

# PHYSIOTHERAPISTS

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# Physiotherapists



## Introduction

Physiotherapy, or physical therapy, is a regulated health profession that promotes health and well-being by optimizing physical movement (Canadian Physiotherapy Association [CPA], 2012). To accomplish this goal, physiotherapists (PTs)<sup>1</sup> use clinical assessment, diagnostic and prognostic measures to develop treatment and intervention strategies that remediate physical impairments and promote mobility, function and quality of life.

PTs apply evidence-based methods and techniques to address physical problems and diseases. These conditions may be caused by sport- or work-related injuries, or respiratory, circulatory, musculoskeletal or neurological conditions such as arthritis, back and neck problems, and heart and lung diseases (CPA,

2012a). Physiotherapists help people maximise their quality of life, looking at physical, psychological, emotional and social wellbeing. They work in the health spheres of promotion, prevention, treatment/intervention, and rehabilitation. ([World Physiotherapy, 2023](#)).

## History of the Profession

The Canadian Association of Massage and Remedial Gymnastics was founded in 1920 and renamed the Canadian Physiotherapy Association (CPA) in 1935 (Heap, 1995).

### Physiotherapy in wartime

During the First World War and the Second World War, PTs played a key role in rehabilitating injured soldiers and war amputees, often serving as their first point of contact with the Canadian health care system. The first PTs practised in military camps, hospital units, homes and the wider community with the goal of rehabilitating and reintegrating injured soldiers and amputees into civilian life ([CPA, 2008](#)).

The first university diploma program in physiotherapy began at the University of Toronto in 1929 (Heap, 1995; Cleather, 1995). This program emerged from the Military School of Orthopedic Surgery and Physiotherapy, the destination of many injured soldiers following their involvement in the First World War (CPA, 2008).

The *Canadian Occupational Therapy and Physiotherapy Journal* acknowledged physiotherapy as a career in 1937, describing it as a pre-existing and generally recognized profession (Heap, 1995). During the Second World War, PTs were recruited for the first time as officers of the Canadian Armed Forces, representing a significant advance for the profession (Heap, 1995).

After the end of the Second World War, PTs began practising in rehabilitation centres and specialized hospitals and departments as part of care teams to support physicians (Heap, 1995). During this period, PTs, who were mainly women, fought social expectations and oppression to create a niche for the physiotherapy

<sup>1</sup> The term physiotherapist will be used throughout; however, the term physical therapist has been used more recently. Both terms are used interchangeably in Canada.

profession. One of their main goals, backed by the CPA, was to establish legal self-regulation for the profession. This would give them control over the certification, education and discipline of practitioners (Heap, 1995; Cleather, 1995). They also believed that self-regulation would lead to a more autonomous and secure position for PTs within the health care labour market (Heap, 1995).

### Physiotherapy in the late 20<sup>th</sup> century

Some provinces started to regulate physiotherapy in the 1950s, but in 1957, the national health insurance legislation challenged the professionalization of physiotherapy by publicly funding physician and hospital services (Heap, 1995). CPA members advocated for physiotherapy to be covered under the new National Health Plan (Cleather, 1995). Seeing this as government intervention in the health care sector, other paramedical groups began to advocate for professional status, which led to greater autonomy for PTs (Heap, 1995). This led to increased physiotherapy organization and provincial involvement, including the development of the Ontario Physiotherapy Association (OPA) in 1964 (Heap, 1995). Now, each province and territory has its own provincial organization—or “branch”—of the CPA.

In 1954, McGill University moved to separate its physical and occupational therapy programs (Cleather, 1995). In the late 1950s, this, along with an accompanying increase in course content, inspired the CPA to start pushing for physiotherapy to become a degree program rather than a diploma, and for postgraduate university courses specializing in physiotherapy education, research and administration to be developed (Heap, 1995). This transition reflected the need to maintain general knowledge as well as specialized skills and techniques within the profession (Heap, 1995). In the late 1970s, with the support of the CPA, universities began offering bachelor’s degrees in physiotherapy (Heap, 1995).

At the same time, the profession was dealing with a number of contentious issues, including the goal of achieving primary care provider status to give patients direct access to PTs (i.e., no physician referral would be required) (Heap, 1995). This was a big change from the CPA’s original constitution, which supported medicine’s dominance by stating that physiotherapy could only be conducted “under medical supervision” (Heap, 1995). In 1978, the CPA Code of Ethics

dropped the requirement for a physician referral for a PT to assess and treat clients (Heap, 1995). Although this was a contentious issue at the time, these steps toward self-regulation and direct access increased the autonomy of PTs and were crucial in the development of the profession.

There have been many changes to the profession since the 1970s due to increasing membership, expertise and scope of practise. The notion of specialization within physiotherapy arose in the mid-1980s, but such specializations have only recently been recognized (Cleather, 1995). There are also established training pathways and practise contexts where PTs serve in advanced practise roles. In these roles, PTs work either autonomously or under medical directives to perform tasks that are considered to be outside of the typical scope of physiotherapy practise (e.g. ordering imaging or diagnostic tests, referrals to medical specialists). (Desmeules et al., 2012; Tawiah et al., 2021). A continuing focus on education, research, advocacy and regulatory changes has led to the evolution and implementation of specialization and advanced practise roles.

### Education and Training

Beginning in the 1920s, physiotherapy educational programs were commonly joined with occupational therapy with combined efforts to raise funds to support research and increase awareness about both careers (Friedland, Robinson, & Cardwell, 2001). The original joint occupational therapy and physiotherapy programs were expanded from a two-year diploma to a four-year university course with an emphasis on post-hospital-discharge follow-up (Friedland et al., 2001). These programs were expanded in the 1930s to include vocational training, industrial therapy programs and clinical workshops. In the 1970s, the two programs were split into separate occupational therapy and physiotherapy streams (Friedland et al., 2001).

Since 2012 all of the educational programs in Canada have been transferred from undergraduate to a master’s level degree in physiotherapy. This change was the result of the United States moving to a Master’s Entry to Practise requirement. Some Canadian universities decided to follow suit so their programs would be eligible for U.S. accreditation and their students would be able to practise in the U.S. Most of Canada’s 15 university physiotherapy programs now offer an MSc/MPT (Canadian Council of Physiotherapy University Programs, 2014), most of

**TABLE 1:** Physiotherapy programs offered at Canadian universities

University	Programs
<b>Dalhousie University, School of Physiotherapy</b> <a href="https://www.dal.ca/faculty/health/school-of-physiotherapy.html">https://www.dal.ca/faculty/health/school-of-physiotherapy.html</a>	MSc Physiotherapy MSc Rehabilitation Research Joint MScPT Rehabilitation Research
<b>McGill University, School of Physical &amp; Occupational Therapy</b> <a href="https://www.mcgill.ca/spot/">https://www.mcgill.ca/spot/</a>	Professional Master of Science (Applied in Physical Therapy)
<b>Universite de Montreal, Faculty of Medicine, School of Rehabilitation</b> <a href="https://readaptation.umontreal.ca/">https://readaptation.umontreal.ca/</a>	Bachelor's/Master's Physiotherapy Continuum
<b>Universite de Sherbrooke, School of Rehabilitation</b> <a href="https://www.usherbrooke.ca/admission/programme/692/maitrise-en-physiotherapie/">https://www.usherbrooke.ca/admission/programme/692/maitrise-en-physiotherapie/</a>	Master's in physiotherapy program
<b>Universite du Quebec a Chicoutimi</b> <a href="https://www.uqac.ca/programmes/">https://www.uqac.ca/programmes/</a>	Bachelor of Science (Rehabilitation Science in Physical Therapy) Master of Science (Applied) in Physical Therapy
<b>Universite Laval</b> <a href="https://www.fmed.ulaval.ca/programmes-detudes/programmes-de-baccalaureat/continuum-baccalaureat-maitrise-en-physiotherapie/presentation/">https://www.fmed.ulaval.ca/programmes-detudes/programmes-de-baccalaureat/continuum-baccalaureat-maitrise-en-physiotherapie/presentation/</a>	Bachelor's/Master's Physiotherapy Continuum
<b>McMaster University, School of Rehabilitation Sciences</b> <a href="https://srs-mcmaster.ca/pt-program-information/">https://srs-mcmaster.ca/pt-program-information/</a>	Master of Science (Physiotherapy)
<b>Queen's University, Faculty of Health Sciences</b> <a href="https://www.rehab.queensu.ca/">https://www.rehab.queensu.ca/</a>	Master of Science in Physiotherapy
<b>University of Ottawa, School of Rehabilitation Sciences</b> <a href="https://health.uottawa.ca/rehabilitation/">https://health.uottawa.ca/rehabilitation/</a>	Master of Physiotherapy
<b>University of Toronto, Department of Physical Therapy</b> <a href="https://www.physicaltherapy.utoronto.ca/">https://www.physicaltherapy.utoronto.ca/</a>	Master of Science in Physical Therapy
<b>Western University, School of Physical Therapy</b> <a href="http://www.uwo.ca/fhs/pt/">http://www.uwo.ca/fhs/pt/</a>	Master of Physical Therapy
<b>University of Manitoba, Rady Faculty of Health Sciences</b> <a href="https://www.umanitoba.ca/rehabilitation-sciences/physical-therapy">https://www.umanitoba.ca/rehabilitation-sciences/physical-therapy</a>	Master of Physical Therapy
<b>University of Saskatchewan, School of Rehabilitation Science</b> <a href="https://rehabscience.usask.ca/">https://rehabscience.usask.ca/</a>	Master of Physical Therapy
<b>University of Alberta, Department of Physical Therapy</b> <a href="https://www.ualberta.ca/physical-therapy/index.html">https://www.ualberta.ca/physical-therapy/index.html</a>	Master of Science in Physical Therapy
<b>University of British Columbia, Department of Physical Therapy</b> <a href="https://physicaltherapy.med.ubc.ca/">https://physicaltherapy.med.ubc.ca/</a>	Master of Physical Therapy

which involve 25–28 continuous months of full-time education. Québec universities are the exceptions, offering four-year integrated bachelor-master's degrees. Candidates for Québec programs do not require a bachelor's degree because many of them enter directly from the CEGEP program. All Canadian universities include clinical practicums as part of the educational program.

The U.S. has recently moved to require a Doctor of Physical Therapy (DPT) degree for entry into practise and will transition state licensure designation to DPT

as of 2025. Opinions are divided over whether Canada should follow suit. To date, Canada has not done so, largely due to allegations that this would be more “creeping credentialism” and to the lack of evidence that the move to requiring a master's degree improved physiotherapy service delivery in Canada (Mather, 2011).

Many universities now offer a research-based PhD/MSc in rehabilitation science or physical therapy. These degrees offer post-graduate studies for those interested in advancing the research in this field and help build the

## Indigenous Issues in the Physiotherapy Profession

The 2015 Truth and Reconciliation Commission of Canada (TRC) report calls for an increased number of Aboriginal professionals working in health care. This need was further recognized in the position statement released by the Canadian Physiotherapy Association (CPA, 2014). In an attempt to address a more inclusive and representative physiotherapy workforce, many physiotherapy programs in Canada have designated seats for Indigenous applicants, with a total of 37 seats designated for 2020 (4.8% of the total cohort admitted in 2020) (Physiotherapy Education Accreditation Canada [PEAC] 2020). Although these admissions changes are a step in the right direction, a more comprehensive approach to increasing the number of Indigenous physiotherapists in Canada is recommended, such as modifying the university environment and curriculum to be more inclusive of Indigenous culture and worldviews. (Cox et al., 2019).

evidence base to support physical therapy practise. Some universities also now offer a master's/PhD program or equivalent, mirroring MD/PhD programs.

Table 1 lists the universities that offer master's and PhD programs in Canada.

### Entrance requirements

Typically, students applying to a master's level program require a B average from a four-year bachelor's degree, with a competitive grade point average in the mid 80s, or 3.75 in the 4.0 scale. While most universities do not require a specific undergraduate degree, many of them do require certain courses in biological or life sciences, as well as social sciences or humanities (such as anatomy, physiology, statistics, psychology or sociology). Because the programs are so competitive, most programs also require applicants to interview and/or go through other situational judgment assessments as part of the admission process. These additional means of evaluation assess whether students can succeed in the program and whether they have the characteristics that will lead them to be effective, compassionate and collaborative PTs.

At the PhD level, students often study under "rehabilitation sciences" or interdisciplinary programs. At the PhD level, students often study under "rehabilitation sciences" or interdisciplinary programs at universities that allow for a wider focus for research. Applicants to these programs must complete a master's degree with a minimum grade point average of A and submit letters of reference along with their applications. In some cases, students with research experience, such as published papers, can enter a PhD program from the master's program.

### Essential competencies

The National Physiotherapy Advisory Group (NPAG), comprised of physiotherapy organizations that are national in scope, created the Essential Competency Profile for Physiotherapists in Canada (<http://npag.ca/English/joint.html>) The essential competencies of PTs are related to their roles as experts, communicators, collaborators, managers, leaders, scholarly practitioners and professionals ([National Physiotherapy Advisory Group, 2017](#)).

The core competencies of PTs include the following:

- As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.
- As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.
- As collaborators, physiotherapists work effectively with others to provide inter- and intraprofessional care.
- As managers, physiotherapists manage self, time, resources and priorities to ensure safe, effective and sustainable services.
- As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.
- As scholars, physiotherapists demonstrate a commitment to excellence in practise through continuous learning, the education of others,

the evaluation of evidence, and contributions to scholarship.

- As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of clients and society, and to maintaining high standards of behaviour.

Current regulation requires that all PTs must pass the written component of the Physiotherapy Competency Exam administered by the Canadian Alliance of Physiotherapy Regulators (with the exception of the province of Quebec) to register with their provincial regulatory body.

### Internationally educated physiotherapists

Although integrating internationally educated health practitioners (IEHPs)—including PTs—into the Canadian health system can be complex, it helps to meet the needs of Canadians and to provide better access to services. Integrating IEHPs into the health care system can address workforce shortages by using geography-specific contracts to ensure equitable distribution of practitioners. This may not solve all of physiotherapy’s geographical issues, but it may be a solution to sector-specific issues as increasing numbers of internationally educated physiotherapists are working in the long-term care sector (Landry, Gupta, & Tepper, 2010).

Like all PTs in Canada, internationally educated PTs must pass the Physiotherapy Competency Examination, but first they must also complete a number of additional steps:

1. Be assessed by the Canadian Alliance of Physiotherapy Regulators;
2. Have their credentials recognized; and
3. Meet language proficiency requirements.

The increasing number of bridging programs in Canada for IEHPs is evidence of the importance of these practitioners within the Canadian health care sector (Landry et al., 2010).

In 2020, 1 in every 5 physiotherapists in Canada was internationally educated (CIHI 2022).

## Scope of Practice

Each province has a unique statement about the scope of practise for physiotherapy as part of its provincial physiotherapy or health professions act. For example, Ontario’s *Physiotherapy Act* states:

*The practice of physiotherapy is the assessment of neuromuscular, musculoskeletal and cardio respiratory systems, the diagnosis of diseases or disorders associated with physical dysfunction, injury or pain and the treatment, rehabilitation and prevention or relief of physical dysfunction, injury or pain to develop, maintain, rehabilitate or augment function and promote mobility.  
(Physiotherapy Act, 1991)*

The following are examples of the types of skills PTs have:

- Assessing physical function;
- Assessing neuromusculoskeletal and cardiorespiratory systems;
- Treating patients as autonomous clinicians;
- Developing therapeutic exercise programs;
- Delivering hydrotherapy, electrotherapy and mechanical, radiant or thermal energy; and
- Performing soft tissue and manual therapy, including massage and proprioceptive neuromuscular facilitation.

PTs may also use other skills, but these are not universal across all provinces and territories (CPA, 2009). For example, some provincial colleges offer certification in new physiotherapy specializations.

The adoption of Bill 179 has changed the scope of practise for PTs in Ontario to include “communicating a diagnosis; treating a wound below the dermis; assessing or rehabilitating pelvic musculature; administering a substance by inhalation; ordering a prescribed form of energy; ordering diagnostics” (Landry et al., 2012). Because some of these controlled

acts are new competencies, PTs must be authorized by the provincial registrar to use the specialist title (Physiotherapy Alberta College and Association, n.d.). Moving forward, the advanced skills required for this widened scope of practise will require continuing education courses (Landry et al., 2012). Some universities offer these post professional courses and recognition of expanded scope of practise competencies occurs variably across the professional regulatory bodies.

## Models of Practice

Physiotherapy is rooted in movement sciences and uses a holistic approach to improve patients' health, physical function and quality of life. Empowering patients to be responsible for their own health and making them part of the health care team is a key part of the client-centred care that PTs provide.

Physiotherapy uses an evidence-based approach to managing clients and patients that involves applying research evidence, valuing and respecting a client's

goals, and relying on the PT's clinical expertise. The CPA has described physiotherapy as both an art and a science due to the combination of making clinical judgments and applying skills to improve a client's functioning (CPA, 2012a).

## Regulation of the Profession

While PTs in all provinces across Canada are regulated, some provinces use the title "physiotherapist," while others use "physical therapist." Table 2 lists the titles and regulatory acts in each province, the dates each province made registration mandatory and each province's regulatory body. These acts outline the controlled tasks of PTs in each province, for example, communicating a diagnosis or spinal manipulation.

The Canadian Alliance of Physiotherapy Regulators is the umbrella organization for all provincial physiotherapy regulators in Canada. It was incorporated in 1992 to regulate the practise of physiotherapy (Canadian Alliance of Physiotherapy Regulators, 2014).

**TABLE 2:** Regulated titles and control acts for physiotherapy by province

Province	Title	Act	First year of mandatory registration	Regulatory body
British Columbia	Physical therapist	<i>Health Professions Act</i>	1946	College of Physical Therapists of British Columbia <a href="http://cptbc.org">http://cptbc.org</a>
Alberta	Physical therapist	<i>Health Professions Act</i>	1985	Physiotherapy Alberta College + Association <a href="http://www.physiotherapyalberta.ca">http://www.physiotherapyalberta.ca</a>
Saskatchewan	Physical therapist	<i>The Physical Therapists Act</i>	1945	Saskatchewan College of Physical Therapists <a href="http://www.scpt.org">http://www.scpt.org</a>
Manitoba	Physiotherapist	<i>The Physiotherapists Act</i>	1956	College of Physiotherapists of Manitoba <a href="https://www.manitobaphysio.com/">https://www.manitobaphysio.com/</a>
Ontario	Physiotherapist	<i>Physiotherapy Act</i>	1953	College of Physiotherapists of Ontario <a href="http://www.collegept.org">http://www.collegept.org</a>
Québec	Physiotherapist Physical therapist Physical rehabilitation therapist Physiotherapy therapist Physiotherapy technologist Physiotherapy technologist	<i>Professional Code</i>	1973	Ordre professionnel de la physiothérapie du Québec <a href="http://oppq.qc.ca">http://oppq.qc.ca</a>



Province	Title	Act	First year of mandatory registration	Regulatory body
New Brunswick	Physiotherapist	<i>Physiotherapy Act</i>	1960	College of Physiotherapists of New Brunswick <a href="http://www.cptnb.ca">http://www.cptnb.ca</a>
Nova Scotia	Physiotherapist	<i>Physiotherapy Act</i>	1959	Nova Scotia College of Physiotherapists <a href="http://nsphysio.com">http://nsphysio.com</a>
Prince Edward Island	Physiotherapist	<i>Physiotherapy Act</i>	1973	Prince Edward Island College of Physiotherapists <a href="http://www.peicpt.com">http://www.peicpt.com</a>
Newfoundland and Labrador	Physiotherapist	<i>Physiotherapy Act</i>	1970	Newfoundland and Labrador College of Physiotherapists <a href="http://nlcpt.com">http://nlcpt.com</a>
Yukon Territory	–	–	2007	Government of Yukon, Customer Services <a href="https://yukon.ca/en/professional-licensing">https://yukon.ca/en/professional-licensing</a>

Source: CIHI

## Demographics

In 2020, there were 26,019 physiotherapists in Canada, an increase of over 3,500 from 2016 (CIHI 2022) (see Figure 1 and 2). The increase in PTs is also reflected in the per population rate which was 68.6 for every 100,000 Canadians in 2020.

Physiotherapy is predominated by practitioners who identify as women, representing around 75% of PTs in 2020, with slight differences across the provinces and territories (Figure 3) (CIHI 2022).

Figure 4 shows the age distribution of PTs by province in 2020.

## Demand

Recent research has shown that the number of Canadians who have consulted a physiotherapist has been steadily increasing ([Conference Board of Canada, 2017](#)). This increase in demand is likely due to a combination of the following factors:

- The aging population;
- Increasing rates of chronic disease;

- Growing public expectations of receiving such services; and
- Medical advances related to this area of health (Landry, Tepper, & Verrier, 2009).

Health workforce planners have been working to determine the supply of PTs required to meet current and future demand (Canadian Alliance of Physiotherapy Regulators, 2014). This involves developing an evidence-based health human resources ratio for PTs and setting targets for PT numbers to meet public need (Landry et al., 2009). These targets would also need to be integrated into the planning for other primary health care professionals.

There are multiple strategies that can be used to recruit and retain PTs, including quality of work life and work environment, financial incentives, and professional development (Tran et al., 2008). Increasing the scope of work of physiotherapy assistants, from accredited training programs by Physiotherapy Education Accreditation Canada, could also help relieve some of the pressure.

Almost half of physiotherapists in Canada work in the private sector (CIHI, 2011); however, an estimated one third of Canadians do not have additional health insurance (Sanofi Canada, 2017).

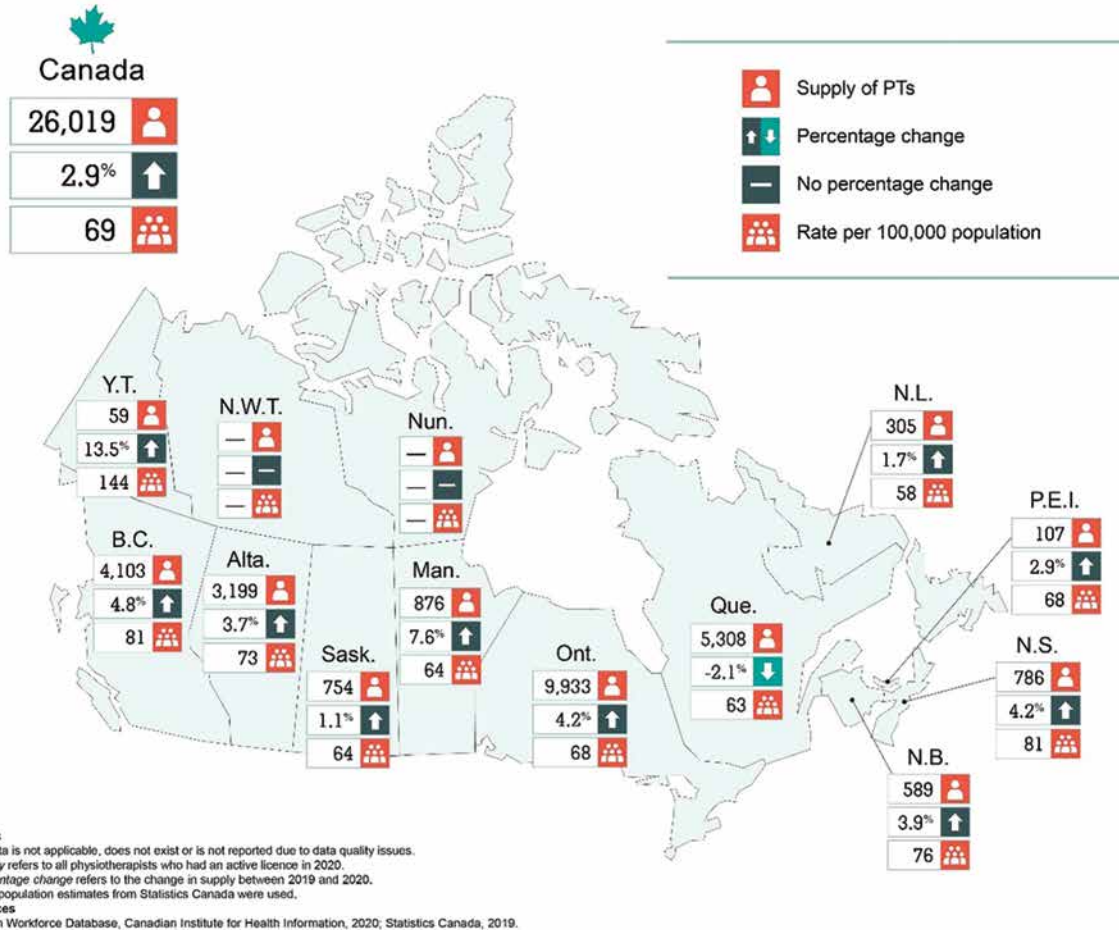


Figure 1. Physiotherapists across Canada

# Physiotherapists (PTs)

Supply, percentage change and rate per 100,000 population, Canada, 2020

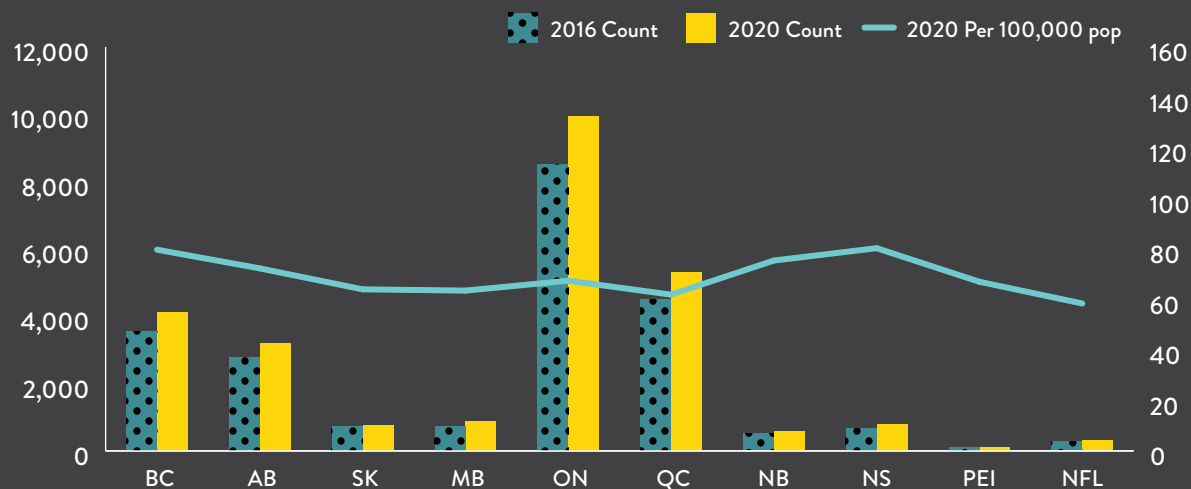
Physiotherapists per 100,000 population provides a baseline count. It may not account for regional variations across provinces and territories. Differences in numbers of physiotherapists working full time versus part time can affect comparability between jurisdictions.



Ironically, having private health insurance for health costs not covered by the public system is highly associated with income (Lightman et al., 2008). Furthermore, Canadians with lower incomes are less likely than those with higher incomes to report seeking care with community-based physiotherapists (Bath et al., 2018).

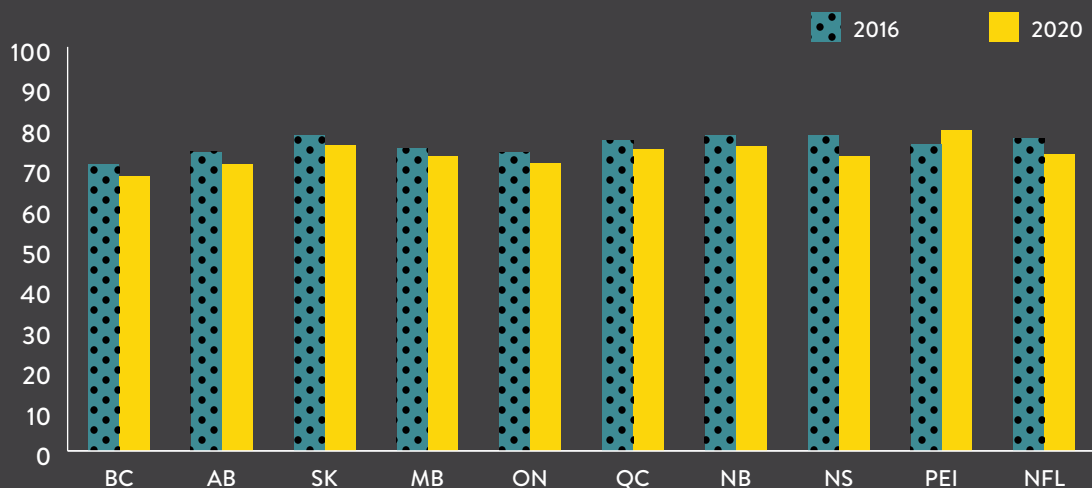
People living in rural and remote communities have additional challenges accessing physiotherapy care with approximately 90% of physiotherapists in Canada working in urban centres (Conference Board of Canada, 2017).

**Figure 2: Physiotherapists—count and per population rates in Canadian provinces and territories, 2016 and 2020**



Source: Health Workforce Database, 2022, Canadian Institute for Health Information.

**Figure 3: Proportion of physiotherapists that identify as women, by Canadian provinces and territories, 2016 and 2020**



Source: Health Workforce Database, 2022, Canadian Institute for Health Information.

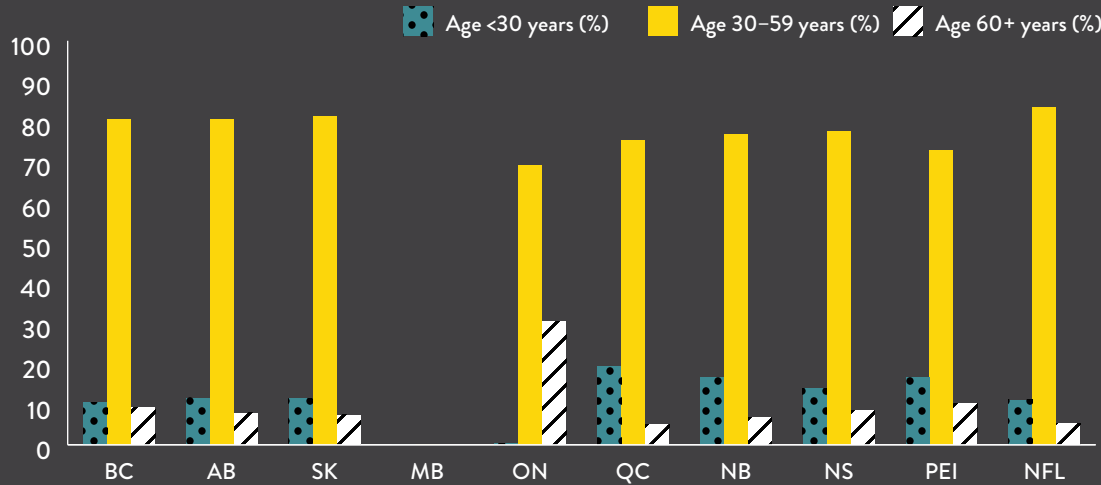
## Coverage of Services and Remuneration

Physiotherapy fees, like many other health care costs, vary among provinces and practise conditions. Physiotherapy delivered to patients admitted to hospitals is fully covered by provincial health plans, per the *Public Hospitals and Canada Health Act* (Government of Canada, 2021). Provincial plans will usually pay some or all of the costs of physiotherapy care in an outpatient hospital clinic. Most private health insurance plans will cover some or all of the cost of physiotherapy

assessment and treatment, depending on the type of plan. Although physician referrals are not required to access physiotherapy services, some insurance providers will only cover these services if they are referred by a physician.

Wait times for publicly funded outpatient and community physiotherapy services for patients with chronic conditions can be 6 months or more depending on the setting and condition (Passalent, Landry & Cott, 2009). A range of strategies have been suggested to address long waits for physiotherapy care.

**Figure 4: Age distribution of physiotherapists, by Canadian provinces and territories, 2016 and 2020**



Source: Health Workforce Database, 2022, Canadian Institute for Health Information.

## Salary

Salaries for PTs vary based on education levels, experience and geographic location, with PTs in Ontario earning the most on average (see Table 6). A variety of funding mechanisms are used to remunerate PTs working in hospitals and in the community, including public funding, out-of-pocket payment and insurance plans. Each province is home to several physiotherapy unions (CPA, n.d.).

**TABLE 3:** Wage estimates for physiotherapists by province, 2022

Location	Low Wage (\$/hour)	Median Wage (\$/hour)	High Wage (\$/hour)
<b>British Columbia</b>	35.13	41.39	54.30
<b>Alberta</b>	29.49	43.00	54.25
<b>Saskatchewan</b>	28.37	43.00	47.12
<b>Manitoba</b>	31.00	39.00	44.30
<b>Ontario</b>	23.00	41.00	50.00
<b>Québec</b>	23.33	33.35	47.50
<b>New Brunswick</b>	28.85	37.00	42.00
<b>Nova Scotia</b>	25.96	36.06	42.00
<b>Prince Edward Island</b>	26.43	38.46	53.33
<b>Newfoundland and Labrador</b>	26.47	42.83	53.33

Source: Labour Force Survey, 2022

## Key Issues for the Profession

- There is a growing need to provide physiotherapy care for elderly people and those with chronic diseases to enable them to remain at home longer with some quality of life. An increase in domestically trained PTs as well as integrating more internationally educated PTs into the health care system may help to meet these needs. However, this is a complex issue due to attrition rates, the geographical distribution of PTs versus that of the population, and the need for increased funding for care.
- It is important to consider how the limited public funding for physiotherapy services will affect access to these services for patients, particularly those with chronic illnesses who need them the most. Continuing to pay for acute care treatment in hospitals is becoming less and less feasible given existing budgets. A more sustainable solution must be found.
- Several of these issues could be mitigated by integrating more PTs into multidisciplinary teams, such as Family Health Teams (FHTs). The current system funds individuals by visit, but integration with multidisciplinary teams would allow for incentivizing quality (performance) and team-based care.

## Impact of the COVID-19 Pandemic on the Physiotherapy Workforce

The onset of the COVID-19 pandemic created unprecedented strain in health care systems and necessitated the adoption of new approaches to delivery of health care. Physiotherapists, like many other health professions, were required to adapt to new models of practice focused on mitigating the spread and sequelae of COVID-19 yet also providing ongoing care for non-COVID-19 patients (Ezzat et al., 2022)

In the early stages of the pandemic, many physiotherapists were re-deployed from typical clinical care settings and roles to areas of high need such as contact tracing and testing as well as the ICU care due to the influx of COVID-19 patients. Redeployment of health care professionals and reduction of delivery of care in several 'non-urgent' areas resulted in gaps and backlogs of care for other health conditions and populations (World Physiotherapy, 2021a). One example of this is in the exacerbation of pre-existing but slowly increasing elective hip and knee joint replacement surgical waitlists and the accompanying negative consequences associated with those delays (Wang et al., 2020). These burgeoning wait lists mean an increased need for non-surgical approaches, including physiotherapy care. Another direct impact of the pandemic is the emerging increased need for physiotherapy care in the management of people with long COVID (World Physiotherapy, 2021b).

The rapid and widespread uptake and integration of virtual care into physiotherapy practice is likely the most notable impact of the pandemic on the profession. Although different forms of virtual care in physiotherapy have been around for several years prior to the pandemic (Horsley, et al., 2020), widespread use and acceptance of virtual care has eluded the profession which predominantly relies on a 'hands on' approach (Ezzat et al., 2022). Innovative multidisciplinary teams as well as hybrid in person and virtual care models that leverage the use of virtual care technologies may be a way to address perceived limitations of not having 'hands on' care (Bichop et al., 2023). The sustained use of virtual care by physiotherapists beyond the pandemic would be one means to support overcoming barriers to access care in rural and remote underserved communities.

## Conclusion

Physiotherapists are primary health care providers who focus on a holistic approach to improving the health of Canadians through mobility and physical function. Although the profession developed independently of occupational therapy, their educational systems were intertwined until the 1950s when it emerged as a distinct profession seeking autonomy and an end to medical dominance. Currently, entry into clinical physiotherapy practice in Canada requires a master's degree, with PhD programs available for those interested in research. With the increasing demand for physiotherapy services, more work needs to be done to ensure that all Canadians have access to and appropriate funding for physiotherapy treatment in the community, such as through primary health care.

## Acknowledgements

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## Acronyms

CIHI	Canadian Institute for Health Information
CPA	Canadian Physiotherapy Association
DPT	Doctor of Physical Therapy
FHT	Family Health Team
IEHP	Internationally educated health practitioner
OPA	Ontario Physiotherapy Association
PEAC	Physiotherapy Education Accreditation Canada
PT	Physiotherapist/Physical Therapist

## Additional Resources

### Physiotherapy regulators

- Canadian Alliance of Physiotherapy Regulators – <http://www.alliancept.org>
- College of Physical Therapists of British Columbia – <http://cptbc.org>
- College of Physiotherapists of Manitoba – <https://www.manitobaphysio.com/>
- College of Physiotherapists of New Brunswick – <http://www.cptnb.ca>
- College of Physiotherapists of Ontario – <http://www.collegept.org>
- Government of Yukon, Customer Services – <https://yukon.ca/en/professional-licensing>
- Newfoundland and Labrador College of Physiotherapists – <http://nlcpt.com>
- Nova Scotia College of Physiotherapists – <http://nsphysio.com>
- Ordre professionnel de la physiothérapie du Québec – <http://oppq.qc.ca>

- Physiotherapy Alberta College + Association – <http://www.physiotherapyalberta.ca>
- Prince Edward Island College of Physiotherapists – <http://www.peicpt.com>
- Saskatchewan College of Physical Therapists – <http://www.scpt.org>

### Physiotherapy associations

- Association québécoise de la physiothérapie – <https://www.aqp.Québec/>
- Canadian Physiotherapy Association – <http://www.physiotherapy.ca>
- Manitoba Physiotherapy Association – <http://mbphysio.org>
- New Brunswick Physiotherapy Association – <http://www.nbphysioassociation.net/>
- Newfoundland/Labrador Physiotherapy Association – <https://nlphysiotherapyassociation.com/>
- North West Territories/Nunavut – <https://physiotherapy.ca/northwest-territoriesnunavut>
- Nova Scotia Physiotherapy Association – <http://www.physiotherapyns.ca>
- Ontario Physiotherapy Association – <http://www.opa.on.ca>
- Physiotherapy Alberta – <http://www.physiotherapyalberta.ca>
- Physiotherapy Association of British Columbia – <http://bcphysio.org>
- Physiotherapy Association of Yukon – <https://physiotherapy.ca/cpa-yukon>
- Prince Edward Island Physiotherapy Association – <https://physiotherapy.ca/prince-edward-island-physiotherapy-association>
- Saskatchewan Physiotherapy Association – <http://www.saskphysio.org>

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