

ONTARIO CHIROPODISTS AND PODIATRISTS DISCIPLINE TRIBUNAL

Citation: *College of Chiropractors of Ontario v. Mandlsohn*, 2026 ONCPDT 1

Date: January 5, 2026

Tribunal File No.: 24-005-CP

BETWEEN:

College of Chiropractors of Ontario

College

- and -

Jamie Brian Mandlsohn

Registrant

FINDING REASONS

Heard: September 23 & 25-26 and November 3, 2025, by videoconference

Panel:

Jennifer Scott (panel chair)

Itraf Ahmad (public)

Melanie Atkinson (chiropractor)

Cesar Mendez (chiropractor)

Appearances:

Debra McKenna, for the College

Lisa E. Hamilton, for the registrant

RESTRICTION ON PUBLICATION

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

The Ontario Chiropractors and Podiatrists Discipline Tribunal is the Discipline Committee established under the Health Professions Procedural Code.

Introduction

[1] Following a contested hearing, we find that Mr. Mandlsohn sexually abused L.M. when he made sexual comments during a chiropody treatment. He engaged in disgraceful, dishonourable or unprofessional conduct when he told L.M. her sexual harassment complaint would be addressed by upper management when there was no upper management. He engaged in further disgraceful, dishonourable or unprofessional conduct when he failed to clarify in his clinical records that L.M. would not be returning for treatment. His clinical records suggested L.M. would return for treatment even though she made it clear in her complaint that she would not because of his conduct.

Background

The Registrant

[2] Jamie Mandlsohn became a registered chiropodist in 2011. He practised at the Toronto Foot Clinic (clinic). Lilly Goo was the administrative assistant at the clinic.

[3] The clinic had a reception area, four treatment rooms, a staff room and a back office. There were two treatment rooms beside the reception area (rooms 1 and 2) and two behind reception (rooms 3 and 4). There was a surveillance camera at reception which recorded video footage of the reception area and the doors to treatment rooms 1 and 2. The surveillance camera audio recorded conversations at reception and picked up some sounds in treatment room 2.

The Appointment

[4] The patient, L.M., saw Mr. Mandlsohn on June 20, 2023 for foot pain. She completed a Patient Information and Consent Form prior to her appointment and described experiencing overall pain in her feet, tight calves/hamstrings and back pain. She said the top of her left foot was very sore.

[5] The surveillance video shows L.M. arriving for her appointment. She arrived at 3:15 p.m. The video also shows two people at reception—Ms. Goo and the person she was training to replace her, as Ms. Goo was leaving her employment at the clinic. Ms. Goo took L.M. to treatment room 2 and left the door open.

[6] The surveillance video shows Mr. Mandlsohn entering treatment room 2 and shutting the door. Part way through the appointment, Mr. Mandlsohn returns to the

reception area and obtains a consent form for shockwave therapy. He returns to treatment room 2. Mr. Mandlsohn leaves the room again and returns with the shockwave therapy machine. It is a large machine that Mr. Mandlsohn rolls into the room.

[7] L.M. left the treatment room around 4:00 pm and paid for her treatment.

[8] L.M. did not make another appointment with Mr. Mandlsohn.

The Complaint

[9] At 7:42 p.m. on the day of her treatment, L.M. sent an email to the clinic complaining about Mr. Mandlsohn's conduct during the appointment. In the email, she said she was lodging a formal complaint and wanted a full refund because of the verbal sexual harassment that happened at the clinic.

[10] L.M. described comments made by Mr. Mandlsohn during the appointment. In summary, she said that Mr. Mandlsohn spoke about blow jobs and escorts. L.M. said the whole interaction made her feel extremely uncomfortable as she expected a medical professional to remain professional during an appointment and not make any sexual comments. She said she paid the appointment fee quickly while she was still in shock and left in tears because of how violated she felt.

[11] At 7:58 p.m., Mr. Mandlsohn texted Ms. Goo and asked her to refund L.M. the next day.

[12] At 8:20 p.m., the clinic responded to L.M.'s complaint by email. The email was written by Mr. Mandlsohn. He said:

Thank you for your email. We take these comments very seriously and this will be sent to the head of management. Thank you for bringing this incident to our attention. We apologize you went through this situation and agree that you will be refunded immediately. We have assigned Lily who will be contacting you tomorrow to set up a time that you can come in without Jamie present to process your refund. We see that you paid by Debit card and require you to be onsite for the refund so that you can insert or tap your card and your fees will return to your account. Again, thank you for bringing this to our attention and a meeting will be arranged with Jamie and our upper management to discuss this so it never happens again.

[13] At 8:42 p.m., L.M. filed a complaint with the College. The complaint was a copy of the email sent to the clinic.

[14] Mr. Mandlsohn signed his clinical notes for L.M. the evening of June 20, 2023. He signed the notes for shockwave therapy at 8:23 p.m. and 9:03 p.m., the appointment notes at 10:10 p.m. and the predetermination form for shockwave therapy (for insurance purposes) at 10:11 p.m.

Allegations of misconduct

[15] The notice of hearing contains a list of allegations of misconduct that include sexual abuse and failing to meet a standard of practice of the profession. The particulars in the notice of hearing relate solely to the sexual abuse – the alleged sexual comments and sexual touching by Mr. Mandlsohn.

[16] Mr. Mandlsohn submits that absent particulars in the notice of hearing, the panel cannot make findings of failing to meet standards of practice. He says the only issue before the panel is whether he engaged in sexual abuse of a patient by making comments of a sexual nature and/or engaging in touching of a sexual nature.

[17] The College submits we must go through every allegation in the notice of hearing and make findings.

[18] The College must provide notice of the allegations of misconduct that it is pursuing at a hearing. Notice is not confined to the strict wording of the notice of hearing. The College can give notice in pre-hearing conference memoranda, correspondence between counsel or parties and/or through a statement of particulars. It can provide notice in the notice of hearing, although that document should not be read in a narrow and technical way.

[19] While the notice of hearing contains a list of contraventions of the Professional Misconduct Regulation under the *Chiropody Act, 1991* (O. Reg. 750/93), the particulars relate solely to the question of sexual abuse. In the absence of any information that Mr. Mandlsohn was told how he had engaged in professional misconduct over and above the sexual abuse and the disgraceful, dishonourable or unprofessional conduct that relates to it, we will not consider these allegations.

Analysis

Legal Framework

Burden of Proof

[20] The burden of proof is on the College to prove the allegations of misconduct. The standard of proof is the civil standard. This means the College must prove the allegations on a balance of probabilities based on clear, convincing, and cogent evidence. The seriousness of the alleged conduct and the consequences of a finding do not alter the standard of proof: *F.H. v. McDougall*, 2008 SCC 53 at paras. 40 and 45-49.

Sexual Abuse

[21] “Sexual abuse” of a patient is defined in s. 1(3) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*, 1991, SO 1991, c. 18(Code):

(3) In this Code,

“sexual abuse” of a patient by a member means,

(a) sexual intercourse or other forms of physical sexual relations between the member and the patient,

(b) touching, of a sexual nature, of the patient by the member, or

(c) behaviour or remarks of a sexual nature by the member towards the patient...

(4) For the purposes of subsection (3),

“sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Disgraceful, Dishonourable or Unprofessional Conduct (DDU)

[22] Under s. 1(1)33 of Ontario Regulation 750/93 made under the *Chiropractic Act*, 1991, SO 1991, c. 20, an act of professional misconduct includes engaging in conduct or performing an act, in the course of practising the profession, that, having regard to all

the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Credibility and Reliability

[23] We must assess the credibility and reliability of the witnesses who gave evidence in this proceeding. Credibility has to do with the honesty and truthfulness of a witness's testimony. Reliability has to do with the accuracy of a witness's testimony and relates to their ability to accurately observe, recall and recount the events in issue: *R. v. H.C.*, 2009 ONCA 56 at para. 41

[24] Several factors are relevant to determining the credibility and reliability of a witness's testimony and they include the internal consistency and coherence of their testimony, inconsistencies with prior statements, their ability to observe what happened and the consistency of their evidence in light of other known facts. See *R. v. Kruk*, 2024 SCC 7 at para. 81, footnote 4.

[25] When making credibility assessments, we must consider the totality of the evidence. Where there are inconsistencies in the evidence, we must assess their impact on credibility. Inconsistencies in a witness's evidence on minor matters of detail are to be expected and do not generally affect the credibility of the witness. Inconsistencies on material matters are different and may indicate a carelessness with the truth: *Pitts and Director of Family Benefits Branch of the Ministry of Community & Social Services*, 1985 CanLII 2053 (ON DIV CT) at para. 32.

Findings

Sexual Comments

L.M.'s Credibility and Reliability

[26] L.M. testified that at the beginning of the appointment, Mr. Mandlsohn asked her why she had come to the clinic. She told him that she had pain in her feet, her legs and back hurt and that she felt her body was falling apart. She testified that Mr. Mandlsohn said her husband should trade her in for a new model.

[27] L.M. said Mr. Mandlsohn discussed shockwave therapy as a way to loosen her muscles and address her pain. She agreed to the treatment and signed a consent form. During the treatment, L.M. was lying down on her stomach with her back to the ceiling.

[28] L.M. said Mr. Mandlsohn applied the shockwave treatment to the bottom of her feet and the back of her calves on each leg. He treated four distinct body parts. She testified the machine was fairly loud. On a scale of one to ten, with one being silent and ten being a concert, the machine was at a four or five.

[29] During the shockwave therapy treatment, she asked Mr. Mandlsohn if there was anything else that she could do to alleviate her pain. Mr. Mandlsohn told her she could roll her feet out with a can or water bottle. L.M. said Mr. Mandlsohn told her that she should get her husband to massage her calves at night to loosen the muscles. L.M. testified that Mr. Mandlsohn said she should tell her husband no more blow jobs until he massaged her calves. He went on to say that a friend of his told him escorts are cheaper than wives and are very prevalent in Toronto. L.M. testified that Mr. Mandlsohn told her she should charge her husband for blow jobs and that his own wife said she should charge him for blow jobs.

[30] L.M. testified that she felt vulnerable because she was in a compromised position with her backside facing Mr. Mandlsohn and that she felt violated by Mr. Mandlsohn talking about her sexual life and his.

[31] Mr. Mandlsohn denies that he made these comments. He said he does not speak to his patients in that way and has no knowledge about escorts in Toronto. He acknowledged that he does engage in "chit chat" with his patients in order to build rapport.

[32] Mr. Mandlsohn challenged the reliability of L.M.'s evidence on three bases. One, that she takes medication for ADHD, two, she smokes cannabis recreationally and three, because of her social media handle.

[33] In cross-examination, L.M. testified that it is difficult to calm her mind when she does not take her medication for ADHD. When she does take it, she is more able to focus and is not overwhelmed by the things that she must do. L.M. testified that she does not recall if she took her ADHD medication on June 20th nor does she recall if she smoked cannabis.

[34] Mr. Mandlsohn's assertion that L.M.'s evidence is unreliable for these reasons is purely speculative. There is no evidence that L.M.'s ADHD medication or lack thereof impacted her cognition on the day of the appointment. An inability to focus would not

mean that she heard things that were not said. In the absence of any evidence that her cognition was impaired during the appointment, this argument is nothing more than a bald assertion, an assertion that feeds into the stereotype that the mere fact that L.M. has had psychological intervention is relevant to her credibility or reliability: *Kruk*, at para. 41.

[35] In a similar vein, there is no evidence that L.M. smoked cannabis before the appointment. Whether or not she smoked cannabis after the appointment is also speculative and irrelevant. There is no evidence that she was under the influence of anything when she sent her complaint to the clinic and to the College. And, even if she was, there is no evidence it affected her memory of what happened during the appointment earlier that day.

[36] Finally, Mr. Mandlsohn submits L.M.'s testimony is not reliable because of her social media handle. A social media handle is not evidence of a psychiatric disorder that may or may not affect the reliability of a witness's evidence. This too is a speculative assertion used solely for the purpose of discrediting L.M.

[37] Mr. Mandlsohn asserts L.M.'s testimony is not credible because she received payment from her insurer for her appointment with Mr. Mandlsohn even though she received a full refund. L.M. did not recall whether she returned the money to her insurer. Assuming that she did not, that fact alone does not make her evidence about what happened in the treatment room uncredible.

[38] Finally, Mr. Mandlsohn says L.M. is not credible because she said in her complaint that she left the clinic in tears when it is clear on the video that she was composed when she left.

[39] The words used in L.M.'s complaint are far more nuanced than what Mr. Mandlsohn suggests. In the complaint, L.M. states "I paid the \$95 appointment fee quickly while I was still in shock, and then left in tears from how violated I felt." L.M. does not say she was in tears when she paid for the appointment. She said she left in tears. She may well have been in tears as she turned and left the clinic. This would not have been captured on the surveillance video.

Mr. Mandlsohn's Credibility and Reliability

[40] Mr. Mandlsohn denies that he made the sexual comments to L.M.

[41] Mr. Mandlsohn wrote an email to L.M. shortly after receiving her complaint. In the email, he acknowledges that the comments were made. He thanks L.M. for bringing them to the clinic's attention, he apologizes that she went through this situation, he represents that the clinic takes these comments very seriously and that they will be sent to the head of management. Finally, he says a meeting will be arranged with Mr. Mandlsohn and upper management to discuss this so that it never happens again.

[42] There is very little truth to the contents of Mr. Mandlsohn's email to L.M. There is no upper management at the clinic. The clinic is owned and operated by Mr. Mandlsohn. No meeting took place between Mr. Mandlsohn and upper management. That meeting would have been Mr. Mandlsohn meeting with himself.

[43] Mr. Mandlsohn said he wrote the email this way because he wanted the complaint to go away and it was easier to give L.M. what she wanted and move on. The difficulty with this explanation is that Mr. Mandlsohn could have simply given L.M. the refund or asked Ms. Goo to provide the refund. There was no need for him to lie to L.M. in his response to her complaint. He was untruthful because he wanted the complaint to go away and L.M. to not take further steps.

[44] The email is not the only way that Mr. Mandlsohn was not honest. He signed his clinical notes after receiving the complaint. It is clear in the complaint that L.M. wanted a refund because she needed to see a new chiropractor after her experience with Mr. Mandlsohn. There is no mention in the clinical notes that L.M. would not be returning to the clinic. In fact, the clinical notes indicate L.M. would return in one week for shockwave treatment. The predetermination form said L.M. required shockwave treatment once a week for three weeks followed by an intermission of one month and then reassessment. All of this treatment by Mr. Mandlsohn.

[45] Mr. Mandlsohn says these notes were created during the appointment and he simply signed them the night of the appointment. We accept this evidence. The problem is not that he signed the notes the night of the appointment. The problem is that at the time of signing, the notes were inaccurate. Mr. Mandlsohn knew L.M. would not be returning to the clinic and his notes should have contained an addendum saying that.

[46] L.M. gave her evidence in a clear and forthright manner. She did not exaggerate her evidence. For example, she was clear that her complaint was about Mr. Mandlsohn's sexual comments and did not suggest that he had engaged in sexual touching. She also conceded his treatment was appropriate and readily admitted that she sought the same treatment from another chiroprapist.

[47] Conversely, Mr. Mandlsohn did not give his evidence in a clear and forthright manner. He was evasive as to when he wrote his email to L.M., where he was when he wrote it and why he said what he said. He exaggerated his evidence by saying that even if he did not agree with what L.M. said in her complaint, his practice is to agree with patients and refund their money. That practice related to service complaints not sexual harassment complaints. Mr. Mandlsohn said he wrote his email the way that he did to provide L.M. with the refund that she was seeking and only reluctantly acknowledged that he wanted the complaint to go away. We find Mr. Mandlsohn is not credible and we do not accept his evidence that he did not make sexually harassing comments to L.M.

[48] This finding is bolstered by the fact that Mr. Mandlsohn was untruthful in his email to L.M. and inaccurate in his clinical records. Both his email and his records were designed to paint a picture that was not true.

[49] We accept the evidence of L.M. and find that Mr. Mandlsohn made the following comments:

- i. He told L.M. that she should tell her husband there would be no more blow jobs until he massaged her calves;
- ii. He told L.M. that she should charge her husband for blow jobs;
- iii. He told L.M. that his own wife told him she should charge him for blow jobs;
- iv. He told L.M. that escorts are cheaper than wives and are very prevalent in Toronto.

[50] Mr. Mandlsohn does not dispute that these comments, if found, are sexual in nature and constitute sexual abuse. We make this finding.

[51] Given this finding, it is not necessary to consider the audio recording. The audio recording did not record the conversation between Mr. Mandlsohn and L.M. in treatment room 2. It recorded the conversation at reception and picked up random words in the treatment room that were frequently drowned-out by the shockwave machine. The panel considered the audio recording that was presented during the hearing and decided not to rely on it given its poor quality.

Sexual Touching

Clinical Nature of the Touching

[52] The Code states touching of a clinical nature that is appropriate to the service provided is not touching of a sexual nature.

[53] L.M. testified that Mr. Mandlsohn applied shockwave therapy to the bottom of her feet, from heel to toe, and to the meatier part of her calves. She said that she understood her foot issues could be caused by tightness in other areas of her body. She testified that Mr. Mandlsohn applied the shockwave treatment to break up the tightness in her calves, which could be an indicator of Achilles pain. She said that after seeing Mr. Mandlsohn, she saw another chiropodist who provided the same shockwave therapy treatment to the same areas of her body.

[54] Mr. Mandlsohn testified that he did not treat L.M.'s calves. He said he treated her Achilles pain by reducing the tightness in her calves.

[55] The College submits that Mr. Mandlsohn's treatment was not clinically appropriate because treatment of a patient's calves is outside the scope of practice for chiropodists. If it is outside the scope of practice, the College argues it cannot be clinically appropriate.

[56] We accept the evidence of L.M. and Mr. Mandlsohn and find that Mr. Mandlsohn treated L.M.'s Achilles pain by applying shockwave therapy to the Achilles at its junction with the calf. He did not treat her calves. The shockwave therapy provided by Mr. Mandlsohn was touching of a clinical nature appropriate to treating L.M.'s foot pain. She obtained the exact same treatment from another chiropodist.

Sexual Nature of the Touching

[57] Alternatively, if the touching is not clinical, it is not sexual in nature under an objective test. We considered the body parts touched (feet and calves), the nature of the contact (through a large, noisy machine), the situation in which it occurred (treatment of foot pain) and the words accompanying the touch (sexual comments), and determined a reasonable observer would not conclude the touch was sexual in nature: *R. v. Chase*, 1987 CanLII 23 (SCC) at para. 11.

[58] While Mr. Mandlsohn made sexual comments to L.M. about blow jobs and escorts during the treatment, those comments on their own do not transform the treatment into touching of a sexual nature. The fact that L.M. did not feel that Mr. Mandlsohn touched her inappropriately supports this finding.

[59] The allegation that Mr. Mandlsohn's treatment included touching of a sexual nature is dismissed.

Disgraceful, Dishonourable or Unprofessional Conduct

[60] Mr. Mandlsohn engaged in sexual abuse when he made inappropriate and offensive comments to L.M. during her treatment. This also constitutes disgraceful, dishonourable or unprofessional conduct.

[61] He engaged in further disgraceful, dishonourable or unprofessional conduct when he told L.M. the clinic took her complaint seriously and would address Mr. Mandlsohn's conduct. That was not true. He kept a clinical record that was misleading as it left the impression that L.M. would continue the shockwave therapy with Mr. Mandlsohn. That was not true either. The profession requires members to be professional and honest with their patients and in their records. Mr. Mandlsohn was neither.

Conclusion

[62] Mr. Mandlsohn engaged in professional misconduct when he made comments of a sexual nature to L.M. during a chiropody treatment, when he was dishonest to L.M. in response to her complaint, and when he created a clinical record that left the false impression that L.M. continued to be his patient.

[63] The Tribunal Office will schedule a hearing on penalty and costs.

ⁱ On the consent of the parties, this matter proceeded before a four-person panel.