

Scope of Practice of the
Kinesiology PEI



Updated October 2021

Disclosure: Currently the practice of kinesiology varies from one province to another. The main purpose of this document is to present the current portrait of kinesiology across Prince Edward Island (PEI), with information regarding resources in the various fields of kinesiology, practical tools, the extent of its scope of practice and other potentially useful documents. This document is in perpetual revision as per the evolution of the practice of kinesiology in PEI and Canada.

INTRODUCTION

Kinesiology PEI is not a college recognized under the Regulated Health Professions Act (the “Act”), and it does not have the authority to govern the profession of kinesiology in PEI. However, it is positioning itself and its members for the time when PEI’s kinesiologists are permitted to form a self-regulatory college.

Kinesiology PEI recognizes that a scope of practice must:

- Protect the public interest;
- Conform to the standards required by the Act, and any regulation under the Act defining the practice of kinesiology;
- Be consistent with those of existing health care professions;
- Clearly identify and address any areas where the practice of kinesiology overlaps with other professions; and,
- Be a useful and readable tool to guide members in practice.

All assessments, treatments, and interventions that practicing Kinesiology PEI members provide to patients must fall within the scope of practice. The scope of practice set out in this document is based on:

- The scope of practice outlined by the Canadian Kinesiology Alliance (CKA);
- The scope of practice and guidelines adopted by the College of Kinesiologists of Ontario (COKO);
- The scope of practice and guidelines adopted by the British Columbia Association of Kinesiologists (BCAK);
- The scope of practice and guidelines adopted by the Alberta Kinesiology Association (AKA);
- The Allied Health Professionals Regulations;
- Consent to Treatment and Health Care Directives Act; and,
- The scope of practice of other health care professions regulated under the Act.

OBJECTIVE VERSUS SUBJECTIVE

In PEI, the scope of practice can include both objective and subjective aspects:

- Objective: this is determined by whether or not an assessment, treatment, or intervention, falls within the scope of practice, as viewed by an informed objective outside observer;

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- Subjective: is determined by whether or not the kinesiologist possesses the skills, training, experience, and resources to safely and competently deliver the assessment, treatment, or intervention.

A practicing kinesiologist must always judge whether or not an assessment, treatment, or intervention is within their scope of practice and the general Kinesiology PEI scope of practice. If an assessment, treatment, or intervention is outside the scope of practice, Kinesiology PEI expects the practicing member to refer the patient to another practitioner or another health care professional. Further, when deciding whether or not to deliver an assessment, treatment, or intervention, the practicing member must analyze their ability to deliver the service from both an objective and subjective perspective.

DEFINING KINESIOLOGY

Kinesiology is the study of the principles of mechanics, anatomy, and dynamics in relation to human movement. Further, kinesiology is also defined as the scientific study of how we move. Kinesiologists utilize science-based approaches, research, and assessment to aid in the enhancement of human performance and to assist in the prevention or rehabilitation of injury and other physiological conditions. Kinesiology includes the following fields of study: physiology, biomechanics, neurology, mobility, anatomy, psychology, sociology, ergonomics, and anthropometry.

This definition allows for the diversity of settings in which members are able to practice and also reflects the practice of kinesiology as a discipline aimed at improving health and wellness.

DEFINING KINESIOLOGISTS

Kinesiologists are specialists in the dynamics of human movement and its components; they use the science of human movement to provide services that deliver quality solutions through prevention, objective assessment, and evidence-based intervention. In PEI, the scope of practice and underlying actions are based on a wealth of science-based evidence that touches on prevention, fitness, rehabilitation, education, and performance. This definition allows for diversity of settings in which members practice, and also reflects the practice of kinesiology not just rehabilitative, but is also a discipline aimed at improving health and general wellness. It is not restrictive; it allows for the use of a range of modalities that are flexible enough to be applicable to a broad spectrum of patients.

PRACTICING KINESIOLOGISTS

The practice of Kinesiology is the assessment of movement, performance, and function, as well as the rehabilitation, prevention, and management of injuries or disorders to help maintain, rehabilitate, or enhance movement. Kinesiologists work with people of all ages and physical abilities, and in many settings to help them achieve their health and wellness goals.

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Kinesiologists can work with: adults, seniors and the elderly, pre and post-natal patients, athletes, children, and anyone with or without pathologies and symptoms.

Kinesiology PEI expects that a kinesiologist will only deliver services that they have taken appropriate training for. The kinesiologist is expected to refer clients to other health care professionals when they are confronted with issues that fall outside their knowledge base. In no instance should a kinesiologist in PEI provide a diagnosis. They should however, take into consideration all diagnoses that a client has been given by a registered healthcare professional when offering services or making recommendations to clients. Kinesiologists often collaborate with other health professionals on an interdisciplinary and multidisciplinary level, including interventions, prevention, and treatment.

Kinesiologists complement other healthcare professionals with a broad scope of practice and large knowledge base. In PEI, kinesiologists are able, but not limited, to:

- Provide prevention, treatment, and rehabilitation services to various healthcare facilities;
- Complete neuromusculoskeletal and functional capacity evaluations;
- Ergonomic assessments and interventions, physical demands analyses, and occupational fitness testing
- Electrical therapy techniques, including:
 - Ultrasound
 - Interferential Current Therapy (IFC)
 - Low Intensity Laser Therapy
 - Transcutaneous Electric Nerve Stimulation (TENS)
 - Muscle stimulation
 - Pulsed high frequency electromagnetic stimulation (therapeutic magnetic resonance)
- High-performance coaching and fitness training;
- Personal training and physical condition coaching;
- Clinical management and coordination;
- Promoting physical activity and public health;
- Athletic training, exercise therapy, and interventions;
- General nutritional counselling;
- Fitness and health evaluations; and
- Exercise programs.

It is important for all kinesiologists to understand when they are practicing within and outside of scope. Engaging in some competencies or performing certain job functions that are out of scope is not strictly prohibited. However, if this is the case, Kinesiology PEI expects that every Kinesiologist:

- Explain to their patients which aspects of care they are providing that are out of scope;
- Indicate to the client the training received to perform these functions;
- Obtain informed consent; and
- Recognize that the kinesiologist is responsible for all care provided.

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Fully engaging in practice that is out of scope and considered under the scope of another health profession is never permitted.

Depending on specializations, kinesiologists can work in a variety of settings, including, but not limited to:

- Municipalities, community groups, sport and non-governmental organizations;
- Research organizations;
- Private or public educational institutions;
- Fitness centers;
- Military or public security organizations;
- Community groups;
- Outdoor organizations;
- Athletic organizations;
- Public or private employees;
- At-home interventions;
- Public or privately managed centers and rehabilitation clinics;
- Government or private health facilities (e.g., hospitals, out-patient clinics, assisted living facilities, etc.); and,
- Insurance companies.

CLIENTELE

In PEI, kinesiologists can work with both asymptomatic (without symptoms) and symptomatic (clinical conditions) clients. Examples include (but not limited to),

Asymptomatic:

- Adult population, including pregnant women;
- Athletes and adventurers;
- Seniors and aging populations; and
- Children and adolescents.

Symptomatic:

- Metabolic conditions;
- Chronic conditions (e.g., cardiovascular disease, diabetes, arthritis, kidney disease, neuromuscular, musculoskeletal and/or orthopedic conditions, etc.)
- Pulmonary conditions;
- Neurological conditions;
- Medically supervised psychological disorders (e.g., depression, anxiety);
- Musculoskeletal conditions; and,
- Chronic pain.

INTERVENTION

In PEI, the primary means of intervention of intervention is physical activity. Prior to implementing any interventions, the kinesiologist must complete an initial assessment, which typically includes the following:

- Search for pertinent information, which may include previous relevant medical diagnosis or results of testing, evidence-based screening questionnaire, medications, lifestyle habits, other risk or influencing habits, etc.);
- Initial interview to help gather pertinent information (i.e. client's health conditions, physical signs and symptoms, any contraindications that may have an impact on the intervention plan, client's personal goals, etc.);
- Choosing protocols and administering required tests (i.e. fitness assessment tests, biomechanical tests, cardiovascular stress tests, musculoskeletal tests, etc.); and,
- Analysis and interpretation of results (i.e. evaluate the client's needs, analyze risk factors, write reports on the physical and functional capabilities, ensure follow-up with the clients, etc.).

Based on the results of the assessment, an intervention plan is implemented and typically includes the following components:

- Physical-activity program (or exercise program);
- Interdisciplinary intervention plan (e.g., job demand analysis, education programs, ergonomic assessment, etc.); and,
- A physical preparation plan for athletic performance, rehabilitation, or other client goals.

In PEI, a kinesiologist's professional intervention can begin at any time (before, during, or after primary, secondary, or tertiary prevention), alone, or in-conjunction with an interdisciplinary or multidisciplinary team. In addition to clinical intervention, kinesiologists also provide expertise to facilitate the adoption and reinforcement of healthy lifestyle habits.

During an intervention, kinesiologists can perform the following duties (tasks can differ depending on the environment, group vs. one-on-one settings, goals, and clientele):

- Provide instructions on techniques to safely and effectively execute given movements;
- Execute the intervention plan and carryout the mandate;
- Instruct prevention and rehabilitation exercise programs;
- Teach the names of muscles and cardiovascular systems used during activities;
- Oversee functional training; correct techniques in movements;
- Provide educational sessions on healthy lifestyle habits;
- Teach pain-management strategies;
- Motivate a client or group in pursuing their goals;
- Monitor, adjust, and modify (as needed) the intervention plan over the course of its execution;
- Follow-up on client training, recovery process, fitness, and lifestyle habits;
- Supervise client(s) in training, rehabilitation process, or in any other significant physical activity;

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- Collaborate with community organization to promote physical activity;
- Establish tools adapted to train staff, employees, and other stakeholders;
- Advise institutional administrators on policies, programs, and action plans that reflect sound lifestyle management to help improve performance; and,
- Advise stakeholders (production, human resources, employees, unions, etc.) to help identify and minimize the risks of work-related accidents and occupational illnesses.

Within each intervention plan implemented, kinesiologists are required to perform a number of tasks related to the plan; duties can vary depending on the setting, environment, goals, etc. Kinesiology PEI expects that each kinesiologist must always act ethically and responsibly throughout the process while maintaining a critical eye on their intervention.

RESTRICTED ACTIVITIES

In PEI, kinesiologists are restricted from performing or providing the following activities:

- (a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue
 - (i) below the dermis or the mucous membrane or in or below the surface of the cornea;
 - (ii) in or below the surface of teeth, including scaling of teeth;
- (b) to insert or remove instruments, devices, fingers or hands
 - (i) beyond the cartilaginous portion of the ear canal,
 - (ii) beyond the point in the nasal passages where they normally narrow,
 - (iii) beyond the pharynx,
 - (iv) beyond the opening of the urethra,
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge, or
 - (vii) into an artificial opening into the body;
- (b.1) to insert into the ear canal
 - (i) under pressure, liquid, air or gas;
 - (ii) a substance that subsequently solidifies;
- (c) to set or reset a fracture of a bone;
- (d) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;
- (e) to use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;
- (f) to prescribe a Schedule I drug within the meaning of the National Drug Schedules (NAPRA);
- (g) to dispense, compound, provide for selling or sell a Schedule I drug or Schedule II drug within the meaning of the National Drug Schedules (NAPRA);
- (h) to administer a vaccine or parenteral nutrition;
- (i) to prescribe, compound or administer blood or blood products;
- (j) to prescribe or administer diagnostic imaging contrast agents;
- (k) to prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;

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- (l) to prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- (m) to order or apply any form of ionizing radiation in:
 - (i) medical radiography,
 - (ii) nuclear medicine, or radiation therapy;
- (n) to order or apply non-ionizing radiation in:
 - (i) lithotripsy,
 - (ii) magnetic resonance imaging, or
 - (iii) ultrasound imaging, including any application of ultrasound to a fetus;
- (o) to prescribe or fit:
 - (i) an orthodontic or periodontal appliance,
 - (ii) a fixed or removable partial or complete denture, or
 - (iii) an implant supported prosthesis;
- (p) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs:
 - (i) judgment,
 - (ii) behavior,
 - (iii) capacity to recognize reality, or
 - (iv) ability to meet the ordinary demands of life;
- (q) to manage labor or deliver a baby; or,
- (r) to prescribe or dispense corrective lenses.

KINESIOLOGIST'S DEGREE OF AUTONOMY

In PEI, kinesiologists have full autonomy in using their clinical judgment to carry out their professional duties competently and with integrity during the evaluation, prescription, and intervention processes, regardless of the setting or environment. Kinesiology PEI expects that the clinical judgement is not used to make a medical diagnosis, but rather, identify the starting point of their interventions. Kinesiologists may also be asked to perform tasks that are not directly related to their profession, including management (administration, disability, health and safety, etc.), coordination, research, and health promotion. Kinesiologists must be the only signatory on their evaluations. General and direct supervision is an intradisciplinary process and they are solely responsible for their position or professional opinion. The kinesiologist retains responsibility of their own actions within the limits of their competencies and legislative restrictions (both provincially and federally).