

# PHYSIOTHERAPY

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# Physiotherapy



## INTRODUCTION

Physiotherapy, or physical therapy, is a 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). PTs help individuals of all ages maximize quality of life through physical, psychological, emotional and social well-being (World Confederation for Physical Therapy, 2017).

## 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,

<sup>1</sup> The term physiotherapist will be used throughout; however, the term physical therapist has been used more recently.

PTs, who were mainly women, fought social expectations and oppression to create a niche for the physiotherapy 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 practice. The notion of specialization within physiotherapy arose in the mid-1980s, but such specializations have only recently been recognized (Cleather, 1995). There is now a well-established, self-directed certification process, developed by CPA, through which PTs can be credentialed as “clinical specialists.” There are also recognized programs where PTs can receive additional training as advanced practice physiotherapists to triage patients with musculoskeletal problems. A continuing focus on education, specialization and research has accompanied these changes and advanced roles (Heap, 1995).

### EDUCATION AND TRAINING

Beginning in the 1920s, physiotherapy education was joined with occupational therapy through 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 program was 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). This program was expanded in the 1930s to include vocational training, industrial therapy programs and clinical workshops. In the 1970s, the two programs were finally split into separate occupational therapy and physiotherapy streams (Friedland et al., 2001).

Since 2012 all of the educational programs 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 Practice 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 (Canadian Council of Physiotherapy University Programs, 2014), most of which involve 25–28 continuous months of full-time education. Quebec universities are the exceptions, offering four-year integrated bachelor-master’s degrees. Candidates for Quebec programs do not require a bachelor’s degree because many of them enter directly from the CEGEP program. All Canadian universities include a clinical practicum as part of the educational program.

The U.S. has recently moved to require a Doctor of Physical Therapy (DPT) degree for entry into practice 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.

Many universities now offer a research-based PhD in rehabilitation science or physical therapy. These degrees offer post-graduate studies for those interested in advancing the research in this field and helps build the evidence base to support physical therapy practice. 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.

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

University	MSc/ MPT	PhD	Website
Dalhousie University	✓	✓ (Interdisciplinary)	<a href="https://www.dal.ca/faculty/health/school-of-physiotherapy.html">https://www.dal.ca/faculty/health/school-of-physiotherapy.html</a>
McGill University	✓	✓ (Rehabilitation)	<a href="https://www.mcgill.ca/spot/programs/pt">https://www.mcgill.ca/spot/programs/pt</a>
McMaster University	✓	✓ (Rehabilitation)	<a href="https://srs-mcmaster.ca/pt-program-information/">https://srs-mcmaster.ca/pt-program-information/</a>
Queen’s University	✓	✓ (Rehabilitation)	<a href="http://www.queensu.ca/sgs/programs-degrees/physical-therapy">http://www.queensu.ca/sgs/programs-degrees/physical-therapy</a>
Université de Montréal	✓ (Bachelor/MSc)	✓ (Rehabilitation)	<a href="https://admission.umontreal.ca/programmes/maitrise-en-physiotherapie/">https://admission.umontreal.ca/programmes/maitrise-en-physiotherapie/</a>
Université de Sherbrooke	✓		<a href="https://www.usherbrooke.ca/readaptation/programmes/maitrise-en-physiotherapie/">https://www.usherbrooke.ca/readaptation/programmes/maitrise-en-physiotherapie/</a>
Université du Québec à Chicoutimi	✓		<a href="http://programmes.uqac.ca/personnel_module.html?codeModule=S.4&amp;menu=physiotherapie">http://programmes.uqac.ca/personnel_module.html?codeModule=S.4&amp;menu=physiotherapie</a>
Université Laval	✓ (Bachelor/MSc)		<a href="https://www.ulaval.ca/les-etudes/programmes/repertoire/details/baccalaureat-en-physiotherapie-b-pht.html">https://www.ulaval.ca/les-etudes/programmes/repertoire/details/baccalaureat-en-physiotherapie-b-pht.html</a>
University of Alberta	✓	✓ (Rehabilitation)	<a href="https://www.ualberta.ca/physical-therapy">https://www.ualberta.ca/physical-therapy</a>
University of British Columbia	✓	✓ (Rehabilitation)	<a href="http://physicaltherapy.med.ubc.ca/">http://physicaltherapy.med.ubc.ca/</a>
University of Manitoba	✓	✓ (Interdisciplinary)	<a href="http://umanitoba.ca/rehabsciences/pt/admission_hub.html">http://umanitoba.ca/rehabsciences/pt/admission_hub.html</a>
University of Ottawa	✓	✓ (Rehabilitation)	<a href="https://health.uottawa.ca/rehabilitation">https://health.uottawa.ca/rehabilitation</a>
University of Saskatchewan	✓	✓ (Health Sciences)	<a href="https://medicine.usask.ca/admission-to-the-mpt-program/how-to-apply.php">https://medicine.usask.ca/admission-to-the-mpt-program/how-to-apply.php</a>
University of Toronto	✓		<a href="http://www.physicaltherapy.utoronto.ca/admissions/">http://www.physicaltherapy.utoronto.ca/admissions/</a>
Western University	✓	✓ (Physical Therapy)	<a href="https://www.uwo.ca/fhs/pt/programs/mpt/admission.html">https://www.uwo.ca/fhs/pt/programs/mpt/admission.html</a>

**TABLE 2:** Physiotherapist graduates by year of graduation and institution, Canada, 2007–2016

School	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Dalhousie University</b>	46	44	47	46	53	–	52	54	49	49
<b>McGill University</b>	53	48	54	54*	60	74	68	48	53	14
<b>McMaster University</b>	55	54	68	66	56	–	–	63	65	55
<b>Queen’s University</b>	55	47	48	77	68	–	–	66	68	64
<b>Université de Sherbrooke</b>	–	–	–	–	25	46	47	–	–	–
<b>Université du Québec à Chicoutimi</b>	–	–	–	–	–	–	–	–	–	–
<b>Université de Montréal</b>	57	32	37	46	77	70	88	71	64	34
<b>Université Laval</b>	56	50	57	66	62	49	62	64	50	12
<b>University of Alberta</b>	76	76	75	141	83	83	78	100*	104	106
<b>University of British Columbia</b>	40	40	37	52	65	78	75	†	--	0
<b>University of Manitoba</b>	48	50	44	44	42	7	50	44	45	11
<b>University of Ottawa</b>	55	45	78	31	32	35	33	†	37	21
<b>University of Saskatchewan</b>	30	31	38	40	36	34	33	36	--	--
<b>University of Toronto</b>	84	80	81	87	83	–	–	76	81	76
<b>Western University</b>	48	42	49	49	45	49	50	45	47	44

\* Represents the first class of the new professional master’s degree, after which graduates are eligible to apply for a license to practice.

– Data is not applicable or not available.

† Data suppressed according to the privacy policy of the Health Workforce Information department requiring that numbers less than 10 be suppressed.

0: Data represents a true 0 value.

Source: Canadian Institute for Health Information (CIHI)

Table 2 shows the numbers of students who graduated from physiotherapy programs at Canadian universities from 2007 to 2016.

## 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, some universities also require applicants to interview for positions. These interviews are similar to the multi-mini interviews used in medicine to 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 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 essential competencies of PTs are related to their roles as experts, communicators, collaborators, managers, advocates, scholarly practitioners and professionals (National Physiotherapy Advisory

Group, 2009). These essential competencies are based on the CanMEDS model created by the Royal College of Physicians and Surgeons of Canada as a competency framework for physicians, which is organized into a set of meta-competencies or roles (Canadian Council of Physiotherapy University Programs, 2014 Frank, 2005).

The core competencies of PTs include the following:

- Promoting health and well-being through expertise in function and mobility;
- Communicating effectively with clients and other professionals to build relationships and promote interprofessional collaboration;
- Managing time and resources to build a sustainable practice;
- Using knowledge and expertise to advocate on behalf of their clients, the wider community and their profession;
- Keeping up-to-date with current knowledge and research in the field; and
- Maintaining the profession-led and regulated standards of behaviour when it comes to ethical practice (CPA, 2009).

Before practising in Canada, all PTs must pass the Physiotherapy Competency Examination administered by the Canadian Alliance of Physiotherapy Regulators and register with their provincial regulatory body. The registration process varies among provinces and territories.

## 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 2009, 16% of Canada’s PTs were internationally educated (CIHI, 2009). Table 3 shows the percentage of internationally educated PTs in each province and territory.

Jurisdiction	Internationally educated (%)
British Columbia	21.2
Alberta	21.7
Saskatchewan	—
Manitoba	—
Ontario	25.1
Quebec	—
New Brunswick	—
Nova Scotia	—
Prince Edward Island	—
Newfoundland and Labrador	13.7
Yukon	†
Northwest Territories/Nunavut	—
<b>Total</b>	<b>16.9</b>

— Data is not applicable or not available.

† Data suppressed according to the privacy policy of the Health Workforce Information department requiring that numbers less than 10 be suppressed.

Source: CIHI

## DEMAND

Recent research has shown that demand for physiotherapy is on the rise, likely due to a combination of the following factors:

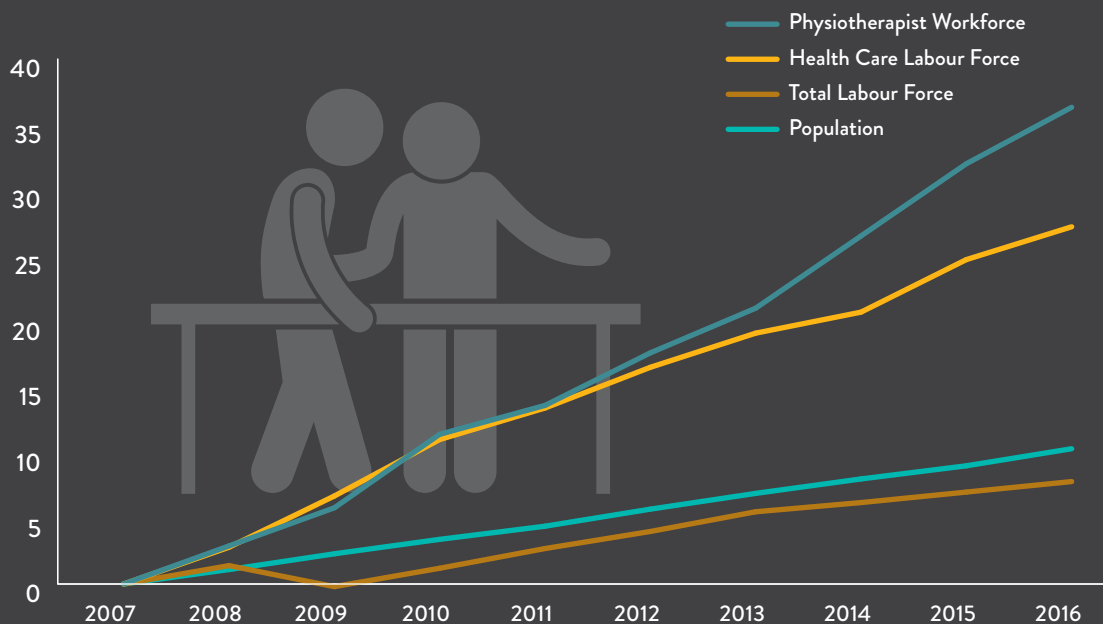
- The aging population;
- Increasing rates of chronic disease;
- Growing public expectations of receiving such services; and
- Medical advances related to this area of health (Landry, Tepper, & Verrier, 2009).

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, accredited by Physiotherapy Education Accreditation Canada, could also help relieve some of the pressure. Figure 1 shows the increase in PTs compared with other health professionals in Canada.

**Figure 1:** Cumulative growth rate of the physiotherapist workforce, Canada, 2007–2016



Source: CIHI

## DEMOGRAPHICS

In 2019, there were 25,294 physiotherapists in Canada, an increase of 2.6% from 2018 (CIHI 2020). This reflects a continuing trend noted in Figure 1.

The increase in PTs is also reflected in the per population rate which increased from 66.6 for every 100,000 Canadians in 2018 to 68 in 2019.

Approximately 90 percent of PTs in Canada work in urban settings (Conference Board of Canada, 2017).

Physiotherapy is still a female-dominated profession, with women representing almost 75% of PTs in 2016 (CIHI 2018). Table 4 shows the percentage of women by province and territory.

Figure 2 shows the age distribution of PTs by province in 2016.

**TABLE 4:** Percentage female of physiotherapist supply by province/territory, Canada, 2016

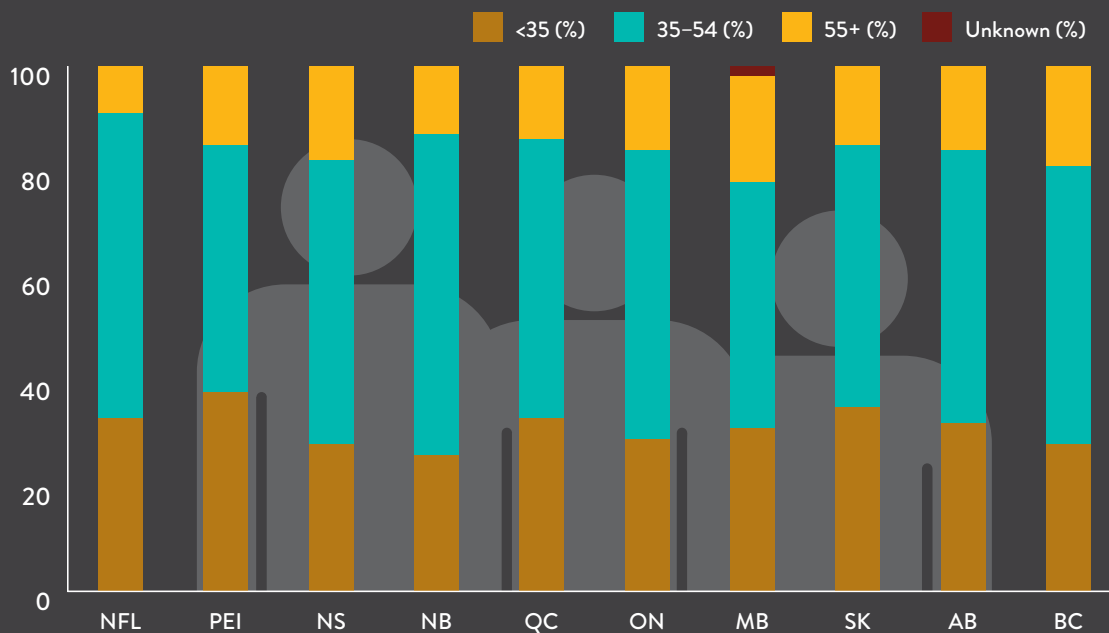
Jurisdiction	Count	Female (%)
<b>British Columbia</b>	3,538	71.0
<b>Alberta</b>	2,770	74.0
<b>Saskatchewan</b>	733	78.0
<b>Manitoba</b>	730	74.8
<b>Ontario</b>	8,513	73.8
<b>Quebec</b>	4,505	76.9
<b>New Brunswick</b>	516	78.1
<b>Nova Scotia</b>	671	78.1
<b>Prince Edward Island</b>	91	75.8
<b>Newfoundland and Labrador</b>	279	77.4
<b>Yukon</b>	45	†
<b>Northwest Territories/Nunavut</b>	—	—
<b>Total</b>	22,391	74.4

— Data is not applicable or not available.

† Data suppressed according to the privacy policy of the Health Workforce Information department requiring that numbers less than 10 be suppressed.

Source: CIHI

**Figure 2:** Physiotherapist supply by age group and province, Canada, 2016



Source: CIHI



## SCOPE OF PRACTICE

Each province has a unique statement about the scope of practice 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. (College of Physiotherapists of Ontario, n.d.)*

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.
- Cardiorespiratory specialist;
  - Musculoskeletal specialist;
  - Neuroscience specialist;
  - Oncology specialist;
  - Paediatrics specialist;
  - Pain sciences specialist;
  - Seniors' health specialist;
  - Sport physiotherapy specialist; and
  - Women's health specialist (CPA, 2018).

The recent adoption of Bill 179 has changed the scope of practice 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 practice will require continuing education courses (Landry et al., 2012). Universities are beginning to offer such courses, and they are being recognized by the college.

## 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 5 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 practice of physiotherapy (Canadian Alliance of Physiotherapy Regulators, 2014).

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. These specializations fall under the protected title of “physiotherapist” or “physical therapist” (depending on the province). The following is a list of Physiotherapy Specialty Certifications from the Board of Canada, which is run through the CPA:

**TABLE 5:** Regulated titles and control acts for physiotherapy by province

Province	Title	Act	First year of mandatory registration	Regulatory body
<b>British Columbia</b>	Physical therapist	<i>Health Professions Act</i>	1946	College of Physical Therapists of British Columbia
<b>Alberta</b>	Physical therapist	<i>Health Professions Act</i>	1985	Physiotherapy Alberta College + Association
<b>Saskatchewan</b>	Physical therapist	<i>The Physical Therapists Act</i>	1945	Saskatchewan College of Physical Therapists
<b>Manitoba</b>	Physiotherapist	<i>The Physiotherapists Act</i>	1956	College of Physiotherapists of Manitoba
<b>Ontario</b>	Physiotherapist	<i>Physiotherapy Act</i>	1953	College of Physiotherapists of Ontario
<b>Quebec</b>	Physiotherapist Physical therapist Physical rehabilitation therapist Physiotherapy therapist Physical rehabilitation technician Physiotherapy technician	<i>Professional Code</i>	1973	Ordre professionnel de la physiothérapie du Québec
<b>New Brunswick</b>	Physiotherapist	<i>Physiotherapy Act</i>	1960	College of Physiotherapists of New Brunswick
<b>Nova Scotia</b>	Physiotherapist	<i>Physiotherapy Act</i>	1959	Nova Scotia College of Physiotherapists
<b>Prince Edward Island</b>	Physiotherapist	<i>Physiotherapy Act</i>	1973	Prince Edward Island College of Physiotherapists
<b>Newfoundland and Labrador</b>	Physiotherapist	<i>Physiotherapy Act</i>	1970	Newfoundland and Labrador College of Physiotherapists
<b>Yukon Territory</b>			2007	Government of Yukon, Customer Services

Source: CIHI

## 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).

## INTEGRATING PHYSIOTHERAPISTS INTO PRIMARY CARE FAMILY HEALTH TEAMS

With the decrease in availability of publicly funded physiotherapy services, there has been growing interest in including PTs in family health teams (FHTs). There are two models of PT integration into FHTs:

- **Embedding a PT into an FHT** enhances communication, integrates the PT into the larger team, and leads to high job satisfaction and quality of work life. However, PT salary and benefits tend to be lower, and the FHT takes on the costs of space and equipment.
- The other option is a **partnership model**, which may already exist for some patients. In this model, existing FHTs partner with PT clinics to provide a full range of services. This model addresses some of the challenges of the embedded PT model, but there are downsides including reduced access, difficulties with communication, and differences between public and private sector salaries.

In general, the embedded model is preferred, but the partnership model is often more feasible (Cott, Mandoda, & Landry, 2011).

## COVERAGE OF SERVICES AND REMUNERATION

Physiotherapy fees, like many other health care costs, vary among provinces and practice conditions. Physiotherapy delivered to patients admitted to hospitals is fully covered by provincial health plans, per the *Public Hospitals and Canada Health Act* (CPA, n.d.) 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.

Currently, wait times for publicly funded outpatient and community physiotherapy services for patients with chronic conditions are quite long. However, these wait times often vary based on setting and condition (Passaient, Landry, & Cott, 2009).

### SALARY

Salaries for PTs vary based on education levels, experience and geographic location, with PTs in Ontario earning the most on average (Pay Scale, 2014). 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 6 presents the hourly wages of PTs by province in 2018.

Location	Wage (\$/hour)		
	Low	Median	High
British Columbia	20.00	37.00	44.76
Alberta	26.92	43.00	51.00
Saskatchewan	34.41	41.00	45.00
Manitoba	31.00	36.00	42.86
Ontario	25.71	37.00	44.00
Quebec	24.00	32.92	42.86
New Brunswick	32.00	35.84	40.06
Nova Scotia	28.85	36.00	43.27
Prince Edward Island	N/A	N/A	N/A
Newfoundland and Labrador	28.85	35.90	45.19

Source: Labour Force Survey, 2018

## KEY ISSUES FOR THE PROFESSION

- The current funding system “forces” patients who cannot afford to pay for physiotherapy to have invasive elective surgeries (e.g., total joint replacement) instead, which are funded by the health care system.
- 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. Integrating more internationally educated PTs into the health care system would help meet this need. 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 FHTs. The current system funds individuals by visit, but integration with multidisciplinary teams would allow for incentivizing quality (performance) and team-based care.

## 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.

## 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
PT	Physiotherapist

## ADDITIONAL RESOURCES

### UNIVERSITY PROGRAMS

- Dalhousie University – <https://www.dal.ca/faculty/health/school-of-physiotherapy.html>
- McGill University – <http://www.mcgill.ca/spot>
- McMaster University – <https://srs-mcmaster.ca/pt-program-information/>
- Queen’s University – <http://rehab.queensu.ca>
- Université de Montreal – <http://www.readap.umontreal.ca>
- Université de Sherbrooke – <http://www.usherbrooke.ca/readaptation>
- Université du Québec à Chicoutimi – <http://www.uqac.ca/programme/1821-maitrise-es-sc-appliquees-en-physiotherapie/>
- Université Laval – <https://www.ulaval.ca/les-etudes/programmes/repertoire/details/baccalaureat-en-physiotherapie-b-pht.html>
- University of Alberta – <http://ualberta.ca>

- University of British Columbia – <http://physicaltherapy.med.ubc.ca>
- University of Manitoba – [http://umanitoba.ca/faculties/graduate\\_studies/admissions/programs/physical\\_therapy.html](http://umanitoba.ca/faculties/graduate_studies/admissions/programs/physical_therapy.html)
- University of Ottawa – <http://www.health.uottawa.ca/sr/index.htm>
- University of Saskatchewan – <http://www.medicine.usask.ca/pt>
- University of Toronto – <http://www.physicaltherapy.utoronto.ca>
- Western University – <http://www.uwo.ca/fhs/pt>

### 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 – <http://www.community.gov.yk.ca/physiotherapists>
- 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>

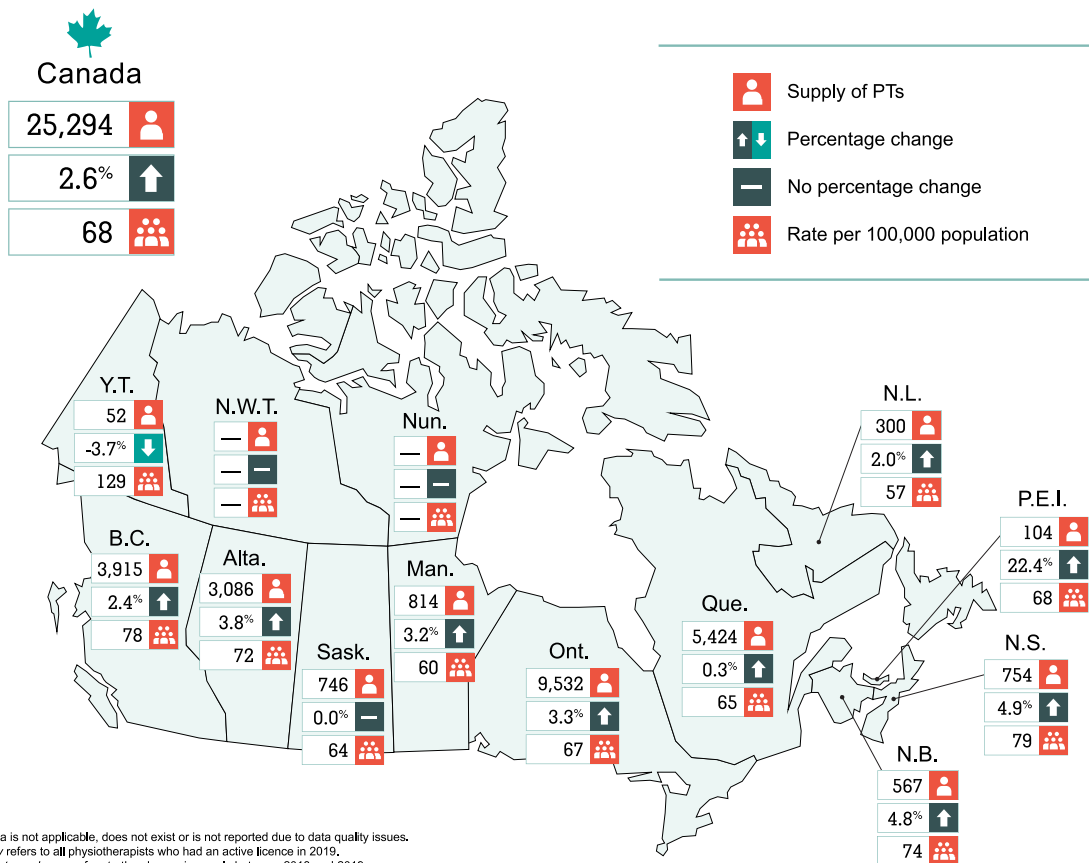
### PHYSIOTHERAPY ASSOCIATIONS

- Association québécoise de la physiothérapie – <https://www.aqp.quebec/>
- 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.physiotherapy.ns.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>

# Physiotherapists (PTs)

Supply, percentage change and rate per 100,000 population, Canada, 2019

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.



**Notes**  
 — Data is not applicable, does not exist or is not reported due to data quality issues.  
 Supply refers to all physiotherapists who had an active licence in 2019.  
 Percentage change refers to the change in supply between 2018 and 2019.  
 In Quebec, there are 2 types of physiotherapy professionals: physiotherapists and physical rehabilitation therapists (PRTs). Both groups of professionals are included in Quebec's physiotherapist statistics. In 2019, there were 2,814 PRTs included in the physiotherapist supply counts.  
 2018 population estimates from Statistics Canada were used.

**Sources**  
 Health Workforce Database, 2020, Canadian Institute for Health Information; Statistics Canada, 2018.



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