



10 Furnival Street, London EC4A 1AB
Tel +44 (0)20 7306 6666
Web www.csp.org.uk

Information paper

Physiotherapy Practice and the use of Chaperones

(Formerly Chaperoning and Related Issues)
(2nd Edition)

reference PD104

issuing function P&D

date of issue August 2023

Introduction

This paper updates the 2013 edition of this publication. This paper provides guidance for all CSP members on the use of chaperones in physiotherapy practice.

This paper does not give clinical information, but it does make reference to a range of clinical techniques that may, depending on context and patient choice, require a chaperone.

The purpose of this information paper is:

- To ensure that patients' safety, privacy and dignity is protected at all times and especially during intimate and/or close examinations by physiotherapists.
- To minimise the risk of a physiotherapist's professional actions being misinterpreted or misunderstood as inappropriate.
- To provide clear professional guidance to physiotherapists on good practice with use of chaperones

Types of Examination

A chaperone may be required when undertaking a range of examinations and treatments with patients.

An 'Intimate' Examination is defined as -

- any examination of the vaginal and/or ano-rectal areas, genitalia and breasts
 - It is important to consider the types of examinations that could also be deemed intimate by some patients. Physiotherapists need to be aware of the cultural and/or religious requirements of patients and what may constitute an intimate and/or close examination to any individual patient.
- A 'Close' Examination is defined as -
 - Examinations and/or interventions that may involve close bodily contact between patient and therapist, especially where the patient may be partially undressed.
 - Examinations and/or interventions that may involve therapist handling of the patient close to intimate areas, the lumbo-sacral areas, and thoracic areas of female patients, especially where the patient may be partially undressed.

- Examinations involving complete removal of a patient's outer clothing down to underwear.
- Examinations involving the partial undoing or total removal of a patient's underwear e.g., bras.

This paper does not say that physiotherapists must have chaperones for every examination they undertake. The essence of this paper is that members should understand that some working situations may have a higher risk of regulatory complaint and that appropriate consideration must be given to that risk.

Legal and Regulatory Context

Many aspects of physiotherapy practice involve touching patients, often with patients partially undressed. In the vast majority of cases this creates no cause for concern, but it may do where the physiotherapist does not adequately explain what they are doing, or when the patient misinterprets the close handling of physiotherapy without receiving or asking for an explanation.

Where the nature and purpose of the touching involved in examination and/or intervention are not adequately explained in advance to the patient, this may lead to a patient bringing a complaint against the physiotherapist.

The police will investigate any complaints made to them if it is suspected a crime has been committed.

The HCPC will investigate any complaint made to it if it is alleged that a registrant has failed to meet either the Standards of Proficiency for Physiotherapists, or the Standards for Conduct, Performance and Ethics.

Employed physiotherapists must abide by the terms of their employment contract. An employer will investigate any complaints made and may conduct a disciplinary investigation.

Whilst the presence of a chaperone does not offer complete protection from all such complaints, it can offer reassurance to patients that practice is reasonable, responsible and respectful.

The Role of the Employer / Organisation

The employer/ organisation providing physiotherapy services should¹ provide a chaperone when a patient asks for one. It should have a robust chaperoning policy in place that is freely available for staff and patients to read. It should consider the services offered, and workplace operating procedures and ensure that appropriate consideration of the risks has been completed and that appropriate chaperones may need to be available.

There is no legal requirement for any service, NHS or private practice, to provide a chaperone. However, if patient insists on one and/or you feel compromised to work without one, it may mean that your service/clinic is unable to accept the referral and you should signpost the patient to a service/clinic that can provide a chaperone².

What is a chaperone?

A chaperone is an adult who is an impartial person who is present during a patient examination and/or treatment. This is usually a health professional, or healthcare worker, who is specifically trained as a chaperone and has a specific role to play during the consultation. This role should be made clear to both the patient and chaperone at the outset.

If the patient requests this, the chaperone should, where possible, be the same sex as the patient.

Family and friends cannot undertake the role of chaperone. Children must not act as chaperones in any circumstances.

If a chaperone is required, one should be provided. However, you should also allow an adult family member to be present during treatment if the patient request it.

Role and Responsibilities of a Chaperone

¹ Minor update 25th August – replaced 'must' with 'should'.

² Minor update 25th August – box added.

Chaperones are there for the benefit of both patients and therapists. Their function is to:

- Directly observe an examination and/or interventional procedure. In this case the chaperone must be able to clearly observe the area being treated and fully see the practitioner performing the task.
- Protect the patient's dignity and confidentiality.
- Reassure the patient during the procedure if they experience distress.
- Offer emotional support at a time that may be embarrassing and/or distressing to the patient.
- To provide a safeguard to physiotherapists to discourage unfounded allegations of improper behaviour, and from potentially abusive and/or vexatious patients.
- To identify unusual or unacceptable behavior on the part of the physiotherapist. The chaperone should immediately report any incidence of 'sexualised behaviour' using the relevant reporting structures.

Training for Chaperones

All healthcare workers undertaking chaperoning roles should be educated, trained and competent in the task. The competencies required for chaperoning may vary according to the exact nature of the chaperoning role to be performed but may include:

- Equality, diversity and cultural awareness
- Communication skills including active listening and advocacy.
- Observational skills, including noting verbal and non-verbal signals, from both patient and/or therapist that may require action
- Role and responsibilities of chaperones
- Role and responsibilities of patients
- Consent and Confidentiality
- Safeguarding policies for adults and/or children.
- Raising concerns about standards of practice
- Task specific competencies if an active role in treatment provision is required.
- Responding to patient privacy and dignity needs
- Record keeping
- Any employer / local chaperoning policies that may be in place.

Providing a Chaperone

All patients should be provided with a chaperone if they ask for one, and your service can offer them.

You should offer a chaperone to all patients before undertaking an intimate examination.

Consider offering a chaperone to patients before undertaking a close examination. Some organisations may require a chaperone to be present during a close examination e.g., where there is male therapist with a female patient.

Some patients may require a chaperone for other examinations too, for a variety of reasons, particularly vulnerable patients. You should use your professional judgment and consider the patient's views to reach a decision.

If either you or your patient does not want the examination to go ahead without a chaperone present, and/or you cannot provide a chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health and/or refer the patient elsewhere.

You should record any discussion about chaperones and the outcome in the patient's medical record. If a chaperone is present, you should record that fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.

Lone Workers / Isolated working

Lone workers can occur in many professional contexts and include, community, domiciliary and/or clinic-based employees and self-employed members.

Isolated working can occur in conjunction with lone working, but may also occur when e.g. working in a clinic room at the end of a corridor, a room with a closed door, or a room with no receptionist within sight or earshot.

Physiotherapists may be at an increased risk of their actions being misunderstood if they conduct intimate and/or close examinations where no other person is present. This group of members may be vulnerable to complaint as the very nature of their work may mean that there are only two people present during examination or treatment, which may lead to a case of one person's word or recollection of events versus another's.

Where it is appropriate, alternative treatment options may need to be provided when a chaperone cannot immediately be provided.

Employed lone-workers must ensure that they understand and comply with their employer's policy for both lone-working and chaperoning.

Self-employed lone workers should have due consideration to the risks of lone-working, and in particular, risks posed by not being able to offer appropriate chaperoning services, and if necessary, consider the ability, or otherwise, to offer safe services to both their patients and themselves.

What if no chaperone is available?

In a patient's home setting when a chaperone is unavailable, you should first consider whether the intimate and/or close examination is urgent and could better be performed at a later date with a chaperone present, or in a clinic setting.

In clinics, members have a variety of options, providing always that deferring the appointment does not impact upon any immediate urgent clinical need. For example,

- reschedule the patient's appointment to ensure a suitable chaperone is present.
- the patient's care may need to be transferred to another practitioner.
- the patient's care may need to be transferred to another suitable venue.
- make arrangement for two professionals to attend the patient.
- it may not be appropriate to treat the patient, and their care should be transferred to another provider.

What if the patient refuses a chaperone?

Even if a patient declines or refuses a chaperone, in some circumstances you may prefer that a chaperone is present for your own benefit, or your organisation's policy requires that one is present. An example may be an intimate examination on a patient of the opposite sex to the physiotherapist.

In this case, you should explain the role of a chaperone, and explore the reasons why the patient does not want a chaperone present. If the patient still

refuses a chaperone, you should consider whether you wish to continue with the appointment, and weight up clinical need against any risk of allegations of unconsented examination and/or improper conduct.

Record keeping and Documentation.

Details of any examination and whether a chaperone was available, offered, present or declined etc. should be clearly documented.

If the patient expresses any doubts, reservations and/or concerns then these should be clearly documented in addition to any action taken by the therapist to address those concerns.

Any situation where a clinical incident and/or complaint is made should be dealt with according to the relevant clinical governance policies and procedures which should be in place regardless of practice setting.

Clinical Examination

Patients should always be provided with a chaperone if they request one. In addition, the following considerations should help ensure patient dignity, and provide reassurance.

Environment:

- The clinical area should allow for patients to undress in private and undisturbed.
- There should be no undue delay prior to examination once the patient has removed any clothing.
- Intimate examination should take place in a closed room or well-screened area that cannot be overheard and/or entered while the examination is in progress.
- During an intimate examination the patient should be offered a gown or other cover for themselves.
- During close examinations towels and/or blankets should be available for the patient to cover themselves.

During examination/treatment:

- Offer reassurance.

- Be courteous.
- Keep discussion and conversation relevant.
- If you need to ask questions related to breasts, keep the questions factual, related to clinical need.
- Avoid unnecessary personal comments.
- Encourage questions and discussion.
- Remain alert to verbal and nonverbal indications of discomfort, anxiety or distress.
- You should not be interrupted by phone calls or messages.
- You should not leave the treatment room without giving an explanation to the patient and providing the patient the opportunity to get dressed or cover up.

Manual therapy techniques

Some assessment and treatment techniques may feel unusual to patients or make them feel vulnerable particularly if they are undressed.

A chaperone is not mandatory for close manual therapy techniques but should be provided when the patient requests a chaperone.

All therapists should ensure their handling and examination techniques are clearly explained to patients in advance to limit the possibility of misunderstandings.

Children

Children aged 16 or over can consent to their own treatment and so do not require a parent to attend treatment. If a child aged 16-18 years requests or requires a chaperone, then one should be provided the same as with the provision of adult services.

If a child under 16 years of age attends for treatment unaccompanied, they must be able to consent to their own treatment. Similarly, children under 16 years of age do not necessarily require a chaperone, but the younger the child the greater to need to have someone else present.

Equality Factors

The religious and cultural identity of some of some patients means that they may either require a chaperone to be present at all times during any treatment, or they will be unable to be treated by a physiotherapist of the opposite sex, even when a chaperone is present.

Safeguarding

Physiotherapists should be alert to the potential circumstances of patients who attend for treatment accompanied by a person who speaks for the patient and insists on being present at all times.

Physiotherapists should consider the individual circumstances of the patient and their attendance and be alert to modern slavery, domestic violence and/or coercive control scenarios. If a physiotherapist has any concerns that any of these circumstances are present you should, raise your concerns through your local safeguarding procedures.

Mental Capacity & Mental Health

Some patients with conditions that may affect their mental capacity or mental health may have specific requirements to be chaperoned during treatment.

This group of patients are particularly vulnerable, and you should particularly consider:

- The patient's reaction to being touched.
- Boundary setting and personal physical boundary encroachment.
- Social skills, in particular ability to judge the purpose and intention behind being touched, particularly whilst in a state of undress.
- Verbal and non-verbal reactions to treatment.

Frequently Asked Questions

My patient is not wearing suitable underwear and I need to perform a close examination?



- If necessary, arrange for a chaperone to observe the treatment session, if one is not available consider rescheduling the patient's appointment.
- Advise the patient on appropriate items of clothing for treatment. All patients attending for outpatient appointments should be advised about appropriate items of clothing for assessment and treatment in advance of their initial appointment either orally or preferably in writing.
- If the patient continues to wear unsuitable underwear, particularly if accompanied by other potentially suggestive or provocative behaviour, consider the need to transfer care to another therapist.

Published: August 2023

Review: August 2025