Practice Guideline – Interpreting the Controlled Act of Communicating a Diagnosis

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Introduction

Kinesiologists are not currently authorized to perform any of the controlled acts outlined in section 27 of the *Regulated Health Professions Act, 1991*. While most of these controlled acts are relatively easy to recognize and are clearly defined, the first controlled act, referred to commonly as communicating a diagnosis, often causes confusion for regulated health professionals.

The controlled act is defined as follows:

> *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.*

The confusion lies in the parameters in which kinesiologists can communicate findings to a patient/client without performing the controlled act of communicating a diagnosis, as well as whether or not kinesiologists can treat a patient/client when there is no record of a definitive diagnosis. While communicating a diagnosis is a controlled act not authorized to kinesiologists, they often play an important role in collecting and interpreting data that contributes to, and in some cases assists another practitioner, who is authorized to communicate or to confirm a diagnosis.

In order to provide guidance to members, the College of Kinesiologists of Ontario adapted a position statement, *On the Interpretation of the controlled act of communicating a diagnosis,* originally developed by the College of Occupational Therapists of Ontario (COTO), on points 1 to 3 listed below. During the development of this position statement by COTO, representatives of professions authorized to communicate a diagnosis met and discussed the interpretation of this controlled act. It was determined at that time that a practitioner would be considered to be communicating a diagnosis when a disease or disorder has been identified from signs or symptoms, based on investigation or analysis, which uses scientific knowledge, skill, and judgement, and culminates in a

statement or conclusion that will be relied upon by the individual or his or her representative. Occupational therapists, like kinesiologists, cannot perform the controlled act of communicating a diagnosis. This guideline is meant to help kinesiologists better understand their duties, responsibilities and limitation regarding this controlled act.

The following are assumptions regarding the parameters of communicating a diagnosis as they apply to kinesiologists.

1. Communicating assessment findings

In a comprehensive and consistent process, kinesiologists assess their patients'/clients' movement and performance for the purposes of rehabilitation and enhancement. Kinesiologists base their clinical decisions on this assessment, and offer professional opinions, appropriate interventions and recommendations. They discuss the findings with the patient/client, and include a plan for follow-up with the appropriate diagnosing professional. In this process, it is essential that the kinesiologist provide the patient/client with an explanation of the nature of the problem that includes providing a label or name for the identified dysfunction (e.g. Hyperlordosis, reduced proprioception, Trendelenburg gait, etc.)

This is considered by the College to be communicating a dysfunction, not a disease or disorder, and therefore does not fall within the definition of the controlled act of communicating a diagnosis. If the identified dysfunction suggests the presence of a disease or disorder that has not previously been identified by a diagnosing practitioner, the kinesiologist, with the patient's/client's consent, should communicate this assessment finding to a diagnosing practitioner. If the appropriate diagnosing practitioner is the referral source, the patient's/client's permission is not required before communicating findings. If the patient/client has no relationship with a diagnosing practitioner, the kinesiologist will seek the patient's/client's permission and consent for referral to an appropriate practitioner.

2. Explanation of the diagnosis

In the process of assessment and intervention, kinesiologists must often explain how the patient's/client's diagnosis may be influencing his or her movement and/or performance. In addition, patients/clients often ask kinesiologists to provide them with information about the disease or disorder. Communication about a disease or disorder, when that disease or disorder has already been communicated by the diagnosing practitioner, does not, in the College's opinion, fall within the controlled act of communicating a diagnosis.

3. Determining and communicating a provisional diagnosis

Kinesiologists, in the course of their assessment, may be alerted to signs or symptoms which are indicative of a disease or disorder of which the patient/client is unaware. In some instances kinesiologists are uniquely qualified to assess signs or symptoms and to provide data that is essential for the diagnosing practitioner to arrive at a definitive diagnosis. In this case, it is the kinesiologist's ethical responsibility to make the patient/client aware of the significance of the signs or symptoms and to suggest the appropriate action. This suggestion should include referral to an

appropriate diagnosing professional for a definitive diagnosis. This communication should occur in a manner that will not result in the patient/client relying upon the information as a definitive diagnosis, and thus is not considered the controlled act of communicating a diagnosis which identifies a disease or disorder.

4. Treatment without a diagnosis

Many kinesiologists may find themselves in practice settings where patients/clients seek their services without having a diagnosis from an authorized practitioner, such as a physician. It is permissive to provide kinesiology treatment to a patient/client without a diagnosis when the kinesiologist determines, after collecting the appropriate health history and conducting the necessary assessments, that it is safe to do so. In the absence of a diagnosis, the patient/client should be informed that prescription and treatment are provided based upon a clinical impression. Where a disorder or disease seems evident from the clinical impression, a kinesiologist should recommend that the patient/client see their physician to confirm a diagnosis, while continuing to provide treatment that would be consistent with any provisional diagnosis or identification of a dysfunction as explained in point 1 above.

A kinesiologist must remain vigilant during their treatment of a patient/client in recognizing any changes in condition that may necessitate a diagnosis. In fact, a patient/client who has an ongoing therapeutic client relationship with the kinesiologist may disclose to them many other details of their health. The kinesiologist must then alert the patient/client to certain symptoms or warning signs of diseases or disorders. The kinesiologist may be able to continue providing services, as long as it would not be harmful to any suspected disorders or diseases, but should recommend that the patient/client see their physician to explore these issues further.