IN THE MATTER OF *THE CHIROPRACTIC ACT, 1994*, SS 1994, c. C-10.1

AND IN THE MATTER OF A HEARING BY THE BOARD OF THE CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN CONCERNING A CONVICTION PURSUANT TO THE *CRIMINAL CODE*, RSC 1985, c. C-46

BETWEEN:

THE CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN

-and-

DR. RUBEN MANZ

---

**DECISION OF THE BOARD**

---

HEARD BY: DR. JENNIFER BEGGS – Chair
DR. TREVOR ERDIE
DR. ROGER KIVA
DR. TREVOR HOVE
DR. JULIE YAWORSKI
MS. DARCIA SCHIRR – Public Representative

| | |
|---|---|
| COUNSEL FOR THE INVESTIGATION COMMITTEE | JAMES EHMANN, K.C. |
| COUNSEL FOR THE RESPONDENT, DR. RUBEN MANZ | TALON REGENT |
| COUNSEL FOR THE BOARD OF THE CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN | AMANDA M. QUAYLE, K.C. |

## INTRODUCTION

[1] This matter came for hearing before the Board of the Chiropractors' Association of Saskatchewan (the **"Board"**) on August 12, 2025 following receipt of the report dated December 9, 2024, and a supplementary report dated July 3, 2025 from the Investigation Committee of the Chiropractors' Association of Saskatchewan (the **"Investigation Committee"**) pursuant to section 36 of *The Chiropractic Act, 1994*, SS 1994, c. C-10.1 (the **"Act"**) with respect to the conviction of the Respondent, Dr. Ruben Manz, under section 271 of the *Criminal Code*, dated June 23, 2025.

[2] Section 36 of the *Act* provides that the Board may, by order, impose any penalty described in section 24 of the *Act* that to it seems just where:

1. A member has been convicted of an indictable offence pursuant to the *Criminal Code*, the *Cannabis Act (Canada)*, the *Controlled Drugs and Substances Act (Canada)* or the *Food and Drugs Act (Canada)*;

2. A report of the Investigation Committee is made to the Board respecting the conviction mentioned in clause (a);

3. The Board has given the member mentioned in clause (a) an opportunity to be heard; and

4. The Board finds that the conduct of the member giving rise to the conviction constitutes professional misconduct.

## THE CONVICTION

[3] On June 23, 2025, the Respondent was convicted of a sexual assault on S.G. contrary to section 271 of the *Criminal Code*. On June 23, 2025, the Court ordered a conditional sentence of imprisonment of 15 months with the following conditions, namely that the Respondent (the "**Sentencing Decision**"):

1. keep the peace and be of good behaviour;

2. appear before the court when required to do so by the court;

3. report to the supervisor on today's date and after that when required and in the manner directed by the supervisor or his designate;

4. reside at an approved residence, and not change with [*sic*] written permission of a supervisor;

5. remain within the jurisdiction of the court unless written permission to go outside that jurisdiction is obtained from the court or supervisor;

6. notify the supervisor in advance of any change in the offender's name or address and promptly notify the supervisor of any change of the offenders' employment or occupation;

7. remain in the approved residence from 7:00 p.m. to 7:00 a.m. each day unless the supervisor provides written exception, in advance;

8. attend and complete sexual offending treatment or programming, as directed and to the satisfaction of the supervisor;

9. have no contact with S.G. and cannot refer to her on any social media platform;

10. not attend at the workplace, place of employment or education of S.G.; and

11. perform 200 hours of community service work during the term of the conditional sentence.

**THE BOARD'S JURISDICTION**

[4] The Board's jurisdiction to give notice of and determine if a penalty should be imposed on the Respondent, if it finds that the conduct of the Respondent giving rise to the conviction constitutes professional misconduct under the Act, is pursuant to section 36 of the Act. Section 36 bypasses the requirement that the Board receive a written decision of the Discipline Committee before it schedules a hearing to impose a penalty on a member (section 34(2) of the Act). Under section 36, it is up to the Board, rather than the Discipline Committee, to determine if there has been professional misconduct and if so, to determine the appropriate penalty.

[5] Stated another way, the Board has been delegated a specific, independent authority under section 36 of the Act, triggered by a member being criminally convicted.

[6] The Investigation Committee and the Respondent expressly agreed and confirmed that appropriate notice of the s. 36 hearing was provided, and that the Board has the jurisdiction to make the determinations required s. 36 of the Act, arising from the Respondent's conviction in respect of S.G.

[7] Since the hearing on August 12, 2025, there has been an annual general meeting of the Board and the term of one Board member who attended the hearing ended. That member did not participate in rendering this decision and order. Quorum of the Board was, and continues, to be met: see *The Legislation Act*, SS 2019, c L-10.2 at s 2-46(2)(e).

**EVIDENCE**

[8] The following evidence was tendered by the parties in response to the Notice of Hearing:

(a) **<u>Investigation Committee</u>**

1. Investigation Report dated December 9, 2024;

2. Supplementary Report of the Investigation Committee dated July 3, 2025;

3. Statement of S.G.;

4. Notice of Hearing dated July 9, 2025;

5. Affidavit of Dionne Keen sworn August 8, 2025.

(b) **Respondent**

1. Affidavit of Dr. Ruben Manz sworn August 1, 2025.

[9] The Investigation Committee objected to the admissibility of certain parts of the Affidavit of Dr. Manz, namely parts or all of paragraphs 5, 6, 7, 8 and 9 of his affidavit, on the basis the evidence is either inadmissible hearsay evidence or unqualified opinion evidence. The Investigation Committee suggested such evidence should be ignored or given no weight. Similarly, the Respondent objected to the first sentence of paragraph 3 of the Affidavit of Dionne Keen on the basis the evidence is speculative.

[10] In reaching its decision in this case the Board did not find it necessary to rely on the impugned evidence in the Affidavit of Dr. Manz of the Affidavit of Dionne Keen. It relied on the fact of the conviction and the facts that led to the conviction set out in the Sentencing Decision. The Board does not find it necessary to rule on the objections of the Investigation Committee and the Respondent. The Board notes the Act specifically provides that the Discipline Committee may accept any evidence that it considers appropriate and is not bound by the rules of law concerning evidence in determining if a member is guilty of professional misconduct or professional negligence at discipline hearing (section 33(4) of the Act). Counsel for the Investigation Committee conceded at the hearing this same lower threshold for the taking of evidence likely governs the taking of evidence by the Board at a Section 36 hearing.

[11] Following the adjournment of the hearing, and at the Board's request, the Respondent filed the consent form that is signed by his female patients pursuant to the practice conditions first imposed by Order of the Court of Queen's Bench for Saskatchewan (as it then was) dated April 19, 2021, and thereafter by agreement between the Respondent and the Investigation Committee, after that Order expired in July, 2021. A copy of the Order dated April 19, 2021, was also filed by the Investigation Committee following the hearing, at the Board's request.

[12] In addition, both parties filed written briefs of law, as well as authorities that were relied on in support of their respective submissions.

**FACTS**

[13] The Respondent was accused of placing his hand on the breasts of S.G. while performing a PNF stretch during the course of a treatment on November 8, 2019. The patient formally complained to the Chiropractors' Association of Saskatchewan ("**CAS**") on November 14, 2019. She did not contact the police at the time. The matter was investigated by the Investigation Committee and referred to the Discipline Committee for a hearing. The

Discipline Committee considered whether the Respondent committed professional misconduct.

[14] Following the hearing, on August 7, 2020, the Discipline Committee released a written decision finding the Respondent had not committed professional misconduct (the "**Discipline Decision**").

[15] The Discipline Committee determined that the Respondent had not intended to touch the complainant's breast, that he was carrying out the procedure for therapeutic purposes, and that he may have accidently touched the complainant's breast while performing a stretching technique. It found that an act of "sexual impropriety" had not been proven (Discipline Decision, paragraphs 44-47).

[16] The Discipline Committee commented that the Respondent should have discussed the treatment technique with the patient and obtained clear consent before initiating the procedure, however, no disciplinary actions were taken (Discipline Decision, paragraph 48).

[17] In April of 2021, S.G. made a formal complaint to the police which lead to charges of sexual assault being brought against the Respondent. The Respondent was found guilty of sexually assaulting S.G. by a jury on December 1, 2024. The same jury found the Respondent not guilty of sexually assaulting a number of other female patients. The evidence which formed the basis for the sexual assault conviction regarding S.G. was substantially the same evidence on which the Discipline Committee found the Respondent not guilty.

[18] On June 24, 2025, the Respondent was given a conditional sentence of 15 months as a result of his conviction.

[19] In light of the criminal conviction, the Board issued a Notice of Hearing under Section 36 of the Act dated July 9, 2025, for a hearing on August 12, 2025.

[20] The Respondent has appealed his guilty verdict by way of a Notice of Appeal dated June 23, 2025, filed with the Court of Appeal for Saskatchewan.

[21] The Respondent has been under practise restrictions related to this matter since April 2021. He consented to an Order of the Court with respect to such practise conditions on or about April 19, 2021, and thereafter entered into an agreement with the Investigation Committee on or about June 8, 2021, to replace the Order which was due to expire on July 18, 2021.

[22] The Respondent has been practicing under the following restrictions since April 2021:

(1) The Respondent is prohibited from examining or treating any female person age 10 years or older except in the presence of an adult female observer approved in advance in writing by the Investigation Committee (the "**Approved Observer**").

(2) The Respondent shall, before examining or treating any female person of 10 or more years in age, obtain the consent in writing of such patient in the presence of the Approved Observer.

(3) In each appointment with a female patient aged 10 or older, the Respondent shall record in the patient file the name of the Approved Observer who attended and observed the appointment.

(4) Every two months from the date of this Agreement, each Approved Observer who is employed or practices at the clinic of the Respondent will submit to the Investigation Committee a duly sworn statutory declaration in the form approved by the Investigation Committee.

**POSITION OF THE PARTIES**

(a) **Investigation Committee**

[23] The Investigation Committee submitted the conduct of the Respondent giving rise to the conviction constitutes professional misconduct under the Act.

[24] Under section 34 and 36 of the Act, the Board is granted broad discretionary power to impose disciplinary penalties on members who have been found guilty of professional misconduct or professional incompetence:

> 34(4) At a meeting called pursuant to subsection (2), the Board may make any one or more of the following orders:
>
> (a) an order cancelling the registration of that member in the association, revoking the member's licence and striking the member's name from the register;
>
> (b) an order that the member be suspended and the member's license be revoked for a specified period;
>
> (c) an order that the member be suspended and the member's license be revoked pending the satisfaction and completion of any conditions specified by the Board;
>
> (d) an order that the member may continue to practise only on conditions specified in the order; which may include, but are not restricted to, a requirement that the member:

(i) not engage in specific procedures of practise;

(ii) practice only under the supervision of one or more members that the Board may specify;

(iii) successfully complete any upgrading, retraining or education that the Board may specify, which any period that the Board my specify; or

(iv) obtain medical or other treatment or counselling that the Board may specify, within any period that the Board may specify;

(e) An order reprimanding the member;

(f) Any other order that to it seems just.

34(5) In addition to any order made pursuant to subsection (4), the Board may order:

(a) that the member pay to the association within a fixed period:

(i) a fine in a specified amount not exceeding $15,000.00;

(ii) the costs of the investigation and hearing into the member's conduct and related costs, including the expenses of the investigation committee, the disciple committee and the Board and costs of legal services and witness; and

(b) where a member fails to make a payment in accordance with an order to pay a fine or costs, that the member be suspended and the member's licence be revoked.

[25] While the Act does not specifically set out the principles to guide the Board in exercising its discretion as to penalty, those principles can be drawn from professional discipline decisions generally.

[26] Penalty decisions should be guided by the objects and purposes of the Act, which emphasize protection of the public and exercising its powers in the public interest (section 3.1(1) of the Act). These duties take priority over the interests of members of the profession (see *Abrametz v. Law Society of Saskatchewan,* SKCA 37 [*Abrametz*], paragraph 21). The CAS is also charged with assuring the public of the knowledge, skill, proficiency and competency of its members (section 3.1(2) of the Act). The importance of maintaining confidence of the integrity of the profession and the regulator's ability to

govern its members should also be considered in determining an appropriate penalty (*Abrametz*, paragraph 21).

[27] Sentencing principles in disciplinary matters are distinct from sentencing in the criminal courts (*Merchant v. Law Society (Saskatchewan)*, 2009 SKCA 33, paragraph 98 [*Merchant*]). In a disciplinary matter, the decision must also consider the collective reputation of the Respondent's peer group, and the chiropractic profession, which can cause certain mitigating factors from criminal law to have less impact on a disciplinary decision then they would in criminal sentencing. Each case must be decided on its own particular facts.

[28] In *Camgoz v. College of Physicians and Surgeons of Saskatchewan*, (1993) 114 Sask R 161, at paragraph 49 [*Camgoz*], the Court set out a list of factors to consider in determining an appropriate penalty for members of the medical profession:

> 49 In my respectful view, in determining an appropriate sentence to be imposed on a member of the medical profession found guilty of unbecoming, improper, unprofessional and discreditable conduct, the factors which the respondent ought to take into account include:
>
> 1. The nature and gravity of the proven allegations;
>
> 2. The age of the offending physician;
>
> 3. The age of the offended patient;
>
> 4. Evidence of the frequency of the commission of the particular acts of misconduct within particularly, and without generally, the Province;
>
> 5. The presence or absence of mitigating circumstances, if any;
>
> 6. Specific deterrence;
>
> 7. General deterrence;
>
> 8. Previous record, if any, for the same, or similar, misconduct; the length of time that has elapsed between the date of any previous misconduct since that time;
>
> 9. Ensuing that the penalty imposed will, as mandated by s. 69.1 of the Act, protect the public and ensure the safe and proper practice of medicine;
>
> 10. The need to maintain the public's confidence in the integrity of the respondent's ability to properly supervise the professional conduct of its members;

11. Ensuring that the penalty imposed is not disparate with penalties previously imposed in the jurisdiction, particularly, and in other jurisdictions in general, for the same, or similar acts of misconduct.

[29] The use of these factors as a general guideline was confirmed by the Saskatchewan Court of Appeal in *The College of Physicians and Surgeons of Saskatchewan v. Leontowics*, 2023 SKCA 110 [*Leontowics*] (at paragraph 139). *In Jaswal v Newfoundland (Medical Board*), [1996] NJ No 50, at paragraph 36, the Court considered a similar list of factors and added the impact of the incident on the offending patient as a relevant factor to consider.

[30] Decision makers should engage in a meaningful consideration of all factors that are relevant to the accused member and to the situation at hand in determining an appropriate penalty [*Leontowicz*, paragraph 141].

[31] A proper disciplinary decision can fall within a wide range of outcomes as long as its reasons demonstrate proper consideration of factors relevant to the decision. Protection of the public should be the primary consideration, however, it is appropriate to consider all factors including maintaining public confidence in the profession, effective self-governance, general and specific deterrence, mitigating factors and the potential for a member's rehabilitation (see factors described in *College of Physicians and Surgeons of Ontario v. Peirovy,* 2018 ONCA 420 [*Peirovy*], at paragraph 64).

[32] The Investigation Committee provided the Board with a number of decisions which it submitted involve penalties for misconduct similar to the misconduct in this case. The Investigation Committee submitted the penalties in these cases range from a suspension of four months, to revocation of the member's licence to practice and removal from the registry. The Investigation Committee indicated this is not to say the Board's decision would necessarily need to fall within this range. Provided the decision is consistent with the penalty principles, there is a wide discretion for the Board to make a decision its sees as appropriate in the circumstances.

[33] The Investigation Committee also submitted that in the majority of cases involving suspensions, practice restrictions were also imposed following the suspension.

[34] All of the cases submitted by the Investigation Committee relate to medical doctors. The Investigation Committee advised that this is a reflection of cases that are factually similar to this case. One case referred to a criminal conviction for sexual assault, but that decision was subject to a legislative requirement to revoke a doctor's license where an act of sexual abuse was found to occur. That case is not to be taken to mean that a licence must always be revoked due to a criminal conviction.

[35] The Investigation Committee submitted that the cases support the following penalty in the circumstances of this case:

(a) a suspension of four months or greater;

(b) practice restrictions regarding the treatment of female patients, similar to those set out in the practice restriction agreement dated June, 2021. Such restrictions to continue for a period of time determined by the Board, following the expiration of any suspension order;

(c) requiring the Respondent to post a copy of the penalty order made by the Board in a conspicuous place at each of the clinics where he carries on practice; and

(d) an order of costs against the Respondent in such amount as the Board deems fit.

[36] A summary of the cases relied on by the Investigation Committee are:

(a) *Camgoz*, involved a 62 year old doctor found guilty of professional misconduct for, over the course of almost two months, conducting unnecessary breast examinations on a female patient and while doing so, making inappropriate comments and attempting sexual stimulation including touching the vagina and anus of the patient. The doctor had a prior disciplinary conviction from 25 years ago. The court took note of the vulnerability that existed between the female patient and doctor as a result of the doctor-patient relationship. The College has imposed a 5-year suspension, however, the court found that this was equivalent to a life time ban of the doctor due to his age and reduced the suspension to two years. The court also found that a five-year suspension was disproportionate to other penalties imposed for similar conduct at that time.

(b) *Sood v. College of Physicians and Surgeons (Saskatchewan)* (1995), [1996] 2 WWR 668, involved a doctor who was given a six-month suspension and required to take counselling related to sexual abuse and have a chaperone present when treating patients following his suspension. He was also required to pay the maximum fine authorized by statute. He was found guilty of two counts of unprofessional conduct for kissing a female patient, inviting a female patient to move away with him, placing a finger on a patient's clitoris during an examination, and kissing and placing his hand on the buttocks of a female patient.

(c) *Hanna v. College of Physicians and Surgeons (Saskatchewan)* (1999), 179 Sask R181, involved a doctor who was found guilty of seven counts of sexual misconduct. The conduct included asking female patients about their sexual history and sexual interest, inappropriately touching the breasts of a female patient, attempting to kiss a female patient, improperly exposing the buttocks of a female patient and touching the buttocks of a female patient. The physician had been practising for 20 years in Saskatchewan, and 13 years prior to that in other countries. He had no previous disciplinary record. The Court overturned a 12-month suspension on the basis that the doctor's conduct was less severe than comparable cases. It determined that a six-

month suspension, and conditions on the doctor's practice when he returned, was an appropriate punishment.

(d) *College of Physicians and Surgeons of Saskatchewan v. Ali*, 2016 SKQB 42, involved a doctor who had an extensive history of unprofessional conduct of a sexual nature including several charges in 2004 of making sexualized comments to patients which resulted in a three-month suspension. He was also disciplined for other misconduct including fraud in 2011 and falsifying records in 2012. The conduct giving rise to the current discipline included remaining in the room while a female patient was changing and attempting to kiss her, initiating a sexual conversation with a female patient where he indicated a desire to suck her breasts and failing to comply to a previous undertaking to the College that he would not examine female patients without a chaperone. Based on repeated conduct, lack of remorse about the effect of his conduct on patients, and need to protect the public, the doctor's licence to practise was revoked.

(e) *Horri v. College of Physicians and Surgeons of Saskatchewan*, 2017 SKQB 362, involved a doctor was found to have engaged in a consensual sexual relationship with a former patient too soon after the termination of the doctor-patient relationship. The patient was considered venerable due to a mental health diagnosis including depression, anxiety and suicidal ideations. She later indicated she felt manipulated by the doctor, who had abused a position of trust. He was suspended for nine-months and ordered to take counselling.

(f) *Peirovy*, involved a doctor was found guilty of professional misconduct after being accused of cupping a patient's breast and touching a patient's nipple while examining her lungs with a stethoscope. The Discipline Committee found this constituted sexual abuse as the contact was objectively sexual and determined to be medically unnecessary. The doctor denied any impropriety and claimed the contact may have accidently occurred while examining the patient. A separate hearing took place with respect to penalty. Expert evidence showed the doctor did not meet the diagnostic criteria for sexual deviance and was at low risk of recidivism. Another expert indicated that the doctor had issues respecting interviewing, communication skills, and poor sensitivity to patient vulnerability. Four patients had been subjected to this conduct in close succession which was an aggravating factor. The doctor was suspended for six months, ordered to pay the costs of the complainants' therapy, and take additional training. He was also required to be supervised when treating female patients and to post signage to that effect in his office.

(g) *College of Physicians and Surgeons of Ontario v. Polemidiotis*, 2025 ONPSDT 19, involved a doctor convicted of sexual assault under the *Criminal Code*. His conduct included touching a patient's breast, telling her he had an erection and attempting and succeeding to touch her with his erection. The penalty was a mandatory revocation of the doctor's licence.

(h) *Fadayomi, RE* [2025] A. W. L. D. 1810 – Hearing Tribunal of the College of Physicians of Surgeons of Alberta, involved a doctor who was found to have touched the breasts of the complainant (who was not a patient but an employee) without her consent, and commented “succulent breast” to her. The tribunal found this was an egregious betrayal of trust. The doctor had no prior discipline history in 30+ years of experience. The complainant was young and still a probationary employee such that vulnerability was seen as an aggravating factor. Specific deterrence and protection of the public were seen as paramount. The doctor was given a four-month suspension, ordered to pay costs, participate in remedial coursework, and reprimanded.

[37] Finally, the Investigation Committee submitted that the statement of S.G. filed with the Board demonstrates the need for a disciplinary order that restores public confidence in the profession and those charged with regulating the profession, and the need to protect the public.

[38] At the conclusion of the hearing, the Board asked the Investigation Committee to provide it with the authorities it relies on in support of its position that any penalty order should be posted at any clinics where the Respondent practices. The Investigation Committee filed the following authorities:

*(a) Peirovy* — at paragraph 33:

> 33 A number of restrictions were also imposed on Dr. Peirovy’s return to practice. He was prohibited from engaging in any encounter with female patients except under the supervision of a practice monitor approved by the College. He was also required to post a sign in the waiting room and examination rooms at each of his practice locations advising patients of this restriction. The practice monitor condition could be reconsidered on an application to the Committee after a minimum of one year following his return to practice. Dr. Peirovy was also required to tell patients how to access the Discipline Committee's decision if requested, and to submit to unannounced inspections of his practice locations and patient charts by the College in order to ensure compliance.

*(b) Scott v. College of Massage Therapists of British Columbia*, 2016 BCCA 180, at paragraph 12:

> 12 the inquiry committee issued orders placing conditions on Scott's practice: that he not treat female patients without a chaperone present, and that a notice is placed in all treatment rooms indicating the chaperone requirement.

*(c) Kumar v. College of Physicians and Surgeons of Alberta*, 2019 ABQB 514, at paragraph 38:

> 38 Dr. Kumar faces a trial on charges where, if they are proven beyond a reasonable doubt, or alternatively if evidence surfaces that is then heard at a hearing which leads a hearing tribunal to decide that there was

> unprofessional conduct based in whole or in part on sexual abuse, then, Dr. Kumar's career as a pediatrician will be suspended in Alberta. In the meantime, however, he has the right in Canada to be presumed innocent, and with the evidence before this Court of charges with no other evidentiary base to consider their viability, it is appropriate that a stay be allowed with the condition that the undertaking agreed to be continued, and a further condition that Dr. Kumar continue to post a sign in his clinic office that states that visits need to be conducted with a chaperone.

*(d)* *Morzaria v. College of Physicians and Surgeons of Ontario*, 2017 ONSC 1940, at paragraphs 8-10:

> 8 On June 24, 2013, the Applicant was arrested and charged with sexual assault, sexual interference and two counts of invitation to sexual touching in relation to Patient A. The police informed the College of the allegations shortly thereafter. On January 16, 2014, at the College's request, the Applicant responded to the allegations, categorically denying that he had sexually abused the patient.
>
> 9 On January 20, 2014, the Applicant signed an undertaking with the College ("the Undertaking") requiring him not to conduct any patient encounters with patients under 16 years of age except in the presence of a practice monitor. The practice monitor was required to provide reports to the College each month, which included a log (initialed by the monitor) of all patient encounters.
>
> 10 In addition, the Applicant was required to post signs in his waiting and examination rooms advising of the restriction that he was not to be alone with any patient under 16 years of age without the presence of a health professional approved by the College.

The Investigation Committee also advised that the restriction imposed by the regulator in this case required more than a sign, it required the doctor to directly notify patients a week before the appointment of the details of the restriction on his practice. Concern was expressed that a sign might not be seen.

*(e)* *Maritz, Re.* [2018] A.W.L.D. 4568 - Hearing Tribunal of the College of Physicians and Surgeons of Alberta, at paragraph 75:

> 75 the Panel orders that:
>
> …
>
> 5 Dr. Maritz shall post a notice to his patients, in his place of practice, setting out the restrictions on his license;

*(f)* *Ontario (College of Physicians and Surgeons of Ontario) v Wales*, 2017 ONCPSD 37, at paragraph 50, citing a 2011 College of Physicians and Surgeons discipline decision involving Dr. Yazdanfar:

> 50 Following her two year suspension, Dr. Yazdanfar was restricted from performing all surgery, except as a surgical assistant in a hospital based setting, provided that an approved member of the College was in attendance and performing the surgery. She was ordered to cooperate with unannounced inspections of her practice and patient charts conducted at her own expense and to post notice of her restrictions in her office and on her website. Dr. Yazdanfar was also reprimanded and ordered to pay costs to the College in the amount of $219,000.00.

[39] The Investigation Committee made the point that none of the foregoing cases involved in order for signage or notice where the healthcare professional had been convicted of sexual assault, as Dr. Manz has been in this case. It is also the position of the Investigation Committee that not every female patient of Dr. Manz will be aware of the conviction and therefore notice of any penalty imposed by the Board must be given. A sign will provide such notice.

[40] Finally, with respect to costs, the Investigation Committee submitted that partial indemnity costs are appropriate, in the amount of $12,000.00 - $13,000.00.

**(b) Respondent**

[41] The Respondent did not contest that the conduct giving rise to his conviction constitutes professional misconduct.

[42] The Respondent concedes that on December 1, 2024, the jury found the Respondent guilty of sexually assaulting S.G. On December 2, 2024, the Respondent, through his counsel, self-reported the guilty verdict to the CAS.

[43] The judge rendered her oral sentencing decision on June 23, 2025, and released the Sentencing Decision on June 24, 2025. On June 26, the Respondent, through his counsel, self-reported the sentence to the CAS. He provided the CAS with a copy of the Sentencing Decision and the Sentencing Order.

[44] The Respondent points to paragraph 40 of the Sentencing Decision which states that "[a]" sentence of incarceration would not allow Dr. Manz to work to support his family. And on top of the impact the charge and conviction have had on his financial circumstances, incarceration would overemphasize the gravity of the offence and under emphasize Dr. Manz's degree of responsibly; what he actually did.

[45] The Respondent also point to paragraph 51 of the Sentencing Decision where the judge declined to make an order under the *Sex Offender Information Registration Act* ("***SOIRA"***). In that regard, the judge stated "… it is also relevant that Dr. Manz committed his offence while practicing as a chiropractor, a profession governed by a regulator and disciplinary body. I agree with Dr. Manz that these circumstances make a *SOIRA* order unnecessary as the public interest is fully protected by that body. In my view a *SOIRA* order would

provide no additional benefit to the public. As such, the reporting conditions under *SOIRA* would be grossly disproportionate to the public interest in protecting society"

[46] The Respondent submitted that the judge expressed a clear desire that the CAS allow him to continue working as a chiropractor. The Respondent also argued that the Sentencing Decision supports an interpretation that the judge was of the opinion that a suspension or revocation of his licence was not necessary to protect the public. The Respondent did acknowledge that the jurisdiction falls to the CAS to come to its own conclusion.

[47] The Respondent submitted that while section 36 of the Act provides the Board jurisdiction to impose a penalty, it is not mandatory that the Board do so.

[48] The Respondent advanced two, alternate, arguments as to how the Board should decide this case. First, he submitted that the Board should use its discretion to forbear from deciding penalty until his appeal of the conviction has been determined. However, if the Board determines that it should proceed with imposing a penalty, the appropriate penalty would be an extension of the Respondent's current practice restrictions for 15 months, starting the date he was criminally sentenced.

[49] The Respondent submitted that in determining penalty under sections 34 and 36 of the Act, the Board is tasked with conducting an analysis similar to that of a judge conducting a criminal sentencing. The Board should make a fair and balanced assessment of the member's circumstances and those surrounding the member's conduct, and consider any mitigating and aggravating factors. Whether a penalty is reasonable depends on the circumstances specific to the offence and the offender (see *Merchant v Law Society of Saskatchewan*, 2014 SKCA 56).

[50] In this case, the Respondent acknowledges there is one aggravating factor, namely that he was found guilty of having breached the trust between chiropractor and patient in order to commit a crime.

[51] The Respondent submitted there are a number of mitigating factors in this case, namely:

i. the Respondent has been a chiropractor for 25 years with no professional discipline record;

ii. the Respondent has no previous criminal record;

iii. there was no persistent behaviour or other grooming;

iv. this was a single incident;

v. the physical contact did not involve caressing, rubbing or touching of the nipple;

vi. the contact was of a short duration;

vii. the Respondent complied with all of his criminal conditions (aka "community conditions") for the four years he was subject to them;

viii. the Respondent has been under practice restrictions since April of 2021, and he has been in full compliance for that period of time;

ix. the Respondent promptly self-reported to the Investigation Committee at each step of the criminal proceedings;

x. the Respondent has already born the impact of considerable public shaming over the last four years related to the charges and his conviction; and

xi. the Respondent has experienced a significant reduction to his income which is unlikely to disappear any time soon.

[52] The Respondent submitted that when considering the public interest, the Board must consider deterrence and denunciation. The Board ought to deter both the Respondent and others from engaging in similar behaviour, and the Board ought to communicate more broadly how unacceptable this behaviour is from members of the CAS. Having acknowledged these important objectives, the Respondent submitted that the Board ought to find the least punitive penalty that achieves these goals, in the circumstances of this case.

[53] The Respondent submitted that it is reasonable and appropriate that the Board consider "time served" by the Respondent over the last four years. The Respondent suggested that his misconduct falls below the level of wrongdoing present in any other case that can be found, being a single incident of a touch of the upper breast lasting only a second or two, with no other element of misconduct involved.

[54] Having made these submissions, the Respondent then went on to submit that while it would be a reasonable position for the Board to take that no further penalty is required, that is not, in fact, his position, for two reasons:

i. first, the Respondent has experienced such significant upheaval in his life resulting from these matters that he does not feel comfortable meeting with female patients without a witness in the room; and

ii. the Respondent acknowledges the negative optics for the CAS if he were still under criminal conditions, but was no longer under any practice conditions.

[55] For these reasons, the Respondent submitted that an appropriate penalty to meet the Board's imperative of protecting the public, deterring future offences of this nature, and broadly denouncing this behaviour is to maintain his current practice restrictions until the conclusion of his criminal sentence. He suggested that this can be characterized as "65 months of practice restrictions, 15 months of which have already been served".

[56] The Respondent relied on the Hearing Tribunal of the College of Physicians of Surgeons of Alberta's decision in *Fadayomi*. This was a case also relied on by the Investigation Committee. In that case, a doctor was found to have touched the breast of a complainant who was an employee and not a patient without her consent, while making an inappropriate, sexual comment to her. As here, the professional had no prior professional discipline history and the impugned misconduct involved a single instance of sexual misconduct. The Hearing Tribunal of the College of Physicians and Surgeons of Alberta suspended the doctor for four months and ordered him to pay costs, participate in remedial coursework, and issued a reprimand.

[57] With respect to the Investigation Committee's submission that the Respondent be required to post a copy of any penalty order made by the Board at the clinics where he carries on his practice, the Respondent submitted this is unnecessary, for four reasons:

i. the current practice restrictions are posted on the CAS website and it is expected that they will continue to be posted there;

ii. the CAS has not felt it necessary to this point to require the Respondent to post his current practice restrictions in a conspicuous place;

iii. the CAS has not required other member's subject to practice restrictions to post their practice restrictions in a conspicuous place in their clinics; and

iv. the Respondent is required to have his Approved Observers swear affidavits quarterly and submit the affidavits to the CAS confirming compliance with the practice restrictions;

[58] The Respondent argues that the posting is presumably meant to help ensure compliance with any order. He argues that it is unnecessary by virtue of the Approved Observer's affidavits.

[59] Finally, the Respondent submitted that his contemporaneous punishment rendered by the criminal courts should be taken into account, as they enhance deterrence and denunciation.

[60] During the course of the hearing, counsel for the Respondent also submitted that course work is already part of the criminal penalty imposed on the Respondent. The Respondent is currently attending a half-day course every Tuesday for 10 weeks for sexual assault

training. In these circumstances, the Respondent's submission is that no additional course work or continuing professional development training is necessary.

[61] With respect to costs, the Respondent submitted they should be capped at $1,000.00. The Respondent submitted the amount proposed by the Investigation Committee is inappropriate. He pointed out that much of the written submissions prepared by counsel for the Investigation Committee related to legal issues that Dr. Manz did not raise in the hearing. Further he relied on Dr. Manz's evidence that he has lost about 50% of his patients as a result of these matters, which has compromised his ability to pay any costs order.

**DECISION AND ORDER OF THE BOARD**

[62] Section 36 of the Act requires the Board to make two decisions after a member has been convicted of an indictable offence pursuant to the *Criminal Code*. First, the Board must decide whether the conduct of the member giving rise to the conviction constitutes professional misconduct. Second, if that conduct constitutes professional misconduct, the Board must decide whether any penalty described in section 34 of the Act should be imposed.

[63] The Act defines professional misconduct in section 27, as follows:

> 27 Professional misconduct is a question of fact, but any matter, conduct or thing, whether or not disgraceful or dishonorable, that:
>
> i. is harmful to the best interest of the public or the members of the association;
>
> ii. tends to harm the standing of the possession;
>
> iii. is a breach of this Act or the bylaws; or
>
> iv. is a failure to comply with a summons of the investigation committee or an order of the board;
>
> is professional misconduct within the meaning of this Act.

[64] Relevant to this case is section 20(j) of the Chiropractic Regulatory Bylaws, setting out prohibited conduct. Section 20(j) of the Regulatory Bylaws states:

> 20 For the maintenance of the ethical standards and for the governance and honor of those engaged in the practice of chiropractic, it is hereby provided that:
>
> (j) No member shall commit an act of sexual impropriety with a patient. "Sexual impropriety' includes, but is not limited to:

(i) acts of remarks which are seductive or sexually demeaning to a patient or which reflect a lack of respect for the patient's privacy or gender;

(ii) requesting details of sexual history or other information related to sex or sexual acts when not clinically indicated;

(iii) making a request to date a patient, or dating a patient;

(iv) initiation by the member of conversation regarding the sexual conduct, problems, preferences or fantasies of the member;

(v) sexual activity of any kind between the member and the patient, whether initiated by the patient or not;

(vi) conduct with a patient which is sexual or may reasonably by interpreted as sexual;

(vii) touching any part of the patient where the patient has refused or withdrawn consent; and

(viii) sexual acts by the member in the presence of the patient.

[65] The Board finds that it is clear that the Respondent's conduct giving rise to his conviction as set out in the Sentencing Decision is a breach of section 20(j) of the Regulatory Bylaws, is harmful to the best interests of the public, and tends to harm the standing of the profession.

[66] With respect to the Regulatory Bylaws, sexual activity of any kind between a member and a patient, whether initiated by the patient or not, is prohibited (section 20(j)(v), conduct with a patient which is sexual or may reasonably be interpreted as sexual, is prohibited (section 20(j)(vi); and/ touching any part of a patient where the patient has refused or withdrawn consent, is also prohibited (section 20(j)(vii). In regards to section 20(j)(vii), failure to obtain a patient's consent is the same as a patient's refusal to provide, or withdrawal of, consent. In all cases the member does not have the patient's consent touch a part of the patient. Here, the facts set out in the Sentencing Decision clearly indicate that the Respondent's actions in regards to S.G. was prohibited conduct under the Regulatory Bylaws. Further the Board finds the Respondent's conduct set out in the Sentencing Decision to be harmful to the best interests of the public, and harms the standing of the profession.

[67] In the result, and as the Respondent conceded, the Board finds that the conduct of the Respondent giving rise to the conviction constitutes professional misconduct.

[68] Having found the Respondent guilty of professional misconduct, the Board is required to determine whether any penalty described in section 34 of the Act should be imposed.

[69] With respect to the Respondent's submission that the Board should forbear imposing a penalty until the Respondent's appeal of his conviction has been determined, the Board is not prepared to accede to this submission. Consistent with the objectives of the Act to protect the public, administer discipline in a manner that ensures general and specific deterrence, and preserves public confidence in the profession, when a member has been convicted of an indictable offence as a result of conduct that amounts to professional misconduct (as here), the Board finds it should act diligently in its consideration of the matter, and not forestall a determination because of a pending appeal, whose merit and outcome is unknown both in terms of timing and substance.

[70] Having determined that it should consider the penalty to be imposed in consideration of the Respondent's professional misconduct, the Board acknowledges and has taken guidance from the judicial decision in *Camgoz*.

> [41] The facts before the jury in support of the criminal conviction and repeated by the judge in the Sentencing Decision, at paragraphs 3-12, are:
>
> > [3] The Crown and defence agree that S.G. went to see Dr. Manz at his chiropractic clinic for reasons of self-care and treatment for neck pain. She saw Dr. Manz five times at the clinic, between October 25, 2019, and November 8, 2019.
> >
> > [4] S.G. testified that at each appointment, Dr. Manz performed manipulations on her back and hips. On the last appointment, Dr. Manz added a neck stretch to the usual treatment. Unlike during earlier appointments, she and Dr. Manz were alone in the treatment room.
> >
> > [5] Dr. Manz asked her to sit on the treatment table, while he stood behind her. He put his hands on her shoulder and head, pushed her head down and to the left, and asked her to resist the stretch and then release. He did the same on her right side. Each time Dr. Manz did the stretch, his hand moved down inside her shirt, inside her bra, and on top of her breast. S.G. testified his hand was in the middle of her breast, but not on her nipple, and he used enough force to change the shape of her breast. He touched both breasts in this manner.
> >
> > [6] S.G. said she was surprised because he had not told her his hand would be placed on her breast or chest.

[71] Paragraphs 34 and 35 of the Sentencing Decision summarize the essence of the professional misconduct at issue in this case:

> > [34] The Crown and defence agree that Dr. Manz committed a breach of trust when he sexually assaulted S.G. In other words, he took advantage of his position as a trusted healthcare provider to be alone with S.G. In his treatment room, where she agreed to let him touch her for treatment purposes, but not on her breast.

> [35] The breach of trust was mitigated somewhat by its short duration, and absence of grooming, making it appear to be spontaneous, rather than the result of long term planning. However, while the breach of trust is on the lower end of the scale, the impact on the victim cannot be ignored.

[72] The Board agrees that the breach of trust, acknowledged by the Respondent in the criminal proceedings, was mitigated by its short duration, and absence of grooming, making it appear to be spontaneous and not the result of long term planning. The Board also agrees that while at the lower end of the scale, the impact on S.G. cannot be ignored.

[73] The Board also acknowledges the mitigating factors in this case, set out in paragraph 72, above.

[74] In all of the circumstances, the Board finds that a suspension is appropriate in this case. Both parties cited the decision of the Hearing Tribunal of the College of Physicians and Surgeons of Alberta in *Fadayomi*, where a physician was suspended for four months. The Board finds that the misconduct in *Fadayomi* was somewhat more egregious than in this case in that the physician made an unacceptable and sexually explicit comment at the same time that he touched the breast of the patient in that case. Here, similar verbal sexual misconduct did not occur. The Board is also mindful of the impact on S.G.

[75] The Board finds that a three-month suspension is appropriate in this case. It, together with the other parts of the penalty to be imposed, meets the objectives of public denunciation of the professional misconduct, specific deterrence of the Respondent from committing similar professional misconduct in the future, and general deterrence to other members of the profession. The Board also finds that a three-month suspension, combined with the other aspects of the penalty to be imposed, will ensure public confidence in the ability of the CAS to self-regulate.

[76] As in other cases involving professional misconduct by regulated professionals, including misconduct of sexual impropriety, the Board finds that following his three-month suspension, the Respondent's practice should be restricted, as follows for a period of 12 months:

i. the Respondent is prohibited from examining or treating any female person 10 years of age or older, except in the presence of an adult female observer approved in advance in writing by the CAS.

ii. the Respondent shall, before examining or treating any female person of 10 or more years in age, obtain the consent in writing of such patient to the presence of the adult female observer;

iii. in each appointment with a female patient aged 10 or older, the Respondent shall record in the patient file the name of the individual approved by the CAS who attended and observed the appointment;

iv. Every two months from the date of this order, each approved observer who is employed or practices at a clinic where Dr. Manz practices will submit to the CAS a duly sworn statutory declaration in the form attached as Schedule “A”.

v. the Respondent shall post a sign at the front desk used by patients to report for an appointment, advising patients of the restrictions on his practice, at every clinic where the Respondent practices in the form attached as Schedule “B”.

[77] The Board notes that in its submissions to the Board the Investigation Committee suggested that the notice to the public referenced in paragraph 76(v) above should include a reference to the criminal conviction of the Respondent in the signage. The Board declines to so order, as it does not feel that is necessary for the protection of the public.

[78] The Board also finds that a written reprimand is appropriate. A reprimand is intended to provide public denunciation for a member’s conduct. A reprimand is a suitable sanction in this case.

[79] The Board finds that a requirement for professional development training in relation to the professional misconduct at issue in this case is not necessary, given the Respondent is currently attending a half-day course, weekly, for 10 weeks for sexual assault training.

[80] With respect to costs, given the imposition of a three-month suspension, and the evidence of other impacts of these matters on the Respondent’s ability to earn an income, the Board orders partial indemnity costs in the amount of $5,000.00, to be paid by the Respondent within 12 months of the date of this Order. If the costs order is not paid within 12 months from the date of the order, the Respondent’s registration in the CAS shall be cancelled, the Respondent’s licence revoked, and the Respondent’s name struck from the register.

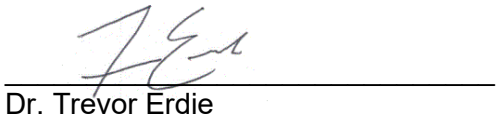
[81] The Board’s decision shall be posted in the Discipline section on the CAS website.

[82] It is reasonable under the circumstances to allow the Respondent some time to put his practice in order before beginning the period of suspension, so we are directing that the Respondent begin serving his suspension as of December 1, 2025. The practice restrictions set out in the Agreement between the Investigation Committee and the Respondent dated June 9, 2021, are to remain in place until then.

[83] A copy of this Decision and the Board Order shall be provided to S.G. by the Registrar of the CAS.

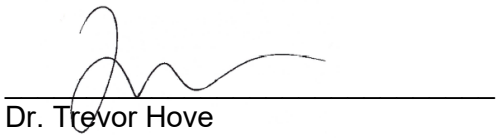
Dated this 10th day of November, 2025.

Dr. Jennifer Beggs – Chair

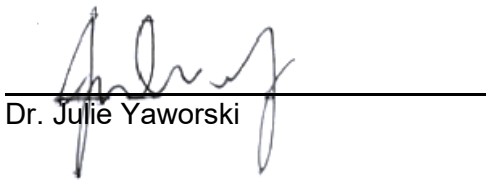


Dr. Trevor Erdie

Dr. Roger Kiva



Dr. Trevor Hove



Dr. Julie Yaworski

Ms. Darcia Schirr – Public Representative

**Schedule "A"**

STATUTORY
DECLARATION

I, _____, of _____ in the Province of Saskatchewan, make oath and say as follows:

1. I am an employee of or carry on my practice at _____ and have been approved by The Chiropractors' Association of Saskatchewan (the "**CAS**") to observe Dr. Ruben Manz treat patients pursuant to the terms of an Order of the Board of the CAS made pursuant to s.36 of *The Chiropractic Act, 1994*, SS 1994, c C-10.1 (the "**Order**").

2. I have observed Dr. Manz provide treatment to patients from time to time as contemplated by the terms of the Order.

3. To the best of my knowledge Dr. Manz has not seen or treated a female patient over the age of 10 in the absence of an observer approved by the CAS.

4. That I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if given under the *Canada Evidence Act*.

DECLARED before me at the City of Regina, in the Province of Saskatchewan, this _____ day of _____, 20_____.

_____
Name:

_____

A Commissioner for Oaths
for the Province of Saskatchewan.
My Commission Expires:
Being a Solicitor

**Schedule "B"**

**NOTICE TO THE PUBLIC**

The Chiropractors' Association of Saskatchewan (CAS) has ordered the following practice restrictions on Dr. Ruben Manz:

i. Dr. Manz is prohibited from examining or treating any female person 10 years of age or older, except in the presence of an adult female observer approved in advance in writing by the CAS;
ii. Dr. Manz shall, before examining or treating any female person of 10 or more years in age, obtain the consent in writing of such patient to the presence of the adult female observer;
iii. in each appointment with a female patient aged 10 or older, Dr. Manz shall record in the patient file the name of the individual approved by the CAS who attended and observed the appointment;
iv. every two months, each approved observer who is employed or practices at a clinic where Dr. Manz practices will submit to the CAS a duly sworn statutory declaration;
v. Dr. Manz shall post a sign at the front desk used by patients to report for an appointment, advising patients of the restrictions on his practice, at every clinic where he practices.