



# Medication Guide

## For Manitoba Physiotherapists

THIS DOCUMENT CLARIFIED THE ROLE AND BOUNDARIES OF THE SCOPE OF PRACTICE FOR PHYSIOTHERAPISTS IN MEDICATION MANAGEMENT-RELATED SERVICES INCLUDING MEDICATION ASSISTANCE, MEDICATION RECONCILIATION AND MEDICATION ADVISING.

# Introduction

The integration of physiotherapists (PTs) into medication management practices reflects the evolving nature of healthcare and the increasing emphasis on interprofessional collaboration. As part of a team that addresses complex health needs, PTs must clearly understand their role, especially in areas not traditionally associated with physiotherapy, like medication management.

In Manitoba, as in other Canadian provinces, the roles of healthcare professionals, including physiotherapists, are governed by regulatory frameworks that ensure safe and effective practice. Given the growing emphasis on interprofessional collaboration in healthcare, it's essential to clarify the specific responsibilities of physiotherapists, particularly regarding medication management.

This document aims to provide guidance on the role and boundaries of physiotherapy practice concerning medication management services in Manitoba, addressing the following areas: Medication Assistance, Medication Reconciliation, Medication Advising.

When considering the role of physiotherapists in medication management activities, the following must be taken into consideration

- Legislation that pertains to practice (including the *Physiotherapists Act*<sup>1</sup> and *Physiotherapy Regulation*<sup>2</sup>).
- The natural evolution of the physiotherapy profession.
- Entry to practice education and the Competency Profile for Physiotherapists in Canada (2017)<sup>3</sup>.
- Evidence to support the physiotherapists' role in the safe delivery of the service in question.

Evidence to support the physiotherapists' role in the safe delivery of the service in question. This document uses the "Is it Physiotherapy?"<sup>4</sup> framework developed by the Canadian Alliance of Physiotherapy Regulators to discuss three common medication management activities: medication assistance, medication reconciliation and medication advising.

## QUESTIONS AND CONSIDERATIONS



# Background

## Medications

In Manitoba, the *Regulated Health Professions Act*<sup>5</sup> (RHPA) identifies that it is a reserved act to prescribe a drug or vaccine, compounding of a drug or vaccine, dispensing or selling a drug or vaccine and administering a drug or vaccine by any method. Manitoba physiotherapists did not apply to gain authorization to perform these reserved acts.

## Physiotherapy scope of practice

In Manitoba, physiotherapists are currently under the *Physiotherapists Act*<sup>1</sup>. The Act defines the practice of physiotherapy as the assessment and treatment of the body by physical or mechanical means for the purpose of restoring, maintaining or promoting physical function, mobility or health, or to relieve pain.

In the current legislation, physiotherapy would not include the ability to prescribe, compound, dispense/sell or administer a drug or vaccine. This is not expected to change with the transition to the RHPA with the exception of Reserved Act 9 which will state, “If there is an order, a physiotherapist may administer a drug prescribed by another regulated health professional for the purpose of administering anti-inflammatories through external mechanical methods, including phonophoresis or iontophoresis.” This specific mode of administering medication is not allowed under the current legislation.

## Physiotherapy entry to practice education

Neither the Entry-to-Practice Physiotherapy Curriculum Guidelines from the Canadian Council of Physiotherapy Programs<sup>6</sup>, nor the Competency Profile for Physiotherapists in Canada (2017)<sup>3</sup> contain reference to curriculum expectations or competency milestones related to pharmaceuticals, pharmacology or pharmacokinetics beyond basic pharmacokinetics and basic drug information for medications used in conditions commonly encountered in physiotherapy practice.

The College of Physiotherapists of Manitoba acknowledges that physiotherapists working in clinical practice settings may develop a working understanding of medications common to their practice setting and patient population served. This tacit knowledge may at times become extensive, but it is the College of Physiotherapists of Manitoba’s perspective that such knowledge does not and cannot replace formal education, evaluation and continuing professional development activity in the field of pharmacy. A clear distinction must be made between the common physiotherapy practice of obtaining a patient history including a list of medications (prescription and otherwise) that a patient takes to ensure there are no contraindications to physiotherapy treatment, and the activities related to medication advising, medication assistance or medication reconciliation.

# Medication Assistance

A physiotherapist who is asked to identify if a patient requires medication assistance must possess the following competencies:

## Expertise

- Employ a client-centered approach
- Conduct client assessment to identify client needs and expectations and obtain information about the client's physical and cognitive status
- Develop, implement, monitor and evaluate an intervention plan
- Plan, deliver and evaluate programs

## Communication

- Use oral, non-verbal and written communication effectively
- Use communication tools and technologies effectively

## Collaboration

- Promote an integrated approach to client services
- Facilitate collaborative relationships. This includes sharing information about the physiotherapist's role and knowledge and negotiating shared and overlapping roles and responsibilities
- Contribute to effective teamwork

## Management

- Utilize resources efficiently and effectively
- Ensure a safe practice environment
- Supervise others<sup>3</sup>

## Legislation and education considerations

When medication assistance is provided to a patient residing in community, the medications are prescribed, dispensed, compounded and sold by a duly authorized health professional. While the actions of prescribing, dispensing, compounding and selling medications are reserved acts under the Regulated Health Professions Act, the activities of providing reminders and physical assistance are not.

There is no legislative barrier to having a regulated or unregulated health professional engage in the provision of medication assistance, rather it is a question of competence.

At entry to practice, physiotherapists are expected to possess the competencies necessary to identify that a patient requires medication assistance. However, due to the absence of specific instruction in medication administration in their professional programs, physiotherapists would not possess the competencies needed to provide medication assistance.

Given that physiotherapists do not have the required competencies to provide medication assistance, they are also unable to provide supervision of unregulated health providers delivering these services.<sup>7</sup>

Therefore, the setting in which medication assistance is provided and the supervisory relationship between the physiotherapist and the health care worker assisting with medication are essential considerations for the delivery of this service. In some community settings, the physiotherapist may identify that a patient requires medication assistance which is then provided by a health care worker at the direction of the health care worker's employer. In this case, the employer is responsible to ensure the health care worker possesses the competencies to provide medication assistance, and to ensure that appropriate supervision is provided by a regulated health professional employed by the same organization. In other circumstances, a physiotherapist may identify the need for medication assistance and would need to collaborate with another health professional who then takes responsibility for the assignment and supervision of the service by the health care worker.

## The College of Physiotherapists of Manitoba's position

A physiotherapist may be competent to identify that a patient requires medication assistance due to the presence of physical or cognitive impairments but would not be competent to provide or supervise medication assistance. Physiotherapists should also be cognizant of the risks they incur by engaging in medication assistance activities. As with the provision of advice about over the counter (OTC) medications, patients will have higher expectations of quality and safety of medication assistance provided by a physiotherapist or other regulated health professional.

## Advice to the profession

Employer expectations and role descriptions do not alter the underlying education and essential competencies that physiotherapists possess. When working in multidisciplinary teams and expected to take on tasks related to medication assistance, physiotherapists should be aware of the limitations of their education and scope of practice and should leverage the skills and competencies of other members of the interprofessional team to ensure that safe and effective care is delivered.

# Medication Reconciliation

Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking (known as a Best Possible Medication History (BPMH)) to ensure that medications being added, changed or discontinued are carefully evaluated. It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient.<sup>8</sup>

Medication reconciliation is a process to verify and communicate accurate Patient Medication information at transition points to reduce/prevent adverse events. Medication Management involves the provision of a culturally safe patient-centered standard of care that optimizes safe, effective, and appropriate drug therapy. Care is provided through collaboration with Patient/Caregivers and their health care team.<sup>9</sup>

## Who can complete a medication reconciliation in Manitoba?

The Winnipeg Regional Health Authority outlines which health care professionals are able to participate in medication reconciliation within the region.

***2.9 Health Care Provider: may include physicians, clinical/physician assistants, interns/residents, nurses, nurse practitioners, pharmacists, pharmacy technicians or any other WRHA health care professional who practices within their scope or role.***<sup>9</sup>

## Legislation and education considerations

Some aspects of Medication Reconciliation are not considered a reserved act (obtaining the patient's medication history). Other activities require knowledge and competence in pharmaceuticals (clarifying that medications and doses are appropriate) that is beyond the education and skills of physiotherapists and not within scope of practice for the profession. A clear distinction must be made between the common physiotherapy practice of obtaining a patient medication history to ensure there are no contraindications to physiotherapy treatment and the more exhaustive history gathered through the medication reconciliation process.

# The College of Physiotherapists of Manitoba's position

It is the College of Physiotherapists of Manitoba's position that duly trained physiotherapists may have the required competencies to obtain a patient history of medication use. This medication history may be to the level of detail required to complete medication reconciliation or obtain a Best Possible Medication History (BPMH) by confirming the medications taken, their dose, frequency, timing and mode. However, in circumstances where any discrepancies are identified between the medications prescribed and the patient's reported medication use, or where judgement is required regarding the appropriateness of medication or other substance use, the physiotherapist must collaborate with a member of the interprofessional team possessing the necessary competencies to address the patient's medication needs and ensure patient safety.

Organizations wishing to assign medication reconciliation activities to physiotherapists must develop and implement policies and procedures designed to ensure that any medication concerns noted will be addressed in a timely and appropriate manner by a team member who possesses the necessary competencies to do so. Such policies and procedures must reflect the limited entry to practice knowledge and skills of physiotherapists with regards to medication reconciliation and must hold patient safety as their paramount consideration. Physiotherapists who engage in medication reconciliation activities must reflect upon their personal skills and competencies and be cognizant of the risk incurred to patients and themselves when engaging in these activities, especially if the supports and safeguards described are not in place.

Where structures and processes are not in place to support interprofessional team work and patient safety, physiotherapists are advised not to engage in the process of obtaining a BPMH and to refer patients to duly authorized and competent prescribing health-care professionals.

# Medication Advising

When it comes to medication advising, a clear distinction must be made between the actions of advising or directing appropriate medication use, and the common physiotherapist experience of reinforcing the importance of the patient taking medications as they have been prescribed. Similarly, the term “medication advising,” as used in this document, does not refer to the practice of directing the patient back to the prescribing professional for clarification and direction regarding their medication use.

For the purposes of this document, the term “medication advising” means “to recommend for use” and includes the specific activities of providing information or direction regarding:

- How to take medications correctly
- How often to take medications
- How much medication to take
- Where to obtain medications
- When to discontinue medication use

## Legislation and education considerations

The activities that constitute medication advice are not restricted activities under the Regulated Health Professions Act.<sup>5</sup> However, although there is no legislated restriction on physiotherapy engagement in these activities, the activities do not fit within the physiotherapy scope of practice outlined in the *Physiotherapists Act*.<sup>1</sup> As previously discussed, entry to practice education does not enable the physiotherapist to develop the competencies required to provide medication advice. Furthermore, the pace of change in the pharmaceutical industry is rapid, with new medications introduced weekly, and updates to prescribing guidelines and adverse reaction profiles exceeding the knowledge capacity of health professionals who dedicate their careers to this area of practice. It is acknowledged physiotherapists working in clinical practice settings may develop considerable tacit knowledge regarding medications common to their practice setting and patient population served; however, this knowledge is unlikely to be exhaustive nor to extend to unrelated conditions or areas of clinical practice. Furthermore, physiotherapists do not typically have access to the resources available to assist with safe medication prescribing/advising by authorized health professionals.

# The College of Physiotherapists of Manitoba's position

When a patient self-selects an OTC medication, they “assume personal responsibility” for their medication choices. However, when a regulated health professional recommends the use of an OTC medication, patients give greater weight or credence to the advice, and the health professional assumes responsibility for the advice given. It is also noted that OTC medications, while by definition “low risk,” are not without risk if administered incorrectly. Managing the risks inherent to OTC medications includes understanding not only the mechanisms of action, indications and contraindications of the OTC medication itself, but also the potential adverse reactions and adverse drug interactions between the OTC medication and any other medications or health conditions relevant to the patient in question.

## Advice to the profession

Physiotherapists are advised to avoid providing recommendations regarding medications due to:

- The significance such recommendations are accorded by patients.
- The lack of foundational pharmaceutical knowledge that physiotherapists possess.
- The risk of adverse drug-drug and drug-disease interactions, and risk of patient harm that arises from such interactions.
- The risk of professional liability arising from the provision of medication recommendations.

Physiotherapists are advised to direct patients to seek medication advice from their pharmacist, physician, or other duly authorized prescribing health professional.

# Risk Mitigation

All medication-related activities involve some level of risk to patient safety; however, the degree of risk depends on the specific activity and the skills and competencies of the healthcare provider performing it.

Factors that impact these risks include:

- The level of entry to practice education regarding the medication-related activity.
- The level of self-directed decision-making required.
- The depth of involvement in the task.
- The supports in place to facilitate safe patient care. This guide is based on the understanding that when physiotherapists participate in medication-related activities, they assume considerable risks—not only to their own professional responsibilities but also to the safety and well-being of their patients.
- Medication-related adverse events can result in significant harm, up to and including death.
- This range of harms may arise both from prescription medications or from drug interactions between prescribed medications and over the counter or non-prescription medications/substance use.

Physiotherapists must be thoughtful about the risks they and their patients are exposed to through the physiotherapist's involvement in medication-related health-care activities. When robust in nature and systematically implemented, appropriate risk mitigation strategies and processes may decrease the risks to both patient and provider, however; it is unlikely that all risk can be eliminated. With this in mind, physiotherapists must be intentional in their choice to engage in or decline to engage in these activities.

# Scenarios

## **Scenario 1: Advising on over-the-counter medications**

*A patient comes to the clinic for an assessment of acute neck pain. The patient reports that they are not currently taking any medications, then asks the physiotherapist if they should be taking an over-the-counter anti-inflammatory. What can the physiotherapist say in response?*

As already stated, it is outside the scope of physiotherapy practice to provide recommendations regarding medication use. Therefore, the physiotherapist should not provide direction about what medications to take or how often to take them. This does not mean that the physiotherapist cannot provide patient education about medications, provided they have the knowledge to do so. For example, the physiotherapist could say the following: “The best people to talk to about the medications that are right for you are your physician or your pharmacist. I can say that anti-inflammatories may help to reduce some of the pain and swelling you are currently experiencing. However, as with all medications, anti-inflammatories come with side effects and can interact with other medications and supplements you may be taking. I recommend that before you start taking anything regularly you speak to your doctor or pharmacist.”

## **Scenario 2: Advising on changes to prescription medications**

*A patient with Parkinson’s disease reports that their doctor recently increased the dose of one of their medications and that since then they’ve been experiencing dizziness and nausea. The physiotherapist regularly works with people with Parkinson’s Disease and knows that these are common side effects of the medication. The patient is not due to see their doctor again for several weeks. The patient asks the physiotherapist about going back to their old dose of the medication. What should the physiotherapist do?*

The physiotherapist should not make any recommendations to the patient about changing the dose of their medications. Providing specific suggestions about medication use or dose is not within the core competencies of the physiotherapy profession. Furthermore, the physiotherapist is not likely to know the physician’s rationale for the change in dose, the intended outcome, anticipated side-effects or how those side effects can be mitigated.

## **Scenario 3: Referring for medication assistance by an unregulated health provider**

*The physiotherapist is completing an intake assessment for a new patient who lives in an assisted living facility, and notices that the patient has significant arthritic changes to her hands. The patient is cognitively intact and agreeable to taking her medications but identifies that she sometimes misses her pills as she is sometimes unable to open their packages or get help to do so. The physiotherapist would like to arrange for one of the facility’s Health Care Aides (HCA) to come in and help the patient by*

*opening the packages for her. Can the physiotherapist do this? What does the physiotherapist need to keep in mind when arranging the support?*

Physiotherapists clearly have the necessary skills and competencies to identify when physical impairments are impacting function. However, the physiotherapist is not qualified to supervise medication assistance activities performed by an HCA, so another duly qualified health professional will need to agree to do so. The physiotherapist will need to collaborate with the facility to ensure that there are health-care professionals on staff who are willing and able to supervise the HCA in providing the assistance.

#### **Scenario 4: Requesting changes to prescription medications**

*A physiotherapist works as a homecare case manager. Today the physiotherapist heard from a nurse working with one of the patients for which the physiotherapist is the case manager. The nurse informed the physiotherapist that the patient has been given a prescription for antibiotics that is “wrong” and that the physiotherapist needs to call the patient’s doctor to get it “fixed.” What should the physiotherapist do?*

The physiotherapist is not the best person to discuss the nurse’s concerns about the medication, nor would they have the necessary skills to recognize an “appropriate” medication prescription or ask clarifying questions to ensure that the corrected prescription was complete and appropriate. The physiotherapist should direct the nurse to contact the health professional who prescribed the medication to discuss their concerns and obtain the corrected order.

#### **Scenario 5: Providing medication assistance**

*A physiotherapist works in Community Therapy Services and is assigned to clients living within a low-income neighborhood. Many of their clients are marginalized, and several have mental health concerns. One of the physiotherapist’s patients requires court-ordered daily assistance to ensure that his antipsychotic medication is taken as prescribed. The patient does not need assistance to take the pill, but a health-care worker must bring the medication to him and observe him taking the medication. The physiotherapist’s nursing colleagues know that the physiotherapist is going to see the patient and ask if the physiotherapist can take the medication to the patient and observe the patient taking the medication. Can the physiotherapist do this?*

This looks like a simple request; however, the physiotherapist should carefully consider how they would react if the patient had questions about their medication, had developed new symptoms that led them to question whether they should take their medication, or deviated from the “plan” in any way. Does the physiotherapist have the skills necessary to make sure that the patient takes their medication rather than pocketing it? If they are signing a document to say that the patient took the medication, are they prepared to take responsibility for this? Does the physiotherapist have the necessary knowledge to answer the patient’s questions about interactions between the medication and other substances they’ve consumed? Does the physiotherapist have the necessary knowledge to provide patient education and information if the patient identifies changes in their health status, or to independently

identify such changes? If there is a problem, is there an on-call nurse or pharmacist available that the physiotherapist can easily reach for direction and assistance?

Overall, engaging in this activity exposes the physiotherapist and the patient to risk. The physiotherapist should ask themselves:

- Is this an emergency?
- Are there other health professionals better qualified to provide this support to the patient?
- Are there additional processes and professional supports in place to ensure patient safety?

If it is not an emergency and there are other health professionals on the team who are better qualified to provide the assistance, or if robust processes and supports are not in place to ensure patient safety, the physiotherapist should not engage in the activity.

*The College of Physiotherapists of Manitoba acknowledges with thanks the College of Physiotherapists of Alberta for the content used in the development of this guide. (2025)*

# References

1. Province of Manitoba. The Physiotherapists Act. 2001. Available at: [https://web2.gov.mb.ca/laws/statutes/archive/p065\(2022-09-29\)e.php?df=2022-04-01](https://web2.gov.mb.ca/laws/statutes/archive/p065(2022-09-29)e.php?df=2022-04-01). Accessed May 13, 2025.
2. Physiotherapy Regulations, 2022. Available at [https://manitobaphysio.com/wp-content/uploads/2023/12/Regulations\\_2022.pdf](https://manitobaphysio.com/wp-content/uploads/2023/12/Regulations_2022.pdf). Accessed May 13, 2025.
3. National Physiotherapy Advisory Group. Competency Profile for Physiotherapists in Canada. 2017. Available at <https://www.peac-aepec.ca/pdfs/Resources/Competency%20Profiles/Competency%20Profile%20for%20PTs%202017%20EN.pdf>. Accessed May 13, 2025.
4. Canadian Alliance of Physiotherapy Regulators. Is it Physiotherapy? Decision Tool. Available at [https://alliancept.org/wp-content/uploads/2024/01/Is\\_it\\_Physiotherapy\\_Tool\\_170405.pdf](https://alliancept.org/wp-content/uploads/2024/01/Is_it_Physiotherapy_Tool_170405.pdf). Accessed May 13, 2025.
5. Province of Manitoba. The Regulated Health Professions Act. 2009. Available at: <https://web2.gov.mb.ca/laws/statutes/ccsm/r117.php#P2>. Accessed May 13, 2025.
6. Canadian Council of Physiotherapy University Programs. National Physiotherapy Entry-to-Practice Curriculum Guidelines. 2019. Available at: <https://peac-aepec.ca/pdfs/Resources/Competency%20Profiles/CCPUP%20Curriculum%20Guidelines%202019.pdf>. Accessed May 13, 2025.
7. The College of Physiotherapists of Manitoba. Supervision Practice Direction. Available at <https://manitobaphysio.com/wp-content/uploads/2025/04/Supervision.pdf> Accessed May 15, 2025.
8. Institute for Safe Medication Practices Canada (ISMP). Medication Reconciliation (MedRec). Available at: <https://www.ismp-canada.org/medrec/>. Accessed May 15, 2025.
9. Winnipeg Regional Health Authority. Medication Reconciliation Policy. Available at: <https://wrha.mb.ca/files/wrha-policy-110-000-380.pdf>. Accessed May 15, 2025.