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Ethical and Legal Violations in Physical Therapy - Reporting Barriers in Physical Therapy Practice in Pakistan

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DECLARATIONS

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ABSTRACT

Background: There is insufficient literature regarding legal and ethical violations in clinical workplace training in Pakistan. **Objective:** To determine the legal and ethical violations in clinical workplace training among physical therapy students in Pakistan. **Methodology:** The study was a descriptive cross-sectional study with a duration of six months after approval of the synopsis from July to December 2022. The study was conducted at Lahore College of Physical Therapy, Lahore Medical and Dental College. The sample was calculated from 191 students from all the public and private institutions of Pakistan. The sample technique was non-probability, convenience sampling, using WHO software. Both male and female students of 22-26 years, from the 4th and 5th professional year, enrolled in the annual system of examination, and doctor of physical therapy students enrolled in all UHS-recognized public and private physical therapy institutes of Pakistan were included. Students who have already graduated, been detained, or failed were excluded. The data was collected via a pre-validated structured questionnaire. The data was collected in the form of questionnaires printed and distributed among students of institutions within the vicinity of Lahore. Analysis included bar charts for the pictorial representation of age, gender, professional year, and the institution of participants. It included a frequency table for the pictorial representation of the tool used for the study. Informed consent was obtained from all the participants before the study. Confidentiality of the data was ensured, and no harm to the respect of the patients was caused by the researcher. **Results:** Among all of the legal violations, 85.9% of participants had no idea about the reimbursable codes. Almost 55.5% of the participants responded by witnessing documentation of a billing code for which they spent an insufficient amount of time. About 54.5% of the participants responded that they witnessed a patient being billed for a treatment session that never took place. **Conclusion:** This concludes that physical therapy students frequently encountered critical bioethical issues during their clinical placements, which raised significant concerns about professional practice and patient rights. One of the most commonly reported issues was the failure to discharge patients at the appropriate time.

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INTRODUCTION

Physical therapy, earlier known as reconstruction aides, evolved through a series of changes to become the ever-growing, accomplished profession in the present health care system. Now in the 21st century, the profession has continued to grow substantially. Patients can refer themselves to a physical therapist without being referred by another healthcare professional. Autonomous physical therapy practice was stated in the APTA's 2020 vision, which stated that physical therapists have direct and unrestricted access, professional ability to refer to other health care providers, professional ability to refer to other professionals, and professional ability to refer for diagnostic tests.¹ With increased professional autonomy, it is in the best interest of the public and physical therapy professionals to continually develop the skills and techniques required to maintain the Legal and Ethical standards in the clinical workplace.² Increased clinical autonomy for physical therapists has given rise to more complex legal and ethical dilemmas. The body of literature examining physical therapy ethics, however, is relatively small and has not been analyzed yet.³

Legal violations are defined as those explicit acts or behaviors that breach the state practice act, state laws, or any of the federal laws governing the healthcare workforce, including the Health Insurance Portability and Accountability Act.⁴ Ethical violations are those areas, such as respect for autonomy, justice, beneficence, and non-maleficence, that are essential to professional conduct. It is defined as situations in which moral reasons come into conflict, and it is not immediately obvious what should be done.⁴ The clinical workplace is the environment referred to in the job description where the learned competencies are performed.⁵ A physical therapy student is a person enrolled in a physical therapy educational program approved by the board who performs patient-related tasks consistent with the person's education, training, and experience under the direct, immediate, on-premises supervision of a physical therapist. Physical therapy education must teach students to identify and make proper legal and ethical judgments. The students need to recognize, address, and be able to report common legal and ethical violations.⁴ Identification of legal and ethical issues faced by a profession is a very crucial task and is considered

a mark of professionalism. Legal and ethical research in physical therapy has been dominated by the experiences of Western-based physical therapists. Because of that literature and philosophy that influence the policy makers and underpin the Global Professions Code of Ethics are largely based on Western values and experiences, stating that they are representative of all populations.⁶ The Code of Ethics for Physical Therapists serves as a major source for not only physical therapists but also physical therapy students in aiding to recognize and resolve legal and ethical dilemmas.⁴

Some of the most commonly and repeatedly faced behaviors witnessed and performed by healthcare students in various healthcare professions are Inappropriate Use of Resources, including over-utilization or under-utilization of services, billing fraud, wrong advertisements, inappropriate charges, and use of clinical resources for one's own interest. Improper supervision is another ethical violation frequently experienced by students in many healthcare professions. Lack of truth-telling is one of the commonest ethical dilemmas. Honesty and truthfulness are an integral part of a person's moral character. Honest and clear communication among physical therapists and patients is critical for effectiveness. To respect the physical therapist's Code of Ethics principle, one states, "Physical therapists shall respect the inherent dignity and rights of all individuals." It involves informed consent and avoids breaching confidentiality. Unprofessional and disrespectful behavior, as well as verbal abuse by the staff towards elderly or mentally ill patients. Blatant wrongdoing is an obvious disregard of the law. Violating patient confidentiality within and outside the clinical premises has been most commonly observed by medical, occupational, and physical therapy students.¹

Among 379 healthcare frauds between 1996 and 2005, \$9.3 billion was recovered, and more than \$1 billion was paid to whistleblowers. In 2012, \$4.2 billion was recovered from fraudulent billing, and 826 people were convicted of healthcare fraud.⁴ The common types of fraud in physical therapy are: billing for services provided by unqualified personnel, services that were partially or never provided, billing for an unskilled or deficient plan of care, and billing for individual therapy sessions when group therapy was

provided. A study was conducted in 2014, titled “Physical Therapist Student Experiences with Ethical and Legal Violations During Clinical Rotations: Reporting and Barriers to Reporting” by Deborah L. Lowe and Donald L. Gabard. A survey was developed to assess six potential areas for legal and ethical violations: resource utilization, supervision, sexual harassment, truth-telling, respect, and blatant wrongdoing. The response rate was 98.5%. In the areas investigated, students reported violations in all of them. The study concluded that all of the students were exposed to legal and ethical issues. However, there was a marked inability to set aside self-interest to responsibly report violations in the workplace.⁴

Another longitudinal study was conducted by Dieruf K. to determine “The Ability of Ethical Decision Making in the Students of Physical and Occupational Therapy”. The study was designed to determine the impact of educational programs at the University of New Mexico in PT and OT on the moral reasoning of the students as measured by the Defining Issues Test. The study concluded that ethical decision-making is a skill and formulates the basis of a healthcare profession. To maximize optimal clinical practice, educational programs must emphasize students’ moral development, and Ethics should be included in the curriculum.² Another study was conducted in 2002 by Swisher, L.L. A two-phased mixed quantitative and qualitative method was used to analyze publications. In the quantitative phase, the publications were sorted into a priori categories, including the approach to ethics, author, decade, role of physical therapist, and morality. During the qualitative phase of the research, the author analyzed the publications according to themes, patterns, similarities, and evolutionary trends. It concluded that the knowledge about ethics in physical therapy was predominantly philosophical. Although the focus of identity in the publications evolved from self-identity to patient-focused identity.³

Another study was conducted in 2018 related to knowledge regarding legal and ethical issues in nursing practice among final year B. sc nursing students by B Tamilarasi et al. With a sample size of 30 final year nursing students. A self-administered structured questionnaire was used to determine the knowledge regarding legal and ethical issues. The results revealed that the majority of the students had moderately adequate

knowledge, and only a few of them had adequate knowledge.⁷ In 2022, a similar study was conducted by AK Waibel et al for “Legal, Ethical and Social Implications in Nursing”. The model of basic medical ethics was used; the model was based on the principle of biomedical ethics. These are: respect, autonomy, nonmaleficence, beneficence, and justice. In the literature, it was stated that independent ethical committees should examine ethical requirements, and data protection laws should be available. As awareness of issues is very critical.⁸

Another study conducted by SS Bush et al in 2022 stated that the primary goal of supervision is to promote the professional development of students and trainees, which enhances the effectiveness and efficacy of physical and psychological services that protect patients and the public. It concluded that accurate, clear, and timely documentation should be done, and a contract or an agreement should be established that clarifies consent, expectations, accountability, and collaborative supervision.⁹ In 2007, another study was conducted by RK Otto et al, titled “Legal and Ethical Issues in Accessing and Utilizing Third-Party Information”. It stated that third-party information obtained during the examination does not come directly from the subject of evaluation. Evaluations vary widely, psychological, legal, and psychiatric authorities all agree that third-party information is extremely useful in certain clinical settings. The study concluded that in certain circumstances, psychologists can seek independent verification of data relied upon as part of their professional services to the court or a party for a legal proceeding.¹⁰

A similar study was conducted by Kerridge in 1998 for “Ethics and Laws for the Health Profession”. It includes professional and ethical considerations while dealing specifically with children, healthcare, environment, infectious diseases, public health, and chronic diseases. It focused on a clinically relevant approach. It stated that healthcare professionals often confront legal and ethical issues at the same time. Professionals should be careful of both violations, and their legal advisors should also be aware of these dilemmas, as healthcare professionals have to satisfy both.¹¹

METHODOLOGY

The study was a descriptive cross-sectional study

with a duration of six months after approval of the synopsis from July to December 2022. The study was conducted at Lahore College of Physical Therapy, Lahore Medical and Dental College. The sample was calculated from 191 students from all the public and private institutions of Pakistan. The sample technique was non-probability, convenience sampling, using WHO software. Both male and female students of 22-26 years, from the 4th and 5th professional year, enrolled in the annual system of examination, and doctor of physical therapy students enrolled in all UHS-recognized public and private physical therapy institutes of Pakistan were included. Students who have already graduated, been detained, or failed were excluded.

The data was collected via a pre-validated structured questionnaire. The data was collected in the form of questionnaires printed and distributed among students of institutions within the vicinity of Lahore. An online form was generated for participants from other institutions in Pakistan. The data was then analyzed by the Statistical Package for Social Sciences version 26. It included bar charts for the pictorial representation of age, gender, professional year, and the institution of participants. It included a frequency table for the pictorial representation of the tool used for the study. Informed consent was obtained from all the participants before the study. Confidentiality of the data was ensured, and no harm to the respect and dignity of the patient was caused by the researcher.

RESULTS

Among all of the legal violations, 85.9% of the participants had no idea about the reimbursable codes. 55.5% of the participants responded by witnessing documentation of a billing code for which they spent an insufficient amount of time. 54.5% of the participants responded that they witnessed a patient being billed for a treatment session that never took place. About 50.8% of the participants responded to witnessing incorrect billing by the insurance company or payers. 44% of the participants responded by witnessing the co-signing of treatment, which he/she did not provide. 34% of the participants responded with failure to follow universal precautions for infection control. 31.4% of the participants responded with failure to report suspected patient abuse. Among all of the ethical violations, 51.8% of the participants responded with failure

to discharge the patient when it was clinically appropriate. About 49.3% of the participants reported breaching patient confidentiality within and outside of the clinic and hospital setting. 44% Out of the 191 participants, 41 (21.5%) were males, and 150 (78.5%) were females. However, 98 (51.3%) participants were enrolled in the 4th professional year of DPT, and 93 (48.7%) participants were enrolled in the final year.

The participants responded with a failure to advocate for the patient when additional treatment was required. About 44% of the patients responded that they were unable to locate their supervising therapist while treating a patient. Almost 40.8% of the participants responded that they had treated a patient without a supervisor on site. 39.8% of the participants responded that they have been guided by the physical therapy plan of care by other health care professionals. However, 38.7% of the participants responded that they witnessed a patient being treated with a stereotypical plan of care. 37.7% of the participants responded that they witnessed post-dating documentation. About 36.6% of the patients responded that a physical therapist was utilizing clinical time for non-clinical purposes, 35% of the participants witnessed disrespectful communication, and 33% of the participants responded that they had witnessed a physical therapist introducing themselves as a doctor without mentioning physical therapy. 31.4% of the participants responded that they have witnessed disrespectful communication regarding other healthcare professionals.

DISCUSSION

Physical therapy students witnessed violations of legal and ethical principles of clinical practice, similar to students of other healthcare professionals. Most of the students were able to recognize and report these Violations. Others faced barriers to reporting these problems as they

Figure 1: Age of participants

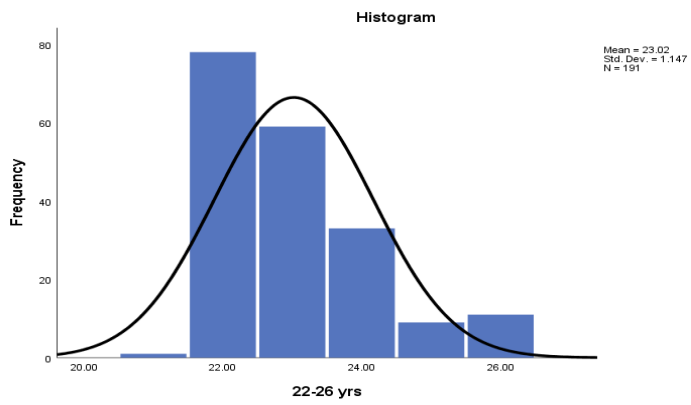


Table 1: Descriptive Statistics

Variables		Frequency f(%)
Gender	Male	41(21.5)
	Female	150(78.5)
Professional year	4 th year	98(51.3)
	5 th year	93(48.7)
Institution	Public	28(14.7)
	Private	163(85.3)

had a low position in the hierarchy, or they did not recognize it as an issue, and most importantly, due to the fear of facing personal consequences. It is quite clear that many of these violations happen frequently in multiple settings, either public or private. The majority of the students had no idea about the reimbursable codes, commonly associated with billing of treatments using higher reimbursable codes, and failure to return money when insufficient or inappropriate treatment was provided. Others witnessed incorrect billing by the insurance companies. Another ethical issue was that patients were being treated with the stereotypical plan of care rather than an individualized plan of care, or the patients were being provided with treatment that was not demonstrated to be beneficial for their diagnosis.⁵

Most of the students treated patients without the supervising therapist on site. Most of the therapists were involved in utilizing clinical time and property for purposes that were not clinical. Most of the students witnessed breaches of patient confidentiality within the hospitals and clinics, and even outside the clinical settings, in social settings as well. Students failed to advocate when additional treatment was required and even faced disrespectful remarks. Students experienced being belittled or their fellow members being belittled. Students even experienced getting lectured regarding the physical therapy plan of care by other healthcare professionals. This research uncovered more questions than answers. Such unprofessional conduct should be accounted for and include penalties. An informed curriculum should be developed for the students so they may get adequate knowledge about legal and ethical violations and the correct manner of reporting them.¹²

The study conducted by Deborah L. Lowe and Donald L. Gabard stated that many of the students

reported frequent legal and ethical violations occurring in the clinical workplace. The areas with the most frequent legal and ethical violations were the utilization of resources, blatant wrongdoing, supervision, truth-telling, sexual harassment, and respect. It had a response rate of 98.5%, with 71% of participants being females. The reasons highlighted for failure to respond were fear of not being a team player, negative consequences, and some did not recognize it as an issue.^{13, 14} A study conducted by El Geddes et al to determine the ethical issues identified by physical therapy students during clinical placements stated that ethical issues were reported by the majority of the students. The major themes identified were: respect for the uniqueness of an individual, professionalism, and responsibility, behavior as a member of a profession, professional collegiality, and interaction with and respect for other healthcare professionals.^{4, 15}

DS Davis conducted a study to examine the state of professionalism in the physical therapy profession. The literature suggests that professionalism is a major concern in many professions, including medicine, physical therapy, nursing, and law. Two parallel surveys were conducted to identify the experience of physical therapy students and physical therapists. The results stated that both the physical therapy students and the clinicians view professionalism as an integral part of physical therapy education. Despite the evidence supporting the decline of professionalism in physical therapy, the overall frequency of negative behavior in the study was found to be relatively low.¹⁶

CONCLUSION

The findings indicate that physical therapy students frequently encountered critical bioethical issues during their clinical placements, which raised significant concerns about professional practice and patient rights. One of the most commonly reported issues was the failure to discharge patients when it was clinically appropriate. This not only leads to unnecessary occupation of hospital resources but also compromises the patient's autonomy and delays access to care for others in need. It reflects a potential disregard for evidence-based decision-making and the ethical principle of justice, which demands fair distribution of healthcare services. Another significant issue observed was the breach of patient confidentiality within hospital settings.

Instances where personal health information was discussed openly or without proper discretion violated the ethical principle of respect for persons. Such breaches undermine patient trust and can have legal as well as psychological consequences for those affected. It also highlights the need for stronger enforcement of privacy protocols and ethics training among staff and students alike. Lastly, students reported that in many cases, patients who required additional treatment did not receive it, pointing towards a gap in care and ethical responsibility. This could be due to institutional limitations, negligence, or a lack of proper advocacy for the patient's needs. Failing to provide necessary treatment contradicts the core principle of beneficence, which obligates healthcare professionals to act in the best interest of their patients and to prevent harm whenever possible.

DECLARATIONS

Consent to participate: Written consent had been obtained from patients. All methods were performed following the relevant guidelines and regulations.

Availability of data and materials: Data will be available on request. The corresponding author will submit all dataset files.

Competing interests: None

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