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# **Benchmarks for the Assessment and Recognition of Skills Required of Internationally-Trained Applicants Who Wish to Practice as Physiotherapists in Quebec**

## **Statement of Professional Experience for Practicing the Profession of Physiotherapy in the Quebec Context**

### **Self-Assessment Questionnaire**



**January 2016**

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## Introduction

This self-assessment questionnaire is designed to help you draw up a statement of your professional experience in physiotherapy in terms of meeting the requirements for practicing as a physiotherapist in Quebec. It is divided into seven parts:

|          |  |
|----------|--|
| Part I   | General information  |
| Part II  | Background for the acquisition of professional experience in physiotherapy                             |
| Part III | Professional experience acquired in performing assessment and intervention procedures in physiotherapy |
| Part IV  | Participation in continuing education activities   |
| Part V   | Participation in extending the outreach of physiotherapy   |
| Part VI  | Knowledge of the environment for practicing the profession of physiotherapist in Quebec                |
| Part VII | Signing the statement  |

The questionnaire design is based on a document entitled *Le référentiel de compétences lié à l'exercice de la profession de physiothérapeute au Québec* (available in French only; the English equivalent of the title would be *Benchmark Skills for Practicing the Profession of Physiotherapist in Quebec*), which was produced by the Ordre professionnel de la physiothérapie du Québec in 2011 and is available from the Order<sup>1</sup>. That document includes information about the profession of physiotherapist, as well as the conditions and requirements for practicing the profession in the Quebec context. In addition, the glossary at the end of the questionnaire explains the meaning of certain expressions used in professional practice in Quebec. The expressions defined in the glossary are marked with a <sup>G</sup> on their first appearance in the questionnaire.

You should also be aware that the information you provide about your experience in physiotherapy, like the other information you provide to the Ordre professionnel de la physiothérapie du Québec to support your application, will be examined by the Order's admissions committee to determine whether to issue a recommendation to grant you a licence to practice the profession, and if applicable, to spell out the steps to be followed regarding your application for admission to the Order. Since the statement of your experience in physiotherapy plays a determining role in the process of admission to the Order, you will need to make a fair and honest appraisal of your professional situation. You will also need to bear in mind the need to provide evidence to the Order of the professional experience you describe in answering the questions in each part of the questionnaire. Please look closely at the seventh and last part of the questionnaire, in which you will be asked to sign an official declaration.

When you start to fill in the questionnaire, please read each question very carefully. Unless otherwise indicated, you are asked to check off only those aspects that reflect your situation and if applicable, pay particular attention to the precise information you are asked to provide. In some cases, you may get the feeling that you've already answered the question; in that event, remember that the information requested focuses on the specific context for the question and that it is asked in that way to help you give the Order the most complete information possible about your professional experience in terms of requirements for practicing the profession in the Quebec context. It is important to realize that you may bring to the Order's attention the desired number of aspects in your answer to questions that involve a list, and copying your replies as many times as you need to. This situation applies to questions 15, 23.1, 25.1, 26.1, 28.2, 29.2 and 30.1. Similarly, you may enter comments in the space at the end of the questionnaire to provide further relevant details on your professional experience in physiotherapy that the Order should know.

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1. ORDRE PROFESSIONNEL DE LA PHYSIOTHERAPIE DU QUÉBEC, *Le référentiel de compétences lié à l'exercice de la profession de physiothérapeute au Québec*, Montreal, OPPQ, 2011, 71 p.

If you have trouble understanding anything in the questionnaire, contact the Ordre professionnel de la physiothérapie du Québec by email at [info@oppq.qc.ca](mailto:info@oppq.qc.ca), or by phone at 1 514 351-2770 or 1 800 361-2001. You may also visit the Order's website at [www.oppq.qc.ca](http://www.oppq.qc.ca).

Thank you for taking the time to fill in the questionnaire. You may rest assured that the Order will keep all of your information strictly confidential.

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## Part I      General information

The first section of this questionnaire is designed to collect general information on your identity and your application for admission to the Ordre professionnel de la physiothérapie du Québec.

### Please provide the following identifying information.

- Name at birth: \_\_\_\_\_
- First name: \_\_\_\_\_
- Date of birth:      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   Day / Month / Year
- Gender:             Female    Male
- Languages spoken:  French    English    Other, please  
   specify: \_\_\_\_\_
- Languages written:  French    English    Other, please  
   specify: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- Country: \_\_\_\_\_
- Phone no.:      Home: \_\_\_\_\_  
   Work: \_\_\_\_\_  
   Other: \_\_\_\_\_
- Email address: \_\_\_\_\_

### Please answer the following questions regarding your application for admission.

- Which of the following situations corresponds to your official status in Canada?
  - Canadian citizen
  - Permanent resident
  - Protected person
  - Temporary resident
  - Other status – please specify:  
\_\_\_\_\_
  
- Are you a member of a Quebec professional order?

Yes

No

Please provide the requested information.

Please go on to the next question.

  - What is the name of the professional order you belong to?  
\_\_\_\_\_

➤ Are you a member of a Quebec professional association?

Yes

No

Please provide the requested information.

Please go to the next part of the questionnaire.

– What is the name of the professional association you belong to?

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## Part II Background for the acquisition of professional experience in physiotherapy

This part of the questionnaire is designed to elicit information on the setting in which you acquired your professional experience in physiotherapy. It also includes general questions regarding your experience. In the next section, we will look at specific aspects of your experience.

### 1. Which of the following jobs have you performed over the course of your experience in physiotherapy?

- Clinician
- Consultant <sup>G</sup>
- Clinical coordinator or administrator, administrative coordinator or manager of an administrative unit in physiotherapy
- Professor
- Clinical placement supervisor
- Researcher
- Other jobs – please specify:

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### 2. Which of the following settings have you worked in over the course of your experience in physiotherapy?

#### Physiotherapy practice settings

- Private clinic providing physiotherapy services
- Private clinic providing multidisciplinary services
- Long-term care centre (for seniors or frail elderly)
- Corporate (insurance company, company that produces goods or services)
- Other settings – please specify:

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#### Public health-care settings (institutional or government)

- Hospital 
  - Intensive care
  - Acute care
  - Palliative care
  - Outpatient orthopedic clinic
  - Pain clinic
  - Other settings within the hospital – please specify:

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- Rehabilitation centre
  - Local or regional health-care centre (community services, home care, dispensaries, etc.)
  - Long-term care centre (for seniors or frail elderly)
  - Other settings – please specify:
- 
- 

### Other places

- Sports centre (gym, physical activity centre, etc.)
  - Educational setting
  - University institute
  - Research centre
  - Other settings – please specify:
- 
- 

## 3. Which of the following groups of clients have you worked with over the course of your experience in physiotherapy?

- Individuals – please specify age group: 
  - Babies and toddlers (0 to 4)
  - Children (5 to 17)
  - Adults (18 to 64)
  - Seniors (65 and over)
- Groups – please specify: age group 
  - Babies and toddlers (0 to 4)
  - Children (5 to 17)
  - Adults (18 to 64)
  - Seniors (65 and over)

## 4. Which of the following deficits, disabilities and diseases have you dealt with over the course of your experience in physiotherapy?

- Central or peripheral neurological conditions
- Progressive neurological conditions of the central nervous system (Parkinson's, multiple sclerosis, ALS – Lou Gehrig's disease, etc.)
- Amputations
- Arthritis and rheumatology
- Burns
- Cancer
- Chronic pain
- Myelopathy (e.g. medullary lesions)
- Myopathy (e.g. muscular dystrophy)
- Developmental delays
- Cardio-respiratory problems
- Disorders of the musculo-skeletal system



- Problems related to pregnancy
- Problems related to aging
- Other deficits, disabilities or diseases – please specify:

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5. Which of the following types of services have you provided to clients over the course of your experience in physiotherapy?

- Screening
- Disease prevention and health promotion
- Assessment<sup>G</sup>, diagnosis<sup>G</sup> or orientation
- Functional rehabilitation<sup>G</sup>
- Maintenance of functional abilities
- Other types of services – please specify:

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6. Over the course of your experience in physiotherapy, have you kept records relating to the performance of your professional responsibilities for clients, i.e. have you written notes in clients' files re physiotherapy services?

Yes   
Please provide the  
requested information.

No   
Please go to question 7.

- Which of the following topics were covered in the professional records?  
(Check as many boxes as applicable.)

- Reasons for consultation
- Client's condition (medical history, associated conditions, previous problems, medications, social history, etc.)
- Results of physiotherapy assessment (deficits, disabilities, etc.)
- Description of treatment plan or intervention<sup>G</sup> program
- Professional opinion or recommendations
- Information on professional services provided
- Changes in client's functional performance after receiving services
- Forwarding information or copying or loaning documents from a file to a third party
- Halting the intervention process or transferring client's file
- Other topics – please specify:

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7. Over the course of your experience in physiotherapy, have you ever served as a professional resource person while working as a member of an intraprofessional<sup>G</sup> team?

Yes   
Please provide the  
requested information.

No   
Please go to question  
8.

- In such a situation, have you helped to draw up a treatment plan, intervention program or other project related to physiotherapy? Yes  No

8. Over the course of your experience in physiotherapy, have you ever served as a professional resource person while working as a member of an **interprofessional<sup>G</sup>** team? Yes   
Please provide the requested information. No   
Please go to question 9.

- In such a situation, have you helped to draw up a treatment plan, intervention program or other project related to physiotherapy? Yes  No

9. Over the course of your experience in physiotherapy, have you ever participated in the planning of physiotherapy services to be offered, and improving the quality of these services in your workplace? Yes  No

Please use the following frequency scale to add further details about your experience in question 10 and the other questions below.

|           |   |
|-----------|---|
| Regularly | When you have habitually completed the activity in question as described – in other words, when the activity accurately reflects what your professional responsibilities cover. |
| Sometimes | When you have completed the activity in question as described a few times, but it does not correspond to what your professional responsibilities habitually cover.              |
| Never     | Never at any time have you completed the activity in question as described.   |

10. In terms of interprofessional relationships and teamwork, have you ever had to do any of the following over the course of your experience in physiotherapy? Frequency scale

- |   | Regularly                | Sometimes                | Never                    |
|---|--------------------------|--------------------------|--------------------------|
| ➤ Take into account the roles and responsibilities of professional resource people from other disciplines as well as the roles and responsibilities of professional resource people in physiotherapy?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Point out the contributions made by physiotherapy while recognizing the contributions made by other disciplines?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Express your point of view while listening to the points of view expressed by other professional resource people?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Make sure that you get from peers, colleagues <sup>G</sup> or other partners timely information needed to support effective interventions in physiotherapy and that you in turn provide such information to them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Apply the principles of teamwork (acting collaboratively, sharing a common objective, making a personal and significant contribution within the team, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 11. Over the course of your experience in physiotherapy, have you ever had to do any of the following with your clients?   | Frequency scale          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Regularly                | Sometimes                | Never                    |
| ➤ Take an approach that focuses on their individual needs and characteristics?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Give them all the information they need to understand the issues involved in various decisions so they can make free and informed choices?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Take the necessary steps to obtain free and informed consent <sup>G</sup> from them whenever appropriate?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Use a level of language <sup>G</sup> that's appropriate to their reality?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Behave in such a way as to offer an attentive, kind and sensitive presence?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Behave in such a way as to preserve their modesty, dignity and integrity and respect their autonomy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Take into consideration their psychosocial, economic and cultural characteristics, their condition, needs, values, concerns, expectations, motivation, experience and environment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Adopt a strategy of teaching and support in order to encourage and motivate your clients and help them to keep up their efforts to achieve the objectives of the intervention?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Adapt your communications and support strategy based on their sensitivity and how they react?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Provide support for clients in becoming aware of their needs, responsibilities and condition?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Provide support for clients' empowerment <sup>G</sup> and sense of control over their situation?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Maintain the necessary professional distance in relationships with clients in order to play your role properly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 12. Over the course of your experience in physiotherapy, have you ever had to do any of the following while carrying out your professional responsibilities? | Frequency scale          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Regularly                | Sometimes                | Never                    |
| ➤ Use research findings and new aspects found in the scientific literature (evidence)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Take cultural, intergenerational and gender differences into account in your communications and in your professional practice in general?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Watch and listen for your reactions to clients, notably in terms of their expectations, behaviours, the way they talk, their values and preferences?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Pay particular attention to any situation in which a conflict of interest could arise?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Respect the guiding principles for dealing with health promotion and preventing illness, accidents and social problems?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Apply the appropriate measures for dealing with risks related to the health and safety of people receiving physiotherapy treatment?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Apply protective mechanisms that are helpful in preserving your balance in terms of physical and mental health in your professional practice?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Discuss your professional practice and your concerns or questions about clients' situations with your peers or other resource people at appropriate times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Receive suggestions and criticisms about your work and your behaviours and act accordingly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Respect professional secrecy and rules regarding confidentiality <sup>G</sup> ?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 13. Over the course of your experience in physiotherapy, have legislation and regulations, policies and procedures, and standards <sup>G</sup> provided a framework for the performance of your professional responsibilities? | Yes <input type="checkbox"/>              | No <input type="checkbox"/> |
|--|---|-----------------------------|
|  | Please provide the requested information. | Please go to question 14.   |

- Which of the following aspects were connected to the legal and standard framework of your professional responsibilities? (Check one or more boxes as appropriate.)
- Legislation and regulations
  - Code of Ethics<sup>G</sup>
  - Ethical rules
  - Explanatory guides, practice guides, clinical intervention guides<sup>G</sup> and guidelines on particular aspects of your professional responsibilities
  - Other aspects, please specify:

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14. Over the course of your experience in physiotherapy, has the performance of your professional responsibilities been governed by an official legal or standards body or an organization with a mission to regulate the performance of such professional responsibilities and protect the public?

Yes   
Please provide the  
requested information.

No   
Please go to question  
15.

– What is the name of the official  
body? \_\_\_\_\_

– Have you held or do you still hold a licence issued by that official  
body? \_\_\_\_\_

Yes   
Please provide the  
requested  
information.

No   
Please go to question  
15.

– Which country was the licence issued in? \_\_\_\_\_

– What year did you obtain the licence? \_\_\_\_\_

– What was or is your licence number? \_\_\_\_\_

– Is your licence still valid? \_\_\_\_\_

Yes   
Please go to question 15.

No

– If your licence is no longer valid, please enter the period during  
which it was valid: \_\_\_\_\_

from (month/year) : \_\_\_\_/\_\_\_\_

to (month/year) : \_\_\_\_/\_\_\_\_

15. During the course of your experience in physiotherapy, what jobs have you held?

For each job you have held, starting with the most recent, please provide the requested information.

➤ Job title: \_\_\_\_\_

– Period: from (month/year) \_\_\_\_/\_\_\_\_  
to (month/year) \_\_\_\_/\_\_\_\_

– Average number of hours worked per week: \_\_\_\_\_

– Employer: \_\_\_\_\_

– Type of setting:  Physiotherapy practice setting  
 Public health-care setting (institutional or government)  
 Other places

– City: \_\_\_\_\_

– Count  
-ry: \_\_\_\_\_

– Main working language:  French  
 English  
 Other languages, please  
specify: \_\_\_\_\_

– Major responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Job title: \_\_\_\_\_
- Period: from (month/year) \_\_\_\_/\_\_\_\_  
to (month/year) \_\_\_\_/\_\_\_\_
  - Average number of hours worked per week: \_\_\_\_\_
  - Employer: \_\_\_\_\_
  - Type of setting:  Physiotherapy practice setting  
 Public health-care setting (institutional or government)  
 Other places
  - City: \_\_\_\_\_
  - Count  
-ry: \_\_\_\_\_
  - Main working language:  French  
 English  
 Other languages, please  
specify: \_\_\_\_\_
  - Major responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Job title: \_\_\_\_\_
- Period: from (month/year) \_\_\_\_/\_\_\_\_  
to (month/year) \_\_\_\_/\_\_\_\_
  - Average number of hours worked per week: \_\_\_\_\_
  - Employer: \_\_\_\_\_
  - Type of setting:  Physiotherapy practice setting  
 Public health-care setting (institutional or government)  
 Other places
  - City: \_\_\_\_\_
  - Count  
-ry: \_\_\_\_\_
  - Main working language:  French  
 English  
 Other languages, please  
specify: \_\_\_\_\_
  - Major responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Summing it up...

Your professional experience in physiotherapy comes to a **total** of:

\_\_\_\_\_ years and \_\_\_\_\_ months  
number number

### Part III Professional experience acquired in performing assessment and intervention procedures in physiotherapy

This part of the questionnaire is designed to help you make connections between your professional experience in physiotherapy and the requirements for performing assessment and intervention procedures<sup>G</sup> in Quebec. The questions are categorized under the following headings:

- A) Analysis<sup>G</sup> of requests for physiotherapy services or any other request regarding a situation that requires expertise<sup>G</sup> in physiotherapy and follow-up on the results of the analysis
- B) Physiotherapy assessment
- C) Production of results of a physiotherapy assessment
- D) Development of a physiotherapy treatment plan or intervention program
- E) Implementation of a physiotherapy intervention

As you answer the questions, please use the same frequency scale that was used in the previous part of the questionnaire, i.e. the following scale.

|           |   |
|-----------|---|
| Regularly | When you have habitually completed the activity in question as described – in other words, when the activity accurately reflects what your professional responsibilities cover. |
| Sometimes | When you have completed the activity in question as described a few times, but it does not correspond to what your professional responsibilities habitually cover.              |
| Never     | Never at any time have you completed the activity in question as described.   |

#### A) Analysis of requests for physiotherapy services or any other request regarding a situation that requires expertise in physiotherapy and follow-up on the results of the analysis

16. Do you have professional experience in analyzing requests for physiotherapy services, or any other request regarding a situation that requires expertise in physiotherapy? Yes  Please give details on your experience.      No  Please go to question 17.

|      |  | Frequency scale          |                          |                          |
|------|--|--------------------------|--------------------------|--------------------------|
|      |  | Regularly                | Sometimes                | Never                    |
| 16.1 | Have you taken steps to find out what the client expects and what aspects of the situation would be useful for the analysis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16.2 | Have you collected data and information that would be useful for the analysis?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16.3 | Have you considered the client’s questions, concerns and constraints while conducting your analysis?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16.4 | Have you reached any conclusions regarding follow-up to your analysis of the situation?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16.5 | Have you decided what degree of priority should be given to the request?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16.6 | Have you provided information to the client on the results of your analysis and what the follow-up would involve?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|      |   |                          |                          |                          |                          |
|------|---|--------------------------|--------------------------|--------------------------|--------------------------|
|      |   |                          | Frequency scale          |                          |                          |
|      |   |                          | Regularly                | Sometimes                | Never                    |
| 16.7 | Have you supported the client in his or her approaches to resources that could meet his or her needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B) Physiotherapy assessment**

|   |  |   |
|---|--|---|
| <p>17. Do you have professional experience in conducting physiotherapy assessments?</p> | <p>Yes <input type="checkbox"/></p> <p>Please give details on your experience.</p> | <p>No <input type="checkbox"/></p> <p>Please go to question 18.</p> |
|---|--|---|

|      |  |                          |                          |                          |                          |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|
|      |  |                          | Frequency scale          |                          |                          |
|      |  |                          | Regularly                | Sometimes                | Never                    |
| 17.1 | Have you set up assessment procedures to be implemented in physiotherapy, including formulating an initial diagnostic hypothesis, data to be collected, information sources to be used, people to be consulted, diagnostic models or classifications and assessment techniques to be given priority, including measurement and assessment tools, resources to be called upon and details of the assessment process, including the logical sequence for using assessment tools? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|      |   |                          |                          |                          |                           |
|------|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 17.2 | Have you set in motion physiotherapy assessment procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please go to question 18. |
|------|---|--------------------------|--------------------------|--------------------------|---------------------------|

|      |   |                          |                          |                          |  |
|------|---|--------------------------|--------------------------|--------------------------|--|
| 17.3 | While setting assessment procedures in motion, have you explained to the client what you needed to do and why, and have you told the client how important it is to participate in the assessment, and how the testing could affect his or her body? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|------|---|--------------------------|--------------------------|--------------------------|--|

|      |   |                          |                          |                          |                             |
|------|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| 17.4 | While setting assessment procedures in motion, have you used diagnostic models or classifications in physiotherapy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please go to question 17.5. |
|------|---|--------------------------|--------------------------|--------------------------|-----------------------------|

- Which of the following diagnostic models or classifications have you used? (Check one or more boxes as appropriate.)
- International Classification of Functioning, Disability and Health (ICF)
- International Classification of Diseases (ICD-10)
- Disability Creation Process (DCP)
- Other diagnostic models or classifications, please specify:

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|      |  |                          |                          |                          |                             |
|------|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| 17.5 | While setting assessment procedures in motion, have you used specific assessment techniques? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please go to question 17.6. |
|------|--|--------------------------|--------------------------|--------------------------|-----------------------------|

- Which of the following assessment techniques have you used? (Check one or more boxes as appropriate.)
- Interview
- Observation
- Measurement or assessment tools
- Measurement devices
- Other techniques, please specify:

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|      |  | Frequency scale          |                          |                          |
|------|--|--------------------------|--------------------------|--------------------------|
|      |  | Regularly                | Sometimes                | Never                    |
| 17.6 | While setting assessment procedures in motion, have you paid particular attention to making the client as comfortable as possible and using assessment techniques effectively?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17.7 | While setting assessment procedures in motion, primarily while collecting subjective and objective data, have you had to revise your initial diagnostic hypothesis and adjust the assessment strategy accordingly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17.8 | While setting assessment procedures in motion, have you checked to make sure that the data you've collected is correct and complete?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### C) Production of results of a physiotherapy assessment

|     |   |   |                             |
|-----|---|---|-----------------------------|
| 18. | Do you have professional experience in producing the results of a physiotherapy assessment? | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
|     |   | Please give details on your experience. | Please go to question 19.   |

|      |   | Frequency scale          |                          |                          |
|------|---|--------------------------|--------------------------|--------------------------|
|      |   | Regularly                | Sometimes                | Never                    |
| 18.1 | Have you analyzed available data on a client, i.e. information in the file and information collected during the assessment (subjective and objective data), using a clinical reasoning process that includes analytical conclusions and a differential diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.2 | Have you produced physiotherapy diagnoses?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.3 | Have you focused on priority problems and needs that the physiotherapy intervention should cover?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.4 | Have you focused on contra-indications related to physiotherapy interventions and precautions to be taken during such interventions?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.5 | Have you produced physiotherapy prognoses?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.6 | Have you written assessment reports?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.7 | Have you formulated professional opinions and recommendations based on expertise in physiotherapy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.8 | Have you decided whether it was appropriate to proceed with a physiotherapy intervention after an assessment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.9 | Have you told the client or anyone else involved in the result about the results of the assessment, professional opinion or recommendations?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### D) Development of a physiotherapy treatment plan or intervention program

|     |   |   |                             |
|-----|---|---|-----------------------------|
| 19. | Do you have professional experience with developing physiotherapy treatment plans or intervention programs? | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
|     |   | Please give details on your experience. | Please go to question 20.   |

|      |  | Frequency scale          |                          |                          |
|------|--|--------------------------|--------------------------|--------------------------|
|      |  | Regularly                | Sometimes                | Never                    |
| 19.1 | In the treatment plans or intervention programs you've developed, have you spelled out intervention objectives in order of priority?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19.2 | In the treatment plans or intervention programs you've developed, have you chosen the therapeutic intervention approach to be given priority based on the intervention objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|      |  | Frequency scale          |                          |                          |
|------|--|--------------------------|--------------------------|--------------------------|
|      |  | Regularly                | Sometimes                | Never                    |
| 19.3 | In the treatment plans or intervention programs you've developed, have you decided which intervention techniques to set in motion in response to the intervention objectives, including measurement or assessment tools? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19.4 | In the treatment plans or intervention programs you've developed, have you determined the conditions for carrying out the treatment plans or intervention programs?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## E) Implementation of a physiotherapy intervention

|     |   |   |  |
|-----|---|---|--|
| 20. | Do you have professional experience in setting in motion the process of a physiotherapy intervention? | Yes <input type="checkbox"/>            | No <input type="checkbox"/>                      |
|     |   | Please give details on your experience. | Please go to the next part of the questionnaire. |

|   |  | Frequency scale                         |                             |                          |
|---|--|---|-----------------------------|--------------------------|
|   |  | Regularly                               | Sometimes                   | Never                    |
| 20.1  | Have you discussed the recommended intervention with the individuals involved, in terms of its value and the anticipated effects?  | <input type="checkbox"/>                | <input type="checkbox"/>    | <input type="checkbox"/> |
| 20.2  | Have you had to convey information about the intervention to peers and colleagues involved in the intervention, or had to make sure that the people who played a role in the intervention had received the appropriate training? | <input type="checkbox"/>                | <input type="checkbox"/>    | <input type="checkbox"/> |
| 20.3  | Have you used specific intervention techniques to set in motion the process of a physiotherapy intervention?<br>Please specify the main techniques you have used, including the tools and devices in question.                   | <input type="checkbox"/>                | <input type="checkbox"/>    | <input type="checkbox"/> |
|   |  | Please give details on your experience. | Please go to question 20.4. |                          |
| ➤ _____   |  |   |                             |                          |
| ➤ _____   |  |   |                             |                          |
| ➤ _____   |  |   |                             |                          |
| ➤ _____   |  |   |                             |                          |
| 20.4  | Have you explained to the client, at the beginning and during the physiotherapy intervention, what steps would be taken to achieve the objectives?   | <input type="checkbox"/>                | <input type="checkbox"/>    | <input type="checkbox"/> |
|   |  | Please give details on your experience. | Please go to question 20.5. |                          |
| ➤ Which of the following aspects were included in the information given to the client?<br>(Check one or more boxes as appropriate.)   |  |   |                             |                          |
| - Completing treatment modalities, notably how the treatment would proceed (duration, location, frequency, appointment times, etc.)   |  | <input type="radio"/>                   |                             |                          |
| - What you would need to do to perform the treatment (touching and working on the body, using equipment, etc.)  |  | <input type="radio"/>                   |                             |                          |
| - What would be expected of the patient during the treatment (following instructions, performing exercises as taught, showing pain or discomfort, being committed to and involved in the treatment on an ongoing basis, etc.) |  | <input type="radio"/>                   |                             |                          |
| - How equipment used on the body would work and what effects it would have  |  | <input type="radio"/>                   |                             |                          |

|       |   | Frequency scale          |                          |                          |
|-------|---|--------------------------|--------------------------|--------------------------|
|       |   | Regularly                | Sometimes                | Never                    |
|       | - The effects treatment has on the body or body part, or reactions that the treatment could possibly cause  | <input type="radio"/>    |                          |                          |
|       | - The importance of the client's cooperation <sup>G</sup>   | <input type="radio"/>    |                          |                          |
|       | - Other aspects, please specify:  | <input type="radio"/>    |                          |                          |
| <hr/> |   |                          |                          |                          |
| <hr/> |   |                          |                          |                          |
| 20.5  | Have you had to adjust the level of effort required from the client and the intensity of treatments during a physiotherapy intervention?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.6  | Have you made recommendations to the client during the physiotherapy intervention on things to do between treatment sessions to facilitate the attainment of intervention objectives (exercises, moves to avoid, Activities of Daily Living (ADL), Domestic Activities of Daily Living (DADL, etc.)?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.7  | Have you assessed the client's progress during a physiotherapy intervention in terms of objectives in order to adjust the intervention accordingly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.8  | Have you had to adjust the treatment plan during a physiotherapy intervention, explain what the client needed to do, and support the client in the circumstances?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.9  | Have you discussed with the client or anyone else involved in the intervention the progress made during the intervention (effects and extent to which objectives had been attained)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.10 | Have you discussed with the client or anyone else involved in the intervention whether it would be appropriate to wind up the intervention?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.11 | Have you determined the conditions for winding up an intervention?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.12 | Have you prepared the client for winding up the intervention or referred the client to another resource person?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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## Part IV Participation in continuing education activities

This part of the questionnaire is designed to collect information on continuing education courses you have taken to help you carry out your professional responsibilities in physiotherapy.

21. Over the past five years, have you conducted an analysis of the professional development<sup>G</sup> you need with a view to making continuous improvements in your professional practice in physiotherapy? Yes  No   
Please give details on your experience. Please go to question 22.

➤ On which of the following aspects did you base your analysis? (Check one or more boxes as appropriate.)

- Changing requirements in your professional responsibilities
- New knowledge in physiotherapy, in general, and specifically in terms of your own professional practice
- Suggestions made by an official legal supervisory or standard-setting body regarding your professional responsibilities, or observations on your professional practice made by colleagues or by your employer
- Other aspects, please specify:

\_\_\_\_\_

\_\_\_\_\_

22. Over the past five years, have you spelled out continuing education objectives to help you carry out your professional responsibilities in physiotherapy? Yes  No

23. Over the past five years, have you participated in continuing education activities to help you carry out your professional responsibilities in physiotherapy? Yes  No   
Please give the requested information below for each activity, starting with the most recent. Please go to the next part of this questionnaire.

23.1 What did these activities involve, by whom and where were they offered, how long did the activities last, and in what year did they take place?

- Title of first activity: \_\_\_\_\_
- \_\_\_\_\_
- Type of activity (course, seminar, colloquium, lecture, conference, etc.): \_\_\_\_\_
  - Organization or individual that offered the training: \_\_\_\_\_
  - Length of activity, in hours: \_\_\_\_\_
  - Year in which activity took place: \_\_\_\_\_

- Did you receive any official certificate or recognition for participating in this continuing education activity? Yes  No
- Was there a connection between choosing this activity and achieving your continuing education objectives for that year? Yes  No
- Was this training activity part of a continuing professional training<sup>G</sup> plan for that year? Yes  No
- Was this training activity entered in a continuing education registry for that year? Yes  No
- Were you able to put what you learned by participating in this continuing education activity to good use in your professional practice? Yes  No



Title of second activity: \_\_\_\_\_

- Type of activity (course, seminar, colloquium, lecture, conference, etc.): \_\_\_\_\_
- Organization or individual that offered the training: \_\_\_\_\_
- Length of activity, in hours: \_\_\_\_\_
- Year in which activity took place: \_\_\_\_\_
- Did you receive any official certificate or recognition for participating in this continuing education activity? Yes  No
- Was there a connection between choosing this activity and achieving your continuing education objectives for that year? Yes  No
- Was this training activity part of your continuing professional training<sup>G</sup> plan for that year? Yes  No
- Was this training activity entered in a continuing education registry for that year? Yes  No
- Were you able to put what you learned by participating in this continuing education activity to good use in your professional practice? Yes  No



Title of third activity: \_\_\_\_\_

- Type of activity (course, seminar, colloquium, lecture, conference, etc.): \_\_\_\_\_
- Organization or individual that offered the training: \_\_\_\_\_
- Length of activity, in hours: \_\_\_\_\_
- Year in which activity took place: \_\_\_\_\_
- Did you receive any official certificate or recognition for participating in this continuing education activity? Yes  No
- Was there a connection between choosing this activity and achieving your continuing education objectives for that year? Yes  No
- Was this training activity part of your continuing professional training<sup>G</sup> plan for that year? Yes  No

- Was this training activity entered in a continuing education registry for that year? Yes  No
- Were you able to put what you learned by participating in this continuing education activity to good use in your professional practice? Yes  No

- Title of fourth activity: \_\_\_\_\_  
\_\_\_\_\_
- Type of activity (course, seminar, colloquium, lecture, conference, etc.): \_\_\_\_\_
  - Organization or individual that offered the training: \_\_\_\_\_
  - Length of activity, in hours: \_\_\_\_\_
  - Year in which activity took place: \_\_\_\_\_
  - Did you receive any official certificate or recognition for participating in this continuing education activity? Yes  No
  - Was there a connection between choosing this activity and achieving your continuing education objectives for that year? Yes  No
  - Was this training activity part of your continuing professional training<sup>G</sup> plan for that year? Yes  No
  - Was this training activity entered in a continuing education registry for that year? Yes  No
  - Were you able to put what you learned by participating in this continuing education activity to good use in your professional practice? Yes  No

- Title of fifth activity : \_\_\_\_\_  
\_\_\_\_\_
- Type of activity (course, seminar, colloquium, lecture, conference, etc.): \_\_\_\_\_
  - Organization or individual that offered the training: \_\_\_\_\_
  - Length of activity, in hours: \_\_\_\_\_
  - Year in which activity took place: \_\_\_\_\_
  - Did you receive any official certificate or recognition for participating in this continuing education activity? Yes  No
  - Was there a connection between choosing this activity and achieving your continuing education objectives for that year? Yes  No
  - Was this training activity part of your continuing professional training<sup>G</sup> plan for that year? Yes  No
  - Was this training activity entered in a continuing education registry for that year? Yes  No
  - Were you able to put what you learned by participating in this continuing education activity to good use in your professional practice? Yes  No





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## Part V Participation in extending the outreach of physiotherapy

This part of the questionnaire is designed to collect information on activities related to extending the outreach of physiotherapy that you took part in while carrying out your professional responsibilities.

24. Over the course of your experience in physiotherapy, have you ever supervised physiotherapy students on a clinical placement? Yes  No   
Please give details on your experience. Please go to question 25.

➤ Number of students supervised: \_\_\_\_\_

25. Over the course of your experience in physiotherapy, have you ever been involved in teaching students? Yes  No   
Please give details on your experience. Please go to question 26.

25.1 For each teaching activity you would like to tell the Order about, please provide the following information:

➤ First teaching activity

- Subject or goal of the activity: \_\_\_\_\_
- Educational institution involved: \_\_\_\_\_
- Program of study: \_\_\_\_\_
- Course name: \_\_\_\_\_
- Year in which activity took place: \_\_\_\_\_

➤ Second teaching activity

- Subject or goal of the activity: \_\_\_\_\_
- Educational institution involved: \_\_\_\_\_
- Program of study: \_\_\_\_\_
- Course name: \_\_\_\_\_
- Year in which activity took place: \_\_\_\_\_

➤ Third teaching activity

- Subject or goal of the activity: \_\_\_\_\_
- Educational institution involved: \_\_\_\_\_
- Program of study: \_\_\_\_\_
- Course name: \_\_\_\_\_
- Year in which activity took place: \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>26.</b> Over the course of your experience in physiotherapy, have you given any presentations or lectures at physiotherapy events or conferences? | Yes <input type="checkbox"/><br>Please give details on your experience. | No <input type="checkbox"/><br>Please go to question 27. |
|--|---|--|

26.1 For each presentation or lecture you would like to tell the Order about, please provide the following information:

➤ First activity

- Title of talk: \_\_\_\_\_
- Name of event or conference: \_\_\_\_\_
- City where event or conference was held: \_\_\_\_\_
- Year in which event or conference took place: \_\_\_\_\_

➤ Second activity

- Title of talk: \_\_\_\_\_
- Name of event or conference: \_\_\_\_\_
- City where event or conference was held: \_\_\_\_\_
- Year in which event or conference took place: \_\_\_\_\_

➤ Third activity

- Title of talk: \_\_\_\_\_
- Name of event or conference: \_\_\_\_\_
- City where event or conference was held: \_\_\_\_\_
- Year in which event or conference took place: \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>27.</b> Over the course of your experience in physiotherapy, have you done any critical analyses of research findings in order to find best practices for physiotherapy assessments and interventions? | Yes <input type="checkbox"/><br>Please give details on your experience. | No <input type="checkbox"/><br>Please go to question 28. |
|---|---|--|

27.1 Which of the following goals led you to do this type of critical analysis?

- For professional practice purposes
- To be able to discuss the research findings with my colleagues

|  |   |  |
|--|---|--|
| <b>28.</b> Over the course of your experience in physiotherapy, have you participated in research activities on physiotherapy, apart from the critical analysis mentioned above? | Yes <input type="checkbox"/><br>Please give details on your experience. | No <input type="checkbox"/><br>Please go to question 29. |
|--|---|--|

28.1 In which of the following professional capacities did you participate in this kind of research activities?

- Coordinator of a research group
- Principal investigator
- Research associate
- Research professional or research assistant

28.2 For each of the research activities you would like to tell the Order about, please provide the following information:

➤ First research activity

– Subject or goal of the research project: \_\_\_\_\_

– Name of research group, if applicable: \_\_\_\_\_

– Duration of the research activity:

From (month/year) \_\_\_\_/\_\_\_\_

To (month/year) \_\_\_\_/\_\_\_\_

➤ Second research activity

– Subject or goal of the research project: \_\_\_\_\_

– Name of research group, if applicable: \_\_\_\_\_

– Duration of the research activity:

From (month/year) \_\_\_\_/\_\_\_\_

To (month/year) \_\_\_\_/\_\_\_\_

➤ Third research activity

– Subject or goal of the research project: \_\_\_\_\_

– Name of research group, if applicable: \_\_\_\_\_

– Duration of the research activity:

From (month/year) \_\_\_\_/\_\_\_\_

To (month/year) \_\_\_\_/\_\_\_\_

29. Over the course of your experience in physiotherapy, have you ever participated in projects designed to develop measurement or assessment tools to be used in physiotherapy or to adapt existing tools?

Yes  Please give details on your experience.

No  Please go to question 30.

29.1 In which of the following professional capacities did you participate in this kind of research project?

➤ Coordinator of the project

➤ Principal investigator

➤ Research associate

➤ Research professional or research assistant

29.2 For each of the projects you would like to tell the Order about, please provide the following information:

➤ First project

– Subject or goal of the project: \_\_\_\_\_

– Name of research group, if applicable: \_\_\_\_\_

– Duration of the research activity:

From (month/year) \_\_\_\_/\_\_\_\_

To (month/year) \_\_\_\_/\_\_\_\_

➤ Second project

- Subject or goal of the project: \_\_\_\_\_
- Name of research group, if applicable: \_\_\_\_\_
- Duration of the project: \_\_\_\_\_  
From (month/year) \_\_\_\_/\_\_\_\_  
To (month/year) \_\_\_\_/\_\_\_\_

➤ Third project

- Subject or goal of the project : \_\_\_\_\_
- Name of research group, if applicable: \_\_\_\_\_
- Duration of the project: \_\_\_\_\_  
From (month/year) \_\_\_\_/\_\_\_\_  
To (month/year) \_\_\_\_/\_\_\_\_

|   |  |  |
|---|--|--|
| <p>30. Over the course of your experience in physiotherapy, have you written any clinical intervention guides or any other document on physiotherapy, or participated in writing that type of document?</p> | <p>Yes <input type="checkbox"/></p> <p>Please give details on your experience.</p> | <p>No <input type="checkbox"/></p> <p>Please go to the next part of the questionnaire.</p> |
|---|--|--|

30.1 Please give references for documents you would like to tell the Order about:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Part VI Knowledge of the environment for practicing the profession of physiotherapist in Quebec

This part of the questionnaire provides an opportunity for you to show how much you know about various topics related to the practice of physiotherapy in Quebec. The information collected here will have no direct bearing on the analysis of your statement of professional experience, but it should prove useful in guiding the steps you will be taking to practice as a physiotherapist in Quebec. We have also provided some links to websites you may find helpful. Please refer to the scale below as you answer the following questions.

|                     |  |
|---------------------|--|
| No knowledge        | When you have never had any contact with the topic and feel you need information or training on the subject.     |
| Basic knowledge     | When you have a general knowledge of the topic but feel you need further information or training on the subject. |
| Very good knowledge | When you know all about the suggested topic and feel you need no information or training on the subject.         |

| How would you rate your knowledge of the following topics?  | No knowledge             | Basic knowledge          | Very good knowledge      |
|---|--------------------------|--------------------------|--------------------------|
| ➤ The professional system in Quebec, which is regulated by the <i>Code des professions</i> [ <i>Professional Code</i> , <a href="http://www.publicationsduquebec.gouv.qc.ca">www.publicationsduquebec.gouv.qc.ca</a> ] and consists of: <ul style="list-style-type: none"> <li>– The Quebec government [<a href="http://www.gouv.qc.ca">www.gouv.qc.ca</a>]</li> <li>– The National Assembly [<a href="http://www.assnat.qc.ca">www.assnat.qc.ca</a>]</li> <li>– The Office des professions du Québec, which reports to the Minister of Justice, who is responsible by decree for the application of professional legislation [<a href="http://www.opq.gouv.qc.ca">www.opq.gouv.qc.ca</a>]</li> <li>– The Conseil interprofessionnel du Québec and the 46 professional orders [<a href="http://www.professions-quebec.org">www.professions-quebec.org</a>]</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ The legislation and regulations in effect at the Ordre professionnel de la physiothérapie du Québec [ <a href="http://www.oppq.qc.ca">www.oppq.qc.ca</a> ]  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ The <i>Code de déontologie des physiothérapeutes et des thérapeutes en réadaptation physique</i> [ <a href="http://www.oppq.qc.ca">www.oppq.qc.ca</a> ] (code of ethics for physiotherapists and physical rehabilitation therapists)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ The explanatory guides, practice guides, clinical intervention guides and guidelines published by the Ordre professionnel de la physiothérapie du Québec [ <a href="http://www.oppq.qc.ca">www.oppq.qc.ca</a> ]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE: Most of these documents are available in French only. Look for the “English” tab on the websites to see what is available in English.**









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## Glossary

Terms used in Quebec in reference to professional practice

**Translator's Note: The term used in Quebec is given first in French, followed by the English equivalent, and a definition or explanation of the term.**

|   |   |
|---|---|
| <i>Analyse</i> (analysis)   | Examination of the parts of a whole to discover their nature, relationship with each other and with the whole, etc. ( <i>Gage Canadian Dictionary</i> )   |
| <i>Autonomisation</i> (empowerment)                                   | An external process which builds a person's self-esteem and confidence in his/her ability to make good decisions, to control his/her own life and to achieve autonomy. ( <i>Segen's Medical Dictionary</i> )  |
| <i>Champ d'exercice</i> (scope of practice)                           | [Translation] The scope of practice for a profession spells out the principal activities performed by members in order to provide a full picture of the nature and end goals of the profession. It is not reserved, and does not cover all activities performed by the members of a given profession; rather, it: 1) makes the distinction between different professions and establishes the distinctive "brand" of the profession; 2) conveys the essentials of what is practiced by the majority of members; and 3) specifically spells out the end goal of professional interventions. (COMITÉ D'EXPERTS [CHAIRÉ BY JEAN-BERNARD TRUDEAU], <i>Partageons nos connaissances – Modernisation de la pratique professionnelle en santé mentale et en relations humaines</i> , Québec City, Office des professions, 2005)   |
| <i>Client</i> (client or patient)                                     | May be a person, family, group, community or organization receiving professional services, products or information. A client may also be a patient. (Adapted from the College of Physiotherapists of Ontario, 1996a), cited in NATIONAL PHYSIOTHERAPY ADVISORY GROUP, <i>Essential Competency Profile for Physiotherapists in Canada</i> , 2009).   |
| <i>Code de déontologie</i> (code of ethics)                           | The code of good conduct for an individual or group. ( <i>Merriam-Webster</i> )<br>[Translation] A document that spells out the rules of professional conduct that govern the practice of a profession or job, including the responsibilities and obligations to which those who practice the given profession are subject.<br>The French term <i>code d'éthique</i> is used in reference to a document stating the values and principles of a moral or civic nature to which an organization subscribes and which serve as a guide for individuals or groups when judging whether behaviour is fair and reasonable. The French term <i>code de conduite</i> (code of conduct), which is sometimes confused with <i>code de déontologie</i> and <i>code d'éthique</i> , specifically designates a set of written rules that a company or organization undertakes to observe and which govern the behaviour of staff and management. (Adapted from <i>Grand dictionnaire terminologique, GDT</i> ) |
| <i>Collègue</i> (colleague)   | A person with whom one works or who performs the same duties, notably in an official capacity. (Adapted from the <i>GDT</i> )   |
| <i>Collaboration</i> (collaboration, cooperation or working together) | Collaborative client-centred practice is designed to promote the active participation of the client, family and each discipline in client care. It enhances client- and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines. (Adapted from Memorial University of Newfoundland, 2004, cited in NATIONAL PHYSIOTHERAPY ADVISORY GROUP, <i>Essential Competency Profile for Physiotherapists in Canada</i> ,  |

## Terms used in Quebec in reference to professional practice

**Translator's Note: The term used in Quebec is given first in French, followed by the English equivalent, and a definition or explanation of the term.**

2009).

|  |   |
|--|---|
| <i>Collecte de données évaluatives</i> (collection of data for assessment)       | [Translation] The collection of data for assessment involves documenting in both subjective and objective terms the process of directing the client to a physical rehabilitation therapist. This includes pertinent questions about signs and symptoms, the examination, testing and qualitative and quantitative measurements. (Definition proposed by the Ordre professionnel de la physiothérapie du Québec, 2011)   |
| <i>Confidentialité</i> (confidentiality)   | The nature of personal information that is not to be disclosed to any individuals or entities without express permission from the person in question. (Adapted from the <i>GDT</i> )  |
| <i>Consentement libre et éclairé</i> (free and informed consent)                 | [Translation] Consent is free when given of one's own free will...[...] Consent is informed when the client receives all the information he or she requires to make a decision in full possession of the facts. (ORDRE PROFESSIONNEL DE LA PHYSIOTHERAPIE DU QUÉBEC, "L'obligation d'obtenir un consentement," in <i>Physio-Québec</i> , volume 33, no. 2, May 2008, p. 3-4.)   |
| <i>Consultant(e)</i> (consultant)  | A specialist who provides advice regarding a specific question or assistance in solving a specific problem. (Adapted from the <i>GDT</i> )  |
| <i>Déontologie</i> (ethics)  | A set of rules and standards governing a profession or job, the conduct of individuals who practice that profession, as well as relationships between those professionals and their clients or the general public. Professional orders establish such rules and ensure that they are respected. (Adapted from the <i>GDT</i> ) See also <i>code of ethics</i> .   |
| <i>Développement professionnel continu</i> (continuing professional development) | Continuing Professional Development (CPD) is the means by which professionals maintain, improve and broaden their knowledge and skills and develop the personal qualities and competencies required in their working lives.[...]. (TUNING EDUCATIONAL STRUCTURES IN EUROPE, <i>Universities' contribution to the Bologna Process – An introduction</i> , Bilbao, Publicationes de la Universidad de Deusto, undated)  |
| <i>Diagnostic en physiothérapie</i> (physiotherapy diagnosis)                    | [Translation] A physiotherapy diagnosis is the conclusion that results from the process of assessment by a physiotherapist, identifying the nature and severity of the health problem and its repercussions on the individual's functional plan in relation to individual and environmental factors. (ORDRE PROFESSIONNEL DE LA PHYSIOTHÉRAPIE DU QUÉBEC, <i>Proposition d'une définition conceptuelle du diagnostic émis par le physiothérapeute – Rapport du comité d'étude sur le diagnostic en physiothérapie</i> , Montréal, OPPQ, 2009) |
| <i>Écoute active</i> (active listening)  | Active listening involves adopting certain attitudes and using certain techniques in an effort to understand what the person is going through so that he or she will become aware of his or her needs, expectations and possibilities, and will consequently be able to take responsibility for his or her own life. (Adapted from <a href="http://www.capsante-outaouais.org">www.capsante-outaouais.org</a> )   |
| <i>Éthique</i> (ethics)  | A discipline of philosophy that examines moral principles in the light of what is deemed to be desirable behaviour, and on which the conduct or an individual or group is based. When applied to a specific sphere of activity, ethics is a process of ongoing reflection on the meaning and consequences of actions. (Adapted from the <i>GDT</i> )  |
| <i>Expertise</i> (expertise)   | Expert advice or opinion from an individual who, as a member of a professional order, practices an activity of an intellectual or technical nature based on advanced training that requires broad knowledge that must be kept up to date. (Adapted from the <i>GDT</i> )  |
| <i>Évaluation</i> (assessment)   | Includes, but is not limited to, examination of joint integrity and mobility, gait and balance, muscle performance, motor function, cardiorespiratory function, pain, neuromotor and sensorimotor development, posture, cardiovascular and work capacity, cognition and mental status, skin condition, accessibility and environmental review. (NATIONAL PHYSIOTHERAPY ADVISORY GROUP, <i>Essential Competency Profile</i>  |

Terms used in Quebec in reference to professional practice

**Translator's Note: The term used in Quebec is given first in French, followed by the English equivalent, and a definition or explanation of the term.**

*for Physiotherapists in Canada, 2009).*

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| <i>Examen paraclinique (examen complémentaire)</i> (paraclinical or supplementary examination) | An examination procedure or supplementary technique used to confirm or invalidate the results of an assessment. Supplementary examinations include laboratory tests and examinations using medical imaging or other techniques. (Adapted from the <i>GDT</i> )   |
| <i>Formation professionnelle continue</i> (continuing professional training)                   | Professional training based on the acquisition, in-depth study or recycling of knowledge or techniques and the development of skills, and intended for people who have already finished school. (Adapted from the <i>GDT</i> )   |
| <i>Guide d'intervention clinique</i> (clinical intervention guide)                             | [Translation] A working tool developed jointly with a physiotherapist based on a precise methodology approved by the treatment team that applies the tool. The clinical intervention guide covers treatment orientations and often treatment modalities as well. Also known as protocol in professional circles. Professionals also use the concept of systematic follow-up to formalize the continuum of care, which may be written in the form of a clinical intervention guide. (ORDRE PROFESSIONNEL DE LA PHYSIOTHÉRAPIE DU QUÉBEC, <i>Section 4 of the Règlement sur les catégories de permis délivrés par l'Ordre professionnel de la physiothérapie du Québec – Cahier explicatif</i> , Montréal, OPPQ, 2011) |
| <i>Interdisciplinaire</i> (interprofessional)  | Interprofessional practice refers to “occasions when two or more professions learn with, from and about one another to improve collaboration and the quality of care.” It implies trust, communication, respect and equality underpinning the professional relationship where different health care professionals work collaboratively to provide the best possible care to their patient. (CANADIAN PHYSIOTHERAPY ASSOCIATION, <i>Inter-professional Collaboration and Practice</i> , Toronto, CPA, 2009) (Note: The part of the definition between quotation marks above is taken from a document on interprofessionalism by the Centre for the Advancement of Interprofessional Education, CAIPE)                 |
| <i>Intervention</i> (intervention)   | An activity or technique belonging to a particular discipline that is designed to prevent, elicit or solve physical or psychological problems experienced by individuals with a disability; the act of intervening (in words or concrete actions). (Adapted from the <i>GDT</i> )  |
| <i>Interventions en physiothérapie</i> (physiotherapy interventions)                           | Include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices. (NATIONAL PHYSIOTHERAPY ADVISORY GROUP, <i>Essential Competency Profile for Physiotherapists in Canada</i> , 2009)   |
| <i>Intradisciplinaire</i> (intraprofessional)  | Providers from different professions working together, with interaction as an important goal, to collaborate in providing services. (Adapted from the World Health Organization, 1998, cited in ORDRE PROFESSIONNEL DE LA PHYSIOTHÉRAPIE DU QUÉBEC, <i>Profil des compétences essentielles des thérapeutes en réadaptation physique au Québec</i> , Montréal, OPPQ, 2010)  |
| <i>Jugement</i> (judgment)   | The ability to judge, make a decision, or form an opinion objectively, authoritatively, and wisely. [...] ( <i>The Random House Dictionary of the English Language</i> )   |
| <i>Niveau de langue</i> (level of language)  | A way of speaking based on the situation at hand or the individuals to whom one is speaking. (Adapted from De Villers)   |
| <i>Norme</i> (standards, in the  | A document established by consensus and approved by a recognized organization that   |

## Terms used in Quebec in reference to professional practice

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| sense of documents)  | provides rules for common and repeated usages, for activities or their results, giving an optimal level of order in a particular context. Standards are generally based on cumulative knowledge drawn from science, technology and experience, for the optimal benefit for the community. (Adapted from the <i>GDT</i> )                 |
| <i>Population cible</i> (target population or target group)  | A group of individuals who are the focus of a study, survey or information campaign, a sanitary or social measure, etc. (Adapted from the <i>GDT</i> )   |
| <i>Processus</i> (procedure or process)                      | A systematic series of actions directed to some end. ( <i>The Random House Dictionary of the English Language</i> )  |
| <i>Programme</i> (program)                                   | An orderly series of actions that a private or public organization plans to accomplish in order to achieve objectives established in a plan. A program is a detailed form of plan that places the accent on how the objectives will be carried out. In some cases, a short-term plan is called a program. (Adapted from the <i>GDT</i> ) |
| <i>Protocole</i> (protocol)                                  | A series of steps to be followed under specific clinical circumstances. The term protocol generally refers to a guide to current practices or official or standardized recommendations. (Adapted from the <i>GDT</i> )   |
| <i>Rééducation fonctionnelle</i> (functional rehabilitation) | A set of learning techniques used to help an individual to regain the use of a function or an organ that has been lost due to an illness or disorder. (Adapted from the <i>GDT</i> )   |
| <i>Réglementation</i> (regulations)                          | A set of laws and regulations governing a particular domain. (Adapted from De Villers)   |
| <i>Représentant légal</i> (legal representative)             | An individual who is given a mandate to act on behalf of another individual, and specifically, to represent the other person. (Adapted from the <i>GDT</i> )   |
| <i>Rétroaction</i> (feedback)                                | The transmission of evaluative or corrective information to the original or controlling source about an action, event, or process. ( <i>Merriam Webster's Collegiate Dictionary</i> )  |
| <i>Standard</i> (standards)                                  | A set of rules used by an organization or industry or common to organizations and industries that draw upon practical experience and have become references for the production of available goods, provision of services, completion of various processes or description of savoir-faire. (Adapted from the <i>GDT</i> )                 |