are in fact, motivated or influenced by financial gain or the potential for financial gain. A physical therapist shall not render service in any situation that will compromise his/her professional integrity, standard of practice, or place him/her in a conflict of interest.*

*Examples of common conflict of interest situations:*

- *Having an additional relationship beyond the physical therapist/patient relationship where clinical judgment could be, or could be reasonably perceived to be, affected. For example:*
  - *using the client as a confidant or for personal support*
  - *inviting the client to social engagements, dating*
  - *using one's position of power to obtain an opportunity to be involved with clients for financial gain.*

#### **How will this impact the therapeutic relationship?**

Depending on the outcome of the scenario the patient may feel that the therapeutic relationship has been damaged so significantly that it can not be salvaged. If the therapeutic relationship does continue the physical therapist will have to take responsibility for re-setting the professional boundaries of the relationship. There could be a ripple effect – could this scenario damage your professional relationship within the community?

#### **College Resources:**

##### **Bylaw 57. Business Practice Standards (excerpt)**

- *A registrant must not:*
  - supply, sell, rent or recommend for purchase any product, article or appliance:*

- solely for financial gain rather than for the benefit of the client,
- without considering the client's preference of supplier,
- where such products, articles or appliances are not directly related to the practice of physical therapy ...

**Practice Standard No. 8 – Conflict of Interest** is available at: [www.cptbc.org/pdf/PracticeStandards/PracticeStandards8.pdf](http://www.cptbc.org/pdf/PracticeStandards/PracticeStandards8.pdf)

**“Where’s the Line?” Professional Boundaries in a Therapeutic Relationship** is available at: [www.cptbc.org/pdf/Where\\_is\\_my\\_line.pdf](http://www.cptbc.org/pdf/Where_is_my_line.pdf)

In retrospect, if the physical therapist was aware that selling the car to a patient could constitute a conflict of interest, and if professional boundaries had been maintained, then the response to the patient’s request to buy the car might have been different. Knowing what your responsibilities are as a physical therapist means that when a situation like this presents itself you will be ready to respond appropriately.

Keep an eye out for the next scenario in the spring edition of the newsletter.

*Submitted by the Patient Relations Committee*

## MULTICULTURAL QUALITY HEALTH CARE: “LESSONS LEARNED” IN THE FRANCOPHONE COMMUNITY

*By Louis Giguère, Director, RésoSanté*

BC’s health professionals deal with linguistically diverse clients every day. How they do this while keeping their commitment to quality health care is a testament to their commitment and resourcefulness. The public system has several ways to address the language issue. Medical specialists for example benefit from interpretation services through The Provincial Language Service while large institutions (e.g. hospitals) rely on their pool of health professionals to offer services in several minority languages. But for health professionals operating from private practice, the multi-lingual challenge requires a community approach.

The BC Francophone community is small and widely dispersed throughout BC (9th among language spoken at home in BC and 1.4% of the BC population<sup>1,2</sup>); finding French-speaking health professionals is like finding the proverbial needle in a haystack. Yet in 2009, we identified 998 French-speaking physicians on the BC College of Physicians and Surgeons Website, 61 family physicians and 108 medical specialists per 10,000 population (the overall BC average is currently 24 and 11 respectively.) In fact we were shocked to find that, per capita, the BC Francophone community benefited from 2-3 times as many French-speaking doctors than Quebecers!

### ***Matchmaking in the community: It takes two to tango***

The challenge appears to be one of matchmaking yet many BC French-speaking professionals and Francophones would rather speak the lingua franca, English. Matchmaking must be targeted and here is how we do it:

- 1 - For the most vulnerable such as immigrants, the homeless and seniors, we design programs to reach them wherever they are found.
- 2 - For the community in general, we design self-help tools such as a French-speaking Health Professionals Directory, using these tools to build community.

We believe that this approach favours better care for the Francophone community, better care for British Columbians, and better satisfaction for health professionals. Better care for the community and for British Columbians because research shows<sup>3,4</sup> that providing health services in the language of the patient leads to better outcomes for the patient and for the system as a whole; a healthy Francophone community lowers demand on the public health system thus freeing up resources for other communities. Better professional satisfaction because by making a commitment to the Francophone community, a French-speaking professional can develop a tailor-made clientele and apply her or his skills where they are most needed.

If you are a French-speaking health professional and if you believe in effective and timely diagnostics, in effective prevention and health promotion, etc. join our Directory by registering online! Better health services in French in BC? Like Everest, because it’s there...

<sup>1</sup>Statistics Canada 2006 Census (2006) <http://www12.statcan.ca/census-recensement/2006/rt-td/Ing-eng.cfm>

<sup>2</sup>Statistics Canada (2006) The Evolving Linguistic Portrait, Census 2006. Ottawa, Ontario.

<sup>3</sup>Paulk, B. (2010) Caring for the Hispanic Patient: The Cattle for Cultural Competency within Healthcare. Indiana University. Bloomington, Indiana.

<sup>4</sup>Health Canada (2008) An Examination of the Strength of Evidence in “Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature. Ottawa, Ontario

## INQUIRY SUMMARIES

### Unprofessional Conduct

The College received a letter from the Criminal Justice Branch of the Ministry of Attorney General notifying the College that the physical therapist had been charged with two counts of sexual assault under Section 246.1 of the 1988 Criminal Code. The information from the letter was taken from a Report to Crown Counsel prepared by an investigating law enforcement agency and consists of unproven allegations.

Based on the physical therapist's pleading guilty of one count of criminal indictment the committee had concerns about possible professional misconduct under section 53 of the College's Bylaws and determined that there was cause to take action against the physical therapist under section 36 of the Act and request that the physical therapist consent to:

- 1) not provide any physical therapy assessment and treatment services to any female minor, that is any female under the age of 19 years, unless that person is in the company of an adult person known to her, and that adult person is present in the same room with the female minor for all of the time that he is providing any physical therapy assessment or treatment;
- 2) record in his practice records the name of any adult person who accompanies a female minor; and
- 3) notify the College if he changes his work circumstances.

### Professional Misconduct - Incompetence

The College received a written complaint against a physical therapist alleging that the physical therapist did not order the proper wheelchair for her. Following an investigation the committee determined that there was no reason for the committee to take action against the physical therapist under the *Health Professions Act* for breaching the College Bylaw section 55(1.6) - Standards of Practice - Responsibilities to the Client - Physical therapists are responsible for recognizing their limitations, continuing to develop their own level of competence, and confirming clinical diagnosis and management in those areas of practice in which they have been educated as the competence of the physical therapist to which this matter relates is satisfactory. The file was closed.

### Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist treated the complainant with a medical device called a "SCENAR" and that this medical device is not licensed by Health Canada for use in Canada. The complainant alleges that this piece of equipment caused damage to her right knee right down to her foot. Following an investigation and based on the materials before the committee, and concerns about possible professional misconduct under section 53 of the College's Bylaws, the committee determined that there was cause to take action against the physical therapist under Section 36 of the Act. The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(a) and 36(1)(d) of the Act and request the physical therapist to:

- i. consent and undertake not to repeat the conduct to which the matter relates, which is the failure to comply with the College Bylaw section 56 - Minimal Treatment Standards;
- ii. consent to provide the committee with a report of the clinical signs and symptoms that would indicate the use of the SCENAR (Tennant Biomodulator Plus) device and to provide the written expected outcome of this treatment in each case;
- iii. consent that in order to use the device in the future, she indicates in the written chart the expected outcome of the device before using it; and
- iv. consent to a six month follow-up and pay the costs of this follow-up inspection.

### Professional Misconduct

The College received an anonymous letter in which the complainant complained that the physical therapist had her children in the clinic with her while she was treating patients. The committee determined to act under Section 33(4) of the *Health Professions Act* and moved to investigate this complaint based on the information received. Following an investigation and based on the information before it, the committee decided under section 33(6)(a) of the *Health Professions Act*, that there was no reason to take action against the physical therapist for professional misconduct or for failing to maintain a safe and clean clinic. The file was closed.

### Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist allowed a non registrant to treat her with a SCENAR device. Following an investigation and based on the materials before the committee and concerns about professional misconduct under Section 53 of the College's Bylaws the committee determined that there was cause to take action against the physical therapist under section 36 of the Act. The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1) of the Act and request the physical therapist to:

- i. consent and undertake not to repeat the conduct to which the matter relates which is the failure to comply with the College Practice Standard Number 3;
- ii. consent to obtain informed patient consent for each treatment provided by the physical therapist or her support staff and to document this consent in the patient's record;
- iii. consent to obtain the informed consent of each and every patient for the provision to that patient of any physical therapy treatment by the physical therapist's support staff and to document this consent in the patient's records; and
- iv. consent to a six month follow-up and pay the costs of this follow-up inspection.

## PAID ADVERTISEMENT



PhysioSure

## A Message from PhysioSure

We proudly announce the following changes to our Physiotherapist Liability Insurance Program.

Effective January 1<sup>st</sup>, 2012 for new business and July 1, 2012 for renewals, our annual premium has been reduced from \$325 to \$225.

New and existing members are encouraged to contact Derek Grieve at 1-800-328-7887 x 342 or [derek.grieve@hubinternational.com](mailto:derek.grieve@hubinternational.com) for more details.

### RPTS NEEDED IN KAMLOOPS

*Looking for a position in a manually-oriented multidisciplinary clinic in Kamloops BC?*

Collegial atmosphere, private rooms, ample parking, in medical-professional complex. Shopping, residential, university neighbourhood.

We offer you an opportunity to enter private practice WITH the security of a base salary along with a per client percentage commission. Full time contracts include an extended health care plan.

We provide you with mentorship/ training ("lessons at lunch").

Our focus is one-on-one manual therapy: orthopedic manual manipulation, urogenital & pelvic floor rehab., PNF & neurodevelopment therapy, craniosacral / fascial / visceral / muscle energy / positional & active release techniques, lymph drainage.

Our clientele spans the breadth of all ages, from pediatric to geriatric.

Kamloops is a mid-sized city 4 hours drive from Vancouver, with exceptional all-season recreational facilities and a regional hospital.

**Contact Claudia Scrivener at Hands On Health**  
#103 - 1315 Summit Drive, Kamloops, B.C. V2C 5R9  
(250) 377-7675 or [handsonhealth.claudia@gmail.com](mailto:handsonhealth.claudia@gmail.com)

### EMPLOYMENT OPPORTUNITY MANAGER, QUALITY ASSURANCE PROGRAM

The College of Physical Therapists of British Columbia (CPTBC) is seeking a Manager for its Quality Assurance Program.

The CPTBC is the regulatory body for British Columbia's 2800 registered Physical Therapists. It is the College's mandate to protect the public through the regulation of Physical Therapists.

Reporting to the Registrar the successful candidate will be responsible for the development, implementation and evaluation of the College's Quality Assurance Program.

This is a part-time position – up to three days per week. Work days are negotiable. Flexibility is required for some evening and weekend work.

Experience working with not-for-profit organizations and work-related experience demonstrating effective communication and teamwork skills will enable the successful candidate to assume the responsibilities of this position. Knowledge of computer programs (Word, Excel, PowerPoint) is required.

A Masters Degree in education with a focus on program and examination development, administration and evaluation is preferred. Experience in competency assessment is an asset.

The CPTBC offers a competitive salary. **Interested candidates should apply in writing to:**

The Registrar  
College of Physical Therapists of British Columbia  
302-1765 West 8th Avenue  
Vancouver, BC V6J 5C6  
or [brenda\\_hudson@cptbc.org](mailto:brenda_hudson@cptbc.org)

### ADVERTISING RATES

The College of Physical Therapist newsletter **Update** is published three times per year (spring, summer and fall).

Contact the College for submission deadlines.

<b>Rates:</b>	\$100	up to 3¼" x 3¼"
	\$150	3¼" x 4½"
	\$200	3¼" x 8½"
	\$400	full page (black and white)

Contact the College for quotes for color ads

### ARE YOU MOVING? CHANGING YOUR STATUS? CHANGING YOUR NAME? MAIL OR FAX COUPON TO:

Registration Program  
College of Physical Therapists of B.C.  
302-1765 West 8th Avenue  
Vancouver, BC V6J 5C6  
Phone: (604) 730-9193  
Fax: (604) 730-9273  
Email: registration@cptbc.org

### WHO TO CONTACT AT THE COLLEGE

#### **Brenda Hudson, Registrar**

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Newsletter

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#### **Ann Lo, Deputy Registrar**

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It is published three times a year – Spring, Summer and Fall.

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