



PHYSIOTHERAPY IN PRIMARY HEALTH CARE

October 2017

EXECUTIVE SUMMARY

Although there is great demand for community based physiotherapy services in Ontario, there continues to be a lack of accessible and affordable physiotherapy care throughout communities.¹ In 2013, the Ontario government restructured publicly funded physiotherapy across multiple sectors within the system.² This change resulted in additional funding for 38.3 full time equivalent (FTE) physiotherapist positions in primary health care (PHC) teams (e.g. aboriginal health centers, community health centers, family health teams and nurse practitioner-led clinics).³ This change also resulted in the removal of policy barriers allowing physiotherapists to become members of current and future PHC teams.² Integrating physiotherapists into PHC teams has been identified as a cost-effective way to improve individual outcomes and quality of care.⁴⁻⁸

Benefits of having physiotherapy services as part of PHC has been identified, however, physiotherapists have faced issues with integration into the interdisciplinary team.³ The main barriers include:

- A lack of definition of the physiotherapist's role in PHC teams, and;
- Other health care professionals' lack of understanding of the physiotherapist's role.^{3,9}

The integration process of physiotherapists into PHC teams could be facilitated by improving health care providers', physiotherapists' and health system planners' understanding of the role of physiotherapy in PHC.³

The purpose of this document is to describe the physiotherapist's role in PHC teams, the benefits of their services, and opportunities to facilitate and advocate for increased physiotherapy funding for PHC teams in Ontario. This document will be of interest to policy makers and system planners, physiotherapists and other health care professionals.



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KEY DEFINITIONS

The following is a list of definitions for key terms used throughout the document.

PRIMARY CARE (PC)

Primary care is the first level of contact in the health care system where services are mobilized and coordinated to promote health, prevent illness and manage chronic disease.¹⁰

PRIMARY HEALTH CARE (PHC)

Primary Health Care is a method of health care delivery that involves responding to illness within the determinants of health. It involves coordinating, integrating and expanding systems/services to provide population health, illness prevention, and health promotion through an interdisciplinary approach.¹¹

ABORIGINAL HEALTH ACCESS CENTRE (AHAC)

An Aboriginal Health Access Centre is a PHC center that provides access to health care services for the aboriginal population, including: doctors, nurse practitioners, traditional healers and traditional medicine, occupational therapists, physiotherapists, PTAs/OTAs and social workers. Services provided at these centers are targeted to meet the needs of the aboriginal population and provide care in a culturally sensitive environment. Any aboriginal individual in the community is able to access care at these centers.¹²

COMMUNITY HEALTH CENTRE (CHC)

A Community Health Centre is a centre that provides PHC through the use of an interdisciplinary team of doctors, nurse practitioners, physiotherapists and other health care providers. CHCs prioritize the health and wellbeing of populations who have traditionally faced barriers to accessing health services and also work in the community to offer health promotion initiatives in schools, housing developments and the workplace.¹³

FAMILY HEALTH TEAM (FHT)

A Family Health Team is a PHC facility that provides an interdisciplinary approach to care that allows individuals to have access to family doctors, nurse practitioners, social workers, physiotherapists and other health care providers in their community. The main focus is on chronic disease self-management, disease prevention and health promotion. In order to access these services, individuals must be enrolled with the FHT.¹⁴

NURSE PRACTITIONER-LED CLINIC (NPLC)

Nurse Practitioner-Led Clinics are facilities lead by nurse practitioners to provide ongoing PHC, education and illness prevention in collaboration with an interprofessional team to registered individuals that require care.¹⁵

BRIEF HISTORY OF PHYSIOTHERAPY IN PHC

As part of the funding reform for physiotherapy in 2013, the Ministry of Health and Long-Term Care (MOHLTC) allocated year over year funding for physiotherapy across the health care system, which included funding to expand the number of physiotherapists practicing in PHC. Subsequently, the MOHLTC established a budget based program for specific health



sectors and services, providing an opportunity to expand the number of physiotherapists who were working as a part of PHC teams such as AHACs, CHCs, FHTs, and NLPCs.²

TORONTO CENTRAL LHIN EVALUATION OF PHYSIOTHERAPY IN PHC

This evaluation was completed in 2016 and surveyed: 152 individuals participating in physiotherapy care, 33 primary care providers (MDs and NPs) and 49 other primary health care providers (e.g. occupation therapists, social workers, and dieticians) from 11 CHCs in the TCLHIN area.⁴ This survey is referenced throughout this document as to date, it is the most comprehensive set of data and program evaluation of physiotherapists in PHC conducted in Ontario following the investment of the Ontario government into physiotherapy roles in 2014.

WHAT IS A PHYSIOTHERAPIST?

A physiotherapist is a self-regulated, primary care professional who provides evidence based, client centered care over the life span for multiple body systems.¹⁶ They provide a unique contribution to health care through an advanced understanding of the body and its systems, and how to restore function and mobility.¹⁶ Physiotherapists are able to assess the neuromuscular, musculoskeletal and cardiorespiratory systems, and diagnose diseases and/or disorders that are associated with physical dysfunction, injury or pain within their scope of practice. They also provide treatment, rehabilitation and prevention of physical dysfunction, injury and pain to improve or maintain function and promote mobility.¹⁷

Only individuals registered with the College of Physiotherapists of Ontario (the College) are able to use the title physiotherapist or physical therapist.¹⁸ As a member of the regulated health care professional community in Ontario, physiotherapists are required to uphold the legal, regulatory and professional standards that are set out by the College.¹⁹ The current entry-level education requirement for physiotherapists in Canada is a Master's level university education or Bachelor equivalent. This preparation provides Canadian trained physiotherapists a foundational knowledge of the modern sciences of the profession, including knowledge of biological, applied, clinical and psychosocial sciences (e.g. human/functional anatomy, human physiology, pathology, biomechanics and exercise physiology), scientific inquiry, and ethics. Those who have been educated outside of Canada and wish to practice physiotherapy in Canada must first have their credentials assessed by the [Canadian Alliance of Physiotherapy Regulators](#). Physiotherapists are encouraged to participate in continuing educational courses throughout their career to maintain their knowledge of the most current evidence and best practices, and to expand their skill set.

As per the Physiotherapy Act, with the exception of communicating a diagnosis, a physiotherapist with the skills, knowledge and competency acquired through post-graduate training may practice within a set of restricted authorized activities.¹⁷ Physiotherapists self-declare their competency to perform these restricted activities by [rostering](#) with the College.¹⁹

AUTHORIZED ACTIVITIES:

- Communicating a diagnosis



- Acupuncture
- Spinal manipulation
- Assessment and treatment of pelvic musculature
- Tracheal suctioning
- Treating a wound below the dermis
- Administering a substance by inhalation

Under a physiotherapist's scope of practice, a physiotherapist is able to order diagnostic tests (e.g. x-rays and blood work), but currently cannot do so under their own independent authority and therefore require medical directives to do so. These authorities can be performed under medical directives.¹⁷

PHYSIOTHERAPIST ASSISTANTS (PTAS)

PTAs are support personnel who assist with the delivery of physiotherapy services under the direction of a physiotherapist.²⁰ Physiotherapists who work with PTAs are responsible for determining the PTA's competence and must gain consent from each patient before involving a PTA in an individual's care.²⁰ A physiotherapist is responsible for assigning aspects of the physiotherapist's treatment plan to the PTA and remain accountable for the outcome of that care. A physiotherapist cannot assign the following to a PTA²⁰:

- Care they do not have the knowledge, skills or judgment to perform
- Initial assessments or re-assessments
- Treatment that requires the PTA to change a treatment plan on their own
- Any controlled act delegated to the physiotherapist
- Any part of acupuncture, communicating a diagnosis, spinal manipulation or internal assessment or rehabilitation of pelvic musculature

Physiotherapists who work with PTAs are required to roster with the College²⁰ and adhere to the [standards of practice](#) related to working with physiotherapist assistants.

BENEFITS OF INTEGRATING PHYSIOTHERAPY INTO PHC

Physiotherapists contribute to PHC through their expertise in managing musculoskeletal conditions, such as chronic and acute pain, cardiorespiratory and neurological conditions with a focus on functional or mobility limitations.⁵ Physiotherapists also provide health promotion, illness prevention, and self-management for both acute and chronic diseases.¹⁶ Integration of physiotherapy into PHC teams is cost effective, improves individuals' outcomes and satisfaction with their care, and enhances the health care team's ability to provide quality care.⁴⁻⁸ Additionally, integrating physiotherapy into PHC teams has increased the accessibility and affordability of physiotherapy care.³

Given that the expansion of the physiotherapist role in PHC is relatively new in Ontario, evidence examining the outcomes of that integration is limited. The Toronto Central Local Health Integrated Network (TCLHIN) is one of the only organizations in the province that has formally evaluated the integration of physiotherapy into PHC teams, specifically CHCs, following the funding changes in 2013.



In Ontario, 22% of visits to a primary care physician are primarily due to symptoms related to a musculoskeletal issue.²¹ Many PHC physicians do not have the expertise to effectively manage musculoskeletal conditions, which leads to increased referrals to specialists, increased use of medical imaging and increased prescription of pain medications.⁴⁻⁶ Excessive pain medication prescription has contributed to Canada having the second highest opioid prescription rate in the world, leading to a crisis across the country.²² PHC providers who have a physiotherapist as part of their team have reported more appropriate referrals to specialists and a decrease in the need for diagnostic imaging.⁴⁻⁶ In addition, 76% of PHC providers surveyed as part of the TCLHIN CHC evaluation reported a decrease in the number of repeat visits for pain management and 60% reported a decrease in the amount of pain medications prescribed.⁴ Similar findings have been demonstrated in the United Kingdom, where use of physiotherapy in PHC decreased the number of visits to general practitioners, saved time during the visits and decreased associated health care costs.⁷

In addition to improving cost effectiveness at the system level, individuals in the TCLHIN CHC network who participated in the PHC evaluation reported a significant improvement in function, mobility and quality of life.⁴ These improvements were measured with validated outcome measures including the Global Rating of Change Scale and the Patient Specific Functional Scale.⁴ Additionally, more than 75% of individuals who participated in the TCLHIN CHC evaluation reported a decrease in experienced pain; enhanced understanding of self-management and pain management; and very high levels of satisfaction with their experience accessing physiotherapy in PHC.⁴

The integration of physiotherapists into PHC also improves the care provided by other health care professionals on the team, and the overall efficiency of care.^{4,5,8} Having a physiotherapist on a PHC team enables more collaborative care planning, urgent assessments or consults, and same day treatment when needed.^{4,5} Interdisciplinary team members who participated in the TCLHIN CHC report noted very high satisfaction with the care provided by physiotherapists. In addition, more than 90% of those team members reported that the gains experienced by individuals would not have been achieved without the physiotherapist's involvement.⁴

PHYSIOTHERAPISTS IN PRIMARY HEALTH CARE

In 2011, PHC teams employed a small number of physiotherapists, with only 13 of 73 CHCs in Ontario offering physiotherapy services.²³ As of September 2017, nearly 80 physiotherapists are employed at approximately 60 different PHC facilities across Ontario.²⁴

Currently, there is a significant unmet need for community based physiotherapy services across Canada, and a large proportion of this need has been identified in Ontario.¹ The barriers for individuals to receive community based physiotherapy have been identified as a lack of availability and affordability of physiotherapy services.¹ According to data from the TCLHIN CHC evaluation report, 70% of individuals who reported receiving care from a PHC physiotherapist identified that they would not have been able to access physiotherapy services had it not been offered by the PHC organization.⁴ This suggests that



physiotherapists in PHC teams are instrumental in addressing the barriers of cost and availability for Ontarians to access community based physiotherapy.

ROLES OF PHYSIOTHERAPISTS IN PHC

Physiotherapists in PHC possess the essential competencies of physiotherapists in Canada: manager, evaluator, collaborator, educator, and advocate.⁹ By taking on multiple competencies, physiotherapists are able to provide holistic care to individuals that address the physical, social and psychological domains of health.⁹

MODELS OF CARE

Physiotherapists in PHC use a population based approach to care, which involves disease prevention and health promotion.²⁵ Population based approach to care aims to change risk factors in the population as a whole and not just at the individual level.²⁵

There are six components to a comprehensive model for integrating physiotherapy into PHC including: clinic based care, outreach, self-management, community based rehabilitation, shared care, and case management.²⁶ These components were adopted by the TCLHIN CHC network as part of the integration of new physiotherapists into PHC teams to ensure a focus on population based approach to care. Details of this model are as follows:^{4,26}

- **Clinic care:** Provision of individualized assessments and treatments through individual services and/or group programming.
- **Shared care:** Collaboration between physiotherapists and other health care professionals in the PHC team.
- **Case management:** Referrals to other health care providers on the PHC team and externally when the physiotherapist is the first contact for rehabilitation needs.
- **Integrated care:** Collaborative service delivery with external partners to provide care and support beyond the PHC team.
- **Outreach:** Creating targeted outreach services for marginalized, at risk populations who otherwise would be unable to access services.
- **Program consultation:** Internal and external partnerships for program development support

SERVICE DELIVERY

In PHC, physiotherapists deliver clinical care both individually and in a group setting to provide rehabilitation programs and education aimed at improving function, wellbeing and quality of life.⁴ Physiotherapy service delivery has multiple elements and can include:

- Assessment, diagnosis and treatment of various acute and chronic conditions, including the provision of individualized exercise programs, manual therapy, self-management and education for:
 - Musculoskeletal conditions (e.g. back pain, shoulder pain, knee pain)
 - Arthritic Conditions (e.g. osteoarthritis, rheumatoid arthritis)
 - Osteoporosis
 - Falls Prevention
 - Metabolic conditions (e.g. obesity, diabetes, pre-diabetes)



- Incontinence and pelvic floor conditions (including pre- and post-natal populations)
- Neurological conditions (e.g. stroke, Parkinson's, Multiple Sclerosis)
- Respiratory conditions (e.g. COPD, asthma)
- Cancer related pain and mobility limitations
- Triaging for musculoskeletal pain, including referral to community based treatment programs and identifying the need for additional diagnostics or specialist referral
- System navigation assistance for those who qualify for other community based physiotherapy services, and who are in need of other services in the community
- Mobility aid assessment and assistance in navigating funding options
- Support and education for caregivers for assistance of those with chronic disease including prevention of injury programs for caregivers

CLIENT POPULATIONS

In the TCLHIN CHC network, PHC physiotherapists reported their caseloads consist mainly of individuals with low-incomes, who are aged 35-64 years in age, and from a variety of cultural backgrounds.⁴ Individuals were also identified as being medically complex, with an average of 2.7 acute and/or chronic conditions.⁴ The primary complaint for 79% of individuals receiving physiotherapy involved the musculoskeletal system, with 27% of these involving chronic pain.⁴ This finding is also supported by a survey distributed by the Ontario Physiotherapy Association to physiotherapists working in PHC across Canada.²⁷

EXAMPLES OF A PHYSIOTHERAPIST'S ROLE IN PHC

Physiotherapy is an effective health care service for the treatment of numerous acute and chronic conditions.^{28,30,33,34,37,41,43,45,48,53} Examples of the effectiveness and role of physiotherapy in common conditions treated by physiotherapists in PHC in Ontario are outlined below.

CHRONIC PAIN

Canada currently has the second highest opioid prescribing rate in the world, which has resulted in an opioid crisis throughout the country.²² Approximately 27% of individuals evaluated in the TCLHIN CHC network reported chronic pain.⁴ Evidence supports the use of exercise and pain science physiology education as being effective in decreasing pain and improving function for individuals suffering from chronic pain.^{28,29} The majority of individuals in the TCLHIN area, who have received care from a PHC physiotherapist at a CHC, reported an improved understanding of their condition, self-management and pain management.⁴ Such improvements have resulted in 60% of TCLHIN physicians and nurse practitioners who participated in the evaluation decreasing the amount of pain medication prescribed.⁴ This finding demonstrates that physiotherapy is an effective non-pharmacological method to reduce pain and can be used as a first line of treatment for chronic pain.⁴ These findings are supported by the Canadian Guideline for Opioids for Chronic Non-Cancer Pain.²²

ACUTE/SUBACUTE MUSCULOSKELETAL CONDITIONS

Physiotherapists are well positioned to manage musculoskeletal conditions because of their understanding of how the body works and their knowledge of how to restore function.¹⁶ Evidence demonstrates that early referrals to physiotherapy for acute low back pain



decreases the likelihood of the pain becoming chronic.³⁰ According to the American College of Physicians, non-pharmacological treatment with physiotherapy techniques should be the first line of treatment for individuals with acute or sub-acute low back pain.³² Physiotherapy techniques (e.g. manual therapy, exercise, modality use and acupuncture) are also effective for treating acute and sub-acute conditions that affect other areas in the spine and the upper and lower extremities.³⁰

ARTHRITIS

Arthritis is the number one cause of disability in Canada, with over 4.6 million Canadian adults reporting that they have a form of arthritis.³³ Poor management of arthritic conditions result in a burden on the Canadian economy, with \$33 billion each year being lost to health care costs and lost productivity.³³ Poor management of arthritis leads to further deterioration of the joints, and can contribute to the need for extensive surgical interventions. The best practice for management of arthritis includes education, exercise, prescribing assistive devices and joint protection education.³³ In a study of individuals with arthritis who received care from a physiotherapist embedded in a Canadian PHC team, 83% of individuals reported an increased ability to self-manage their condition.³³

OBESITY

An increasing number of Ontarians have an unhealthy body weight, which can lead to increased risk for other health conditions including joint problems, cardiovascular and metabolic issues.³⁴ Physiotherapists' specialized knowledge in the pathology and body systems impacted by obesity makes them well suited to prescribe safe activity strategies and teach self-management techniques to help obese individuals manage their weight.³⁴ In addition, evidence indicates that physical activity promotion by physiotherapists in PHC can significantly improve an individuals' long-term physical activity levels.³⁵

DIABETES

In 2016, 1.6 million Ontarians suffered from diabetes and approximately 2.3 million were diagnosed with pre-diabetes.³⁶ Evidence supports the use of exercise and education to control insulin resistance and decrease health related complications.³⁷ Physiotherapists' extensive understanding of the body systems and pathology positions them to provide individualized exercise programs that take into account coexisting medical conditions.³⁸ Physiotherapists are also able to manage secondary complications, such as neuropathies in the management of diabetes.³⁸

FALLS

In Canada, falls account for 41% of all injuries each year and are the leading cause of hospitalization in the elderly population.³⁹ Falls lead to decreased function and an increased fear of falling, which may impact a person's quality of life.³⁹ The financial impact of falls is concerning; with falls and the associated care costing approximately \$30,000 per senior who experiences a fall.⁴⁰ Evidence demonstrates a positive effect of multimodal exercise delivered by a physiotherapist in decreasing the risk of falling and the fear of falling in the elderly population.⁴¹



CHRONIC OBSTRUCTIVE RESPIRATORY DISEASE (COPD)

Over 850,000 individuals in Ontario suffer from COPD.⁴² According to the Canadian Thoracic Society, individuals who suffer from COPD should participate in prescribed exercise therapy to improve exercise tolerance and quality of life, and decrease shortness of breath.⁴³ Evidence also demonstrates participating in a self-management program will improve an individual's exercise performance, anxiety and understanding of their condition.⁴⁴

ASTHMA

In 2015, over 2 million individuals suffered from asthma.⁴⁵ In Ontario, asthma affects one in four children, and one in three adults will develop asthma in their lifetime.⁴⁶ Proper physical activity and breathing exercises are effective in improving overall fitness and quality of life for children and adults who suffer from asthma.⁴⁵

MENTAL HEALTH

Over 6.7 million Canadians live with mental health concerns such as depression, anxiety and schizophrenia.⁴⁷ Exercise prescription by a physiotherapist has been found to improve overall psychological wellbeing, mild to moderate depression and anxiety for individuals aged 19 years and older.⁴⁸⁻⁵⁰ Evidence also supports the use of structured exercises by a physiotherapist to improve mental health and reduces the need for care for adults who suffer from schizophrenia.⁵¹

INCONTINENCE

Urinary incontinence is a significant concern in the adult population in Ontario.⁵² More than 50% of Ontario women 45 years or older experience a form of incontinence; with one in five women reporting incontinence that affects their normal activity.⁵² High level evidence from systematic reviews demonstrates that physiotherapy interventions, such as pelvic floor muscle training, are effective in managing incontinence in these populations.⁵³

ONTARIO PHYSIOTHERAPY ASSOCIATION SUPPORT

The OPA offers support to physiotherapists currently working in PHC, who are interested in working in the sector and to organizations who are looking to integrate a physiotherapist into their PHC team. More information about these resources can be found on the OPA website: <https://opa.on.ca/advocacy-positions/health-system/>.



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