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A Time of Change

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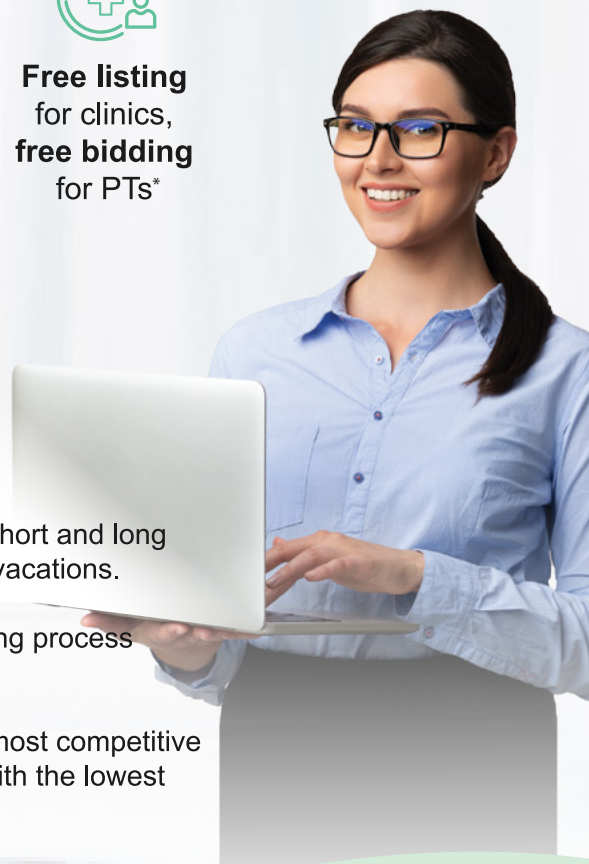

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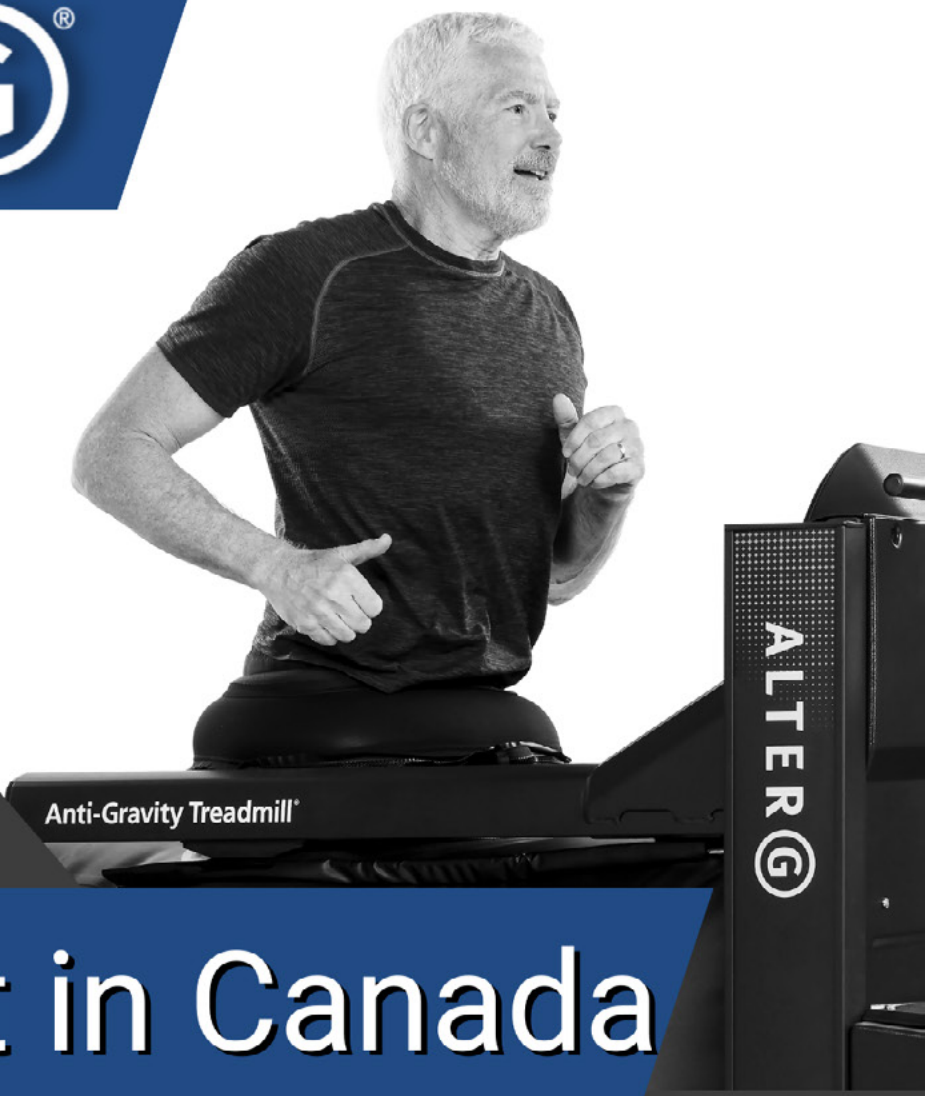

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Diversity, Equity, and Inclusion in Physiotherapy:

A Time for Change

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In Canada, equity-deserving communities (e.g., LGBTQ2+, Black people, Indigenous people, etc.) report greater levels of pain and disability and experience greater barriers to access of health services.[1-7] The causes of these health disparities are complex and are often associated with race, sex, gender, disability and other socioeconomic factors (e.g., lack of education).[8-10] There is an absolute need for equitable access to rehabilitation and as healthcare providers, it is essential that we adapt and refine our clinical skills to improve clinical outcomes for this community. Ensuring equitable access to health care services requires a paradigm shift from the typical biomedical approach to a comprehensive, patient-centered, biopsychosocial approach to healthcare, where *social* encompasses the social determinants of health (e.g., income, social support, education, etc.).[11] There is a need to critically examine current strategies that promote accessibility, health promotion, and interdisciplinary collaboration in rehabilitation.

Defining Diversity, Equity, and Inclusion

Incorporating principles of diversity, equity, and inclusion (DEI) into clinical practice and research may help clinicians address the unique needs of clients. But what is DEI and how does it impact healthcare practice?

> ***Diversity*** is the demographic makeup of a community (e.g., race, ethnicity, sex, gender, etc.) usually focused on representation of equity-deserving communities.[12]
>
> ***Equity*** is the fair and impartial treatment of all individuals to ensure equality.[12]
>
> ***Inclusion*** is the development of an environment that ensures everyone feels welcomed and respected.[12]

The topic of DEI oftentimes brings about a sense of unease leading to inaction. There are several reasons why incorporating DEI maybe challenging. This may be attributed to the perceived 1) discomfort in engaging in related discussion, or 2) lack of knowledge to have meaningful conversations, or (3) fear of *getting it wrong* or *saying the wrong thing*. However, avoidance is not an option. DEI must be considered and integrated, and this necessitates change.

Based on data from the United States, the physiotherapy profession is majority Caucasian.[13] Lack of diversity among clinicians, researchers, policy makers and withing professional health organizations (e.g., regulators, colleges, associations) leads to the development of a health care system that does not adequately serve the needs of all.

In Canada, Physiotherapy Education Accreditation has recognized the urgent need to include justice driven concepts into all program aspects. (i.e., curriculum, evaluation, admissions, faculty development) and have updated standards to reflect this mandate.[14] However, despite increasing social awareness, there is little research that has addressed health disparities related to equity-deserving communities within the Canadian physiotherapy profession.[8] Cultural competency is one metric in which organizations can measure the beliefs, attitudes, and policies that inform cultural understanding, appreciation, and respect among diverse groups.[15]

Understanding cultural competency among physiotherapists may help inform strategies that can reduce health disparities. Cultural competency is comprised of four key concepts:[12]

1. ***Cultural diversity experience***—the clinician's experiences and exposure to different clinical groups and backgrounds.

2. ***Cultural awareness***—the clinician's knowledge about similarities and differences observed across such groups.

3. ***Cultural sensitivity***—the clinician's attitudes, values, and beliefs regarding cultural diversity

4. ***Cultural competence behaviours***—the observable outcomes across a clinician's respective culturally diverse experiences, cultural awareness, and sensitivity (e.g., recognizing and accommodating barriers to service that equity-deserving communities may face).

Recent Research

In an attempt to address some of these research gaps, we conducted a cross-sectional survey to assess the four pillars of cultural competency among Canadian physiotherapists.

When assessing diversity of the Canadian physiotherapy profession, we compared our study sample with the Canadian Census data. The results of our study suggest the need to improve diversity within the profession, similar to previously reported demographics within Canadian physiotherapy educational programs.[16] Our study sample consisted of 808 physiotherapists (~4% of practicing physiotherapist), the majority of which were female (77.8%). Additionally, most of our sample identified as Caucasian in race (71.4%) and Canadian in ethnicity (55.8%). Indigenous race and ethnicity, however, was significantly under-represented as compared to Canadian census data. Lack of diversity among Indigenous populations may contribute to delayed access to physiotherapy and lower quality of healthcare, as reported across various health professions.[17, 18] In our sample, visible minorities were overrepresented, suggesting a potential trend in changing demographics that may improve diversity within the profession or that diverse communities were more likely to participate in our survey.

Regarding cultural competency, we found that respondents generally exhibited higher scores in cultural awareness and sensitivity, but had lower scores for culturally competent behaviour. This suggests that while there is an awareness of issues that relate to cultural competency, this did not translate into change in behaviour. Evidence to support this finding is found in studies of physicians who reported that the early effects of cultural competency training were not incorporated into clinical practice in the long term. Further, physicians failed to recognize the causes of social health disparities despite being trained.[19, 20] As such, it is important for healthcare organizations to consider how to train or modify policies that target and influence behavioural change. Additionally, our study results demonstrated that prior training in DEI was significantly associated with both cultural awareness and sensitivity, and culturally competent behaviour. This highlights the importance of educational programs that target cultural competency within a physiotherapy curriculum and continuing education. Ensuring effective implementation of culturally competent behaviours will require both an individual approach as well as a structural approach that involves the regulatory colleges, educators, as well as advocacy bodies.

Participants in this study also identified several themes that are essential to cultural competency, including the need for education and institutional change. The importance for increased training and availability of resources in diversity, equity, and inclusion. Similarly, participants stated the importance of increased advocacy and support for equity-deserving communities and increased representation of these groups both within the physiotherapy profession and leadership positions.

Our study provides an initial, but important, understanding of diversity with the physiotherapy profession and cultural competency among a sample of Canadian physiotherapist, as no data on this topic has been previously collected by regulators or associations. There is an urgent need for health care organizations (e.g., educa-

As health care providers, we have a passion and responsibility to help others and by acknowledging the racial, ethnic, and social disparities that exist within our healthcare system, we can act to dismantle the systems and structures that perpetuate inequity.

tors, regulators, and advocacy bodies) to re-evaluate policies and procedures surrounding cultural competency (e.g., training, outreach, hiring practices, etc.) to improve the delivery of culturally safe health care. More research is needed to understand the needs of both clinicians and patients as it relates to DEI.

Key Points for Clinicians

Cultural competency goes beyond cultural awareness and sensitivity, but rather the translation of knowledge into behavior into clinical practice.

Training in diversity, equity, and inclusion may help to improve cultural competency.

Key Points for the Profession

Physiotherapy leadership (e.g., colleges, regulators, and associations) should aim to collect metrics regarding sex, gender, race, and ethnicity of Canadian physiotherapists to allow for the assessment of diversity within the profession.

Educators should consider working with professional advocacy groups representing equity-deserving communities to build awareness, self-efficacy, and interest in the physiotherapy profession by increasing community outreach and engagement.

Professional associations should consider providing support and resources to members on how to navigate conversations with patients regarding lived experiences with oppression, racism, and bias. Specifically, physiotherapists would appreciate practice strategies that they can use to modify their healthcare practice.

Physiotherapy leadership organizations should aim to increase representation of equity-deserving groups to improve diversity.

As health care providers, we have a passion and responsibility to help others and by acknowledging the racial, ethnic, and social disparities that exist within our healthcare system, we can act to dismantle the systems and structures that perpetuate inequity. Understanding diverse needs and barriers of our patients and colleagues serves to improve quality of care. It is our professional duty to evolve our knowledge, skills, and behaviours to embrace diversity, equity, and inclusion and provide cultural congruent care.

If we do not consider diversity, equity, and inclusion in healthcare, then we miss the full potential of what we can achieve together.

Dr. Nora Bakaa graduated with honours B.Sc. majoring in Psychology, Neuroscience, and Behavior & Biology from McMaster University, and then graduated with distinction from the Canadian Memorial Chiropractic College in 2018. Dr. Bakaa is committed health research and is an avid advocate for life-long learning. She has continued her studies by completing a Master's degree in Rehabilitation Sciences at McMaster University, where she is now also completing her PhD. Her research interests include chronic pain management, lumbar spinal stenosis, health equity, and cultural agility.

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The National Newcomer Navigation Network (N4):

Providing Opportunities to Support Equity

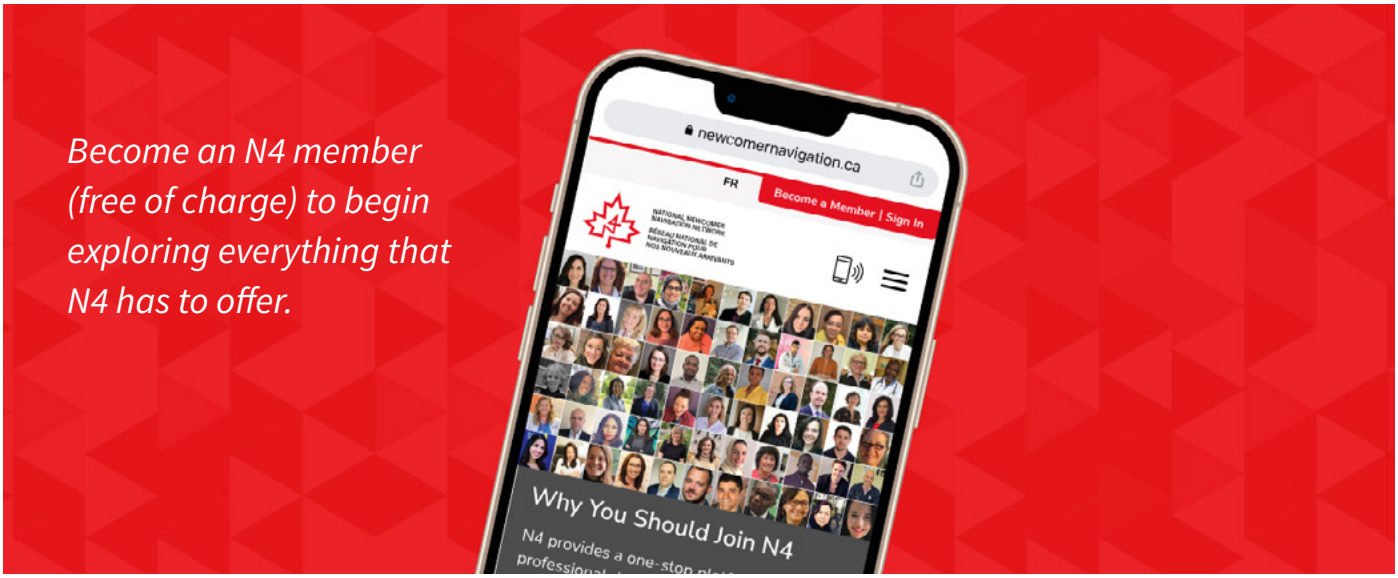
Canada welcomes over 400,000 newcomers every year. Immigrants are a key economic strategy for Canada's growth, and we continue to offer a safe haven to refugees fleeing conflict and persecution. Newcomers face numerous barriers to health equity – this was highlighted through their disproportionate impact by the COVID-19 pandemic.

While many organizations made renewed commitments to equity during the social justice movement that followed George Floyd's murder, professionals often lack concrete tools to address the systemic barriers that create inequities in our more vulnerable sectors.

The National Newcomer Navigation Network (N4) fills this void by providing various opportunities for advancing equity for newcomers through connections, learning, and collaborations. N4 has over 1000 members in its network of Canadian health and social service professionals, including physiotherapists. Their participation supports equitable access and experiences for immigrants and refugees.

N4 features include:

- A Resource Toolkit to provide members with the tools and knowledge needed when serving newcomers
- Regular webinars, featuring best and promising practices in newcomer navigation
- Curated e-learning from partner organizations pulled into a single searchable site
- Meeting Place, an online discussion forum, for just-in-time connections to peers to share questions and resources
- A Member Directory to connect with newcomer-serving colleagues across Canada
- Community of Practice (CoP) Working Groups who work on time-limited and fully-supported projects to address key barriers to equity for newcomers



The concept of N4 emerged from the Syrian refugee crisis of 2015, when CHEO, a pediatric health-care and research centre in Ottawa, where N4 is hosted, began seeing many Syrian patients. Most, if not all the families Ottawa welcomed had a child with medical needs, resulting in hundreds of CHEO encounters within a short time. Many of the children had little or no access to acute or rehab care prior to arriving in Canada. The challenge of caring for such a large and underserved community created an opportunity to examine the way in which the hospital supported health equity. Among the gaps identified were navigational support, cultural awareness, a lack of infrastructure for a trauma-informed approach and linkages to key community partners. As clinicians identified rehab care service needs, such as wheelchair fittings and developmental assessments, they also struggled to form and execute care plans with the Syrian families, who were overwhelmed with their integration into their new home country and were not always able to prioritize their child's rehab needs.

In response to these observed needs, CHEO began thinking about models of care to better support health equity for all newcomers, especially refugees, who face additional barriers and are more likely to arrive in poor health. CHEO began to develop navigational support by leveraging their Patient Experience team and creating a navigator position, staffed by someone who knew the culture and language and whom the families could directly access. They forged partnerships with key community partners who could provide formal and informal educational opportunities regarding cultural differences and problem-solve settlement issues raised by the families, which were creating a barrier to accessing healthcare services. Resources were created for staff to understand how to leverage the supports of the navigator and interpretation system. Key patient information was translated into Arabic to support the engagement of families, and a phone survey was developed to solicit their feedback about their experiences with CHEO. Immigration, Refugees and Citizenship Canada (IRCC) asked CHEO to outline their work for the benefit of other hospitals, and the website Simplifying the Journey was created.

The work of CHEO was recognized as best practice by IRCC, leading to a request for CHEO to consider submitting a proposal within the newly created IRCC Service Delivery Improvements (SDI) grant. The successful submission resulted in the creation of N4, and established N4's goals of closing the gaps in the awareness of newcomers as a vulnerable segment of the population, and to break down geographic and sectoral silos by bringing together health and social service providers across Canada to share best practices in supporting equitable access and experiences for newcomers.

In April 2022, IRCC funded N4 to expand its mandate to address inequities for newcomers in being optimally employed within healthcare to help address the health human resource crisis in Canada. N4 is currently leveraging its platform and tools above to address the barriers for internationally educated health professionals (IEHPs) to being optimally employed. In addition, N4 has created new tools for newcomer professionals and employers, including an RSS feed to source the latest news, and an online 12-week educational program co-designed with and delivered by Saint Paul University's Institute for Transformative Leadership.

Become an N4 member (free of charge) to begin exploring everything that N4 has to offer.

N4's work is made possible by the generous support of IRCC and is hosted at CHEO.

Have questions about how N4 can support you? Feel free to reach out!

Physiopedia, a gift for our profession

From 3 pages in 2009 to the most widely used rehabilitation website in the world. Physiopedia is the advocate, educator, and community that we all need.

"I am overwhelmed by the capacity that Physiopdedia has to rapidly empower physiotherapists worldwide.

~ Rachael Lowe, Founding Director

The global need for rehabilitation

Globally, about 2.4 billion people are currently living with a health condition that benefits from rehabilitation. With changes taking place in the health and characteristics of the population worldwide, this estimated need for rehabilitation is only going to increase in the coming years.

Global rehabilitation needs continue to be unmet due to multiple factors, including lack of trained rehabilitation professionals or the lack of up-to-date rehabilitation related training in existing education programs.

Building a skilled rehabilitation workforce is one of the key areas which will underpin the scaling up of rehabilitation as a health priority. With less than 10 skilled practitioners per 1 million population in many low- and middle-income settings, improving access to education is a priority.

Physiotherapy as a key rehabilitation service

The physiotherapy profession is constantly evolving as it strives to provide safe practices and treatment choices based on the best available evidence to promote independence and help people reach their maximum potential. The World Health Organization's recent Rehabilitation 2030 initiative offers the profession a chance to take front stage and highlight how our knowledge and skills are key to improving the health and functioning of the nation. To be advocates in this initiative we must be informed, educated, and competent.

There is a professional expectation that physiotherapists will maintain themselves as competent practitioners as population needs change. To comply with this expectation can be challenging given increasing economic challenges, clinical demands, and unexpected changes in need; the COVID-pandemic and Ukraine conflict are recent examples of this.

Given these competing demands, taking part in professional development activities can be a burden, particularly given the infrastructure necessary to implement this in our daily practice can be difficult to find and hard to navigate. The most popular way to access information and the necessary tools is online, but until recently the internet had been an underused and undervalued resource, particularly for healthcare professionals.

This all changed in March 2020 when the COVID-pandemic hit and shut down countries around the globe and simultaneously called upon healthcare systems to change working practices. It was no longer possible to continue daily routines, and face-to-face contact with patients and colleagues was limited.

The impact was devastating, but it did highlight the adaptability and versatility of rehabilitation professionals. As physiotherapists took up the challenge of learning new skills, working on the frontline and seeking new ways to maintain patient care, the potential of the internet became apparent. The internet was central to learning, sharing, communicating, and treating our clients.

As the world quickly changed to catch up with remote learning and working, Physiopedia was ready to help people adapt.

"Caution, joining the team at Physiopedia could irreversibly change your professional life. I would strongly recommend doing the same to support the development of our global physiotherapy community".

~ Andrea Sturm, Physiotherapist, Austria.

Physiopedia; Wikipedia for physiotherapists

Physiopedia is a free online wiki for rehabilitation professions that was launched in 2009 with just 3 pages of content. It is a living, community-built website and physiotherapists worldwide can contribute their knowledge and share it with the world. This community of over 5,500 editors values the importance of sharing knowledge to empower physiotherapists all over the world to improve functioning and the resulting health of people in need.

The international team of volunteers who formally ensure quality content are from many different contexts; their contribution is key and an amazing personal and professional experience.

There are now over 4,500 pages of evidence-based content available at the touch of a button. Plus, the Physiopedia App makes it even easier to access the information when and where it is needed, even in a busy clinic environment where time is tight, and computer or internet access might not be available.

There have been examples of clinic computers dedicated to Physiopedia, group in-service training activities centred around specific topics on Physiopedia, and universities asking students to contribute content as part of formal studies and skills development. During the pandemic, Physiopedia provided a safe haven for knowledge-hungry students, skills-thirsty clinicians and resource-impaired educators. As we move into the post-pandemic era, this has not changed.

Each month Physiopedia has over 3 million visitors from nearly every country in the world and around 150,000 of those people are from Canada. Whilst there is a clear global need for the at-a-glance information and development activities that Physiopedia provides, there is also a great need for physiotherapists around the world to easily access formal professional learning. To accommodate this Physiopedia added the Plus online learning platform to its family.

"The team at Physiopedia is doing an excellent job. Information which may not otherwise be available to myself, and others is readily available as a result of Physiopedia. I feel like a better prepared physiotherapist as a result of Physiopedia".

~ Claron O'Neale, Physiotherapist, Grenada.

Physiopedia Plus, an e-learning platform for rehabilitation professionals

With competency in mind Physiopedia Plus has been created by physiotherapists for physiotherapists to cover all aspects of online professional development. It is a membership service that is more than just courses or webinars; it offers an international forum to communicate and network with like-minded colleagues throughout the world and provides a valuable connection among our profession to explore and learn from the needs, challenges and successes of physiotherapists throughout the world.

As an online resource, Physiopedia Plus is available anywhere with full flexibility on what, when and how you learn. You can also choose your language; the platform will be available in French and other languages before the end of 2022, and the mobile app will be released before the end of 2022 to allow offline use. This flexibility is essential given all the challenges physiotherapists face in remaining competent as evidence and population health needs change.

Darine Alem, a physiotherapist in Sudan highlighted the value of this platform for advancing health care practice saying "*this is one of the most important courses that should be done by all health care providers. I learned valuable principles of rehabilitation during this course. I'm looking forward to sharing my experience with my colleagues and applying it in my workplace*." But it's not just physiotherapists using Physiopedia Plus, Isaac Lwanga a doctor of medicine in Uganda found value saying that the "*course is indeed insightful on what rehabilitation is and how much it can supplement patient care*!" In addition to being a service for individual users to develop professional practice, organizations are using Physiopedia Plus to supplement their own education and training initiatives. Clinics and hospitals use it for focused workforce development activities, education institutes are using it in a blended manner to make in-person sessions more efficient, and member organizations provide it as a member benefit to easily comply with international professional development requirements. For all organizations it provides time and cost efficiency, as well as a social responsibility contribution.

A gift for the physiotherapy profession

Despite being founded in the United Kingdom, Physiopedia is a global platform. Even in the most remote regions people know Physiopedia. They use Physiopedia, they learn from Physiopedia and Physiopedia allows them to access knowledge that they might not have any other way of accessing. This isn't unique to low-income settings, it can be the same scenario in high-income settings, particularly where populations are remote or when there is a pandemic or conflict!

Physiopedia's vision is a world where every person recognises the value of physiotherapy and has access to quality physiotherapy care. Its mission, to provide universal and equitable access to all physiotherapy knowledge. With that said, some people in high-income settings are asked to pay for access to Physiopedia Plus, but this contribution provides free access for people in low-income settings and any further profits are channeled towards keeping the Physiopedia website free and open for all to access for ever.

If you'd like to explore any of the opportunities mentioned in this article, please feel free to contact Rachael Lowe at rachael@physio-pedia.com.

More about Physiopedia here https://www.physio-pedia.com/Physiopedia:About

"Physioplus makes access to continuing education easy! There is so much available, the topics are diverse and the learning methods available suit all learning types! There are over 470 courses as well as access to a selection of full text-books and journals, videos, podcasts and a portfolio to record all my learning. But it is more than this. It also makes connecting with patients and colleagues around the world easier. I can share exercises with my clients and have online treatments using the telehealth platform, this has been a life saver, literally! I can even chat to therapists around the world in the forum."

~ Elaine Clements, Physiotherapist, Saint Lucia.

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Mindfulness as a Tool for Taking Action on the Environmental Crisis as Physiotherapists

Susan Czyzo, PT, BPHE, MScPT

The environmental crisis is our current, and future reality. We're being faced with rising sea levels and ocean temperatures, pollution, more frequent and extreme weather events, and loss of biodiversity, to name just a few components.[1,2] With the widespread and devastating impact of these changes on the health of individuals around the globe[3], particularly those that have contributed the least to this crisis, the WHO labelled the climate crisis as the biggest health crisis of our time[4]. The most recent IPCC Working Group report confirmed the role of humans as being the main drivers in influencing climate, labelling it as an established fact.[5]

As primary healthcare professionals who maintain, restore and improve our clients' function, and who work across all levels of the healthcare continuum, some of us are already seeing the impacts of this crisis first-hand in our patients', or perhaps even in our own, lives. With more frequent and extreme weather events predicted, this will only become more common within our profession.

As the biggest health crisis of our time, our profession has more than a reactive role to play in this crisis. We must consider whether our practices, or the systems we're working under, are contributing to the crisis, and what we can do individually and collectively, to turn this ship around.[6,7] As busy and overworked professionals, this may not be on our radar, be of high priority, or it may feel downright overwhelming. But we can't afford to not take action anymore.

So where does one even begin?

Researchers and policymakers are increasingly supporting the urgent need to look beyond the scientific and technological focus of climate change initiatives and to consider the role of our inner qualities and capacities in making progress.[8,9]

Mindfulness, the act of paying attention, on purpose, to our internal and external environment, and with openness and curiosity,[10] can help get us started. Let's take a look at how.

How may our professional actions be contributing to the problem?

Physiotherapy is regarded as a fairly low-tech profession, offering low-carbon interventions and having a low carbon footprint.[11] However, the use of technology within our profession is increasing,[12,13] and we are by no means a zero-waste profession. Hence, there are still improvements we can make to lessen our impact.[14]

A great place to start is to assess whether the ways in which we're currently practising are contributing to the overall problem. If we determine our individual actions require modification, then it's a matter of making shifts or changes, rather than adopting entirely new behaviours, as would be the case if we started by looking at what new actions we can take on to make a difference.

So how can living more in the present moment bring awareness to our impact on the environment as physiotherapists?

It is difficult, if not impossible, to make changes to how we practice, if we are not aware of what we're already doing. When time is limited, and we're rushing from patient to patient, we're likely operating on autopilot, unaware of our actions from moment to moment. With mindfulness, we come off autopilot by cultivating a moment-to-moment awareness. This gives us the opportunity to recognize our daily actions, upon which we can then reflect upon to determine impact on the environment. Interestingly, mindfulness has been reported to foster solution-focused thinking; in particular, helping participants focus on goals, investigate unnoticed resources, and find ways to achieve.[15]

Let's look at what we might consider modifying.

As a home-care therapist, can we consider attending necessary appointments with our clients to reduce incorrect purchases that require a return visit?

As a hospital-based therapist, is there a sustainability working group that can be started or joined in order to improve sustainability in this setting?

As a private-practice therapist, can we consider suggesting pre-owned exercise equipment versus new to our clients? Can we prescribe nature- versus gym-based exercise[16] where appropriate?

Mona Walls, a school-based therapist in Alberta, admits: "we get busy, then give up firstly, our planning time, and default to the easiest and quickest way to get through our day, and not always (in) the best way." She suggests considering carpooling with another therapist and conducting virtual, rather than in-person, sessions where possible.

And as physiotherapists in general, can we consider looking outside the biomedical model of care as our only approach?[17]

Try this exercise (work audit)*:* on a sheet of paper/screen, make these 3 columns: what I'm/we're already doing; what I/we could do better; what I/we want to start doing. Under each column, write down anything that comes to mind with respect to the sustainable behaviours.

How can living more in the present moment bring awareness to our impact on the environment as physiotherapists?

Building self-awareness and leveraging our strengths

Practising mindfulness helps us to get to know ourselves on a deeper level. Through a variety of practices, from meditation to journaling, mindfulness gives us the space and opportunity to recognize our emotions and thoughts and to reflect upon our behaviours and patterns. As we build this self-awareness, we also become more in tune with our strengths, values, and passions.[18] Acceptance and commitment therapy (ACT), of which mindfulness is a key component, has been shown to help participants clarify their goals, hopes and values, and build internal commitment to actions that are aligned with these values.[19]

Studies show that cultivating mindfulness and compassion strengthens our intrinsic versus extrinsic values, such as connection to family and friends, nature connection, self-acceptance and concern for others. In turn, these intrinsic values are associated with increased happiness and more sustainable behaviour.[20]

In our environmental crisis, there are so many different ways we could go in terms of contributing to the solution. This can lead to overwhelm and lack of action. Knowing our strengths, along with working with our values, can provide us with direction, allow us to feel competent, and help to keep us engaged for the long run. Dr. Ayana Elizabeth Johnson puts this idea into a practical exercise[21] that is worth checking out.

Try this exercise (values): Ask yourself: what do I truly value in life? Write down anything that comes to mind. Then choose 3 that would be at the top of your list, write them down on a scrap piece of paper and place it somewhere where you'll see it regularly. Every week, take a mindful moment to check in with yourself to see how well you lived in alignment with your values. Remember though, this is a lifelong journey!

(Re)Connecting with nature

Urban environments, 24/7 access to technology, and a culture that encourages us to exploit nature rather than live in harmony with it, are all strong contributors to our disconnection from the natural world. Many sustainability experts are now recognizing the importance of reconnecting with nature to support our efforts to help the planet.22 In fact, a close relationship with nature has been found to result in a two-fold increase in likelihood of pro-environmental and conservation behaviours.23

When we practice mindfulness, we learn to draw upon all our available senses to experience the present moment. This quality of attention, when used while immersed in nature, can enhance our connection with it, and cultivate appreciation and compassion for it. Often being in nature itself, and away from the sensory distractions of urban life, can make us feel more at ease. When we add mindfulness to this experience, we can foster a deeper connection with the natural world, engaging with it more fully. The enhancement of our psychological well-being and pro-social values as a result of spending time in nature, has been shown both in remote natural environments and in urban settings.24

In the context of physiotherapy, there are many ways we could use this knowledge; one being working on our own connection with nature. If lacking, putting effort into reconnecting with nature in our own way, is a great place to start. If we already feel quite connected to nature, looking at expanding this connection by spending time in nature in way we're less familiar with, such as on the water when we usually opt for land-based activities. From a place of deeper connection, we can then more convincingly encourage our clients to do the same.

In a one on one, private practice setting context, we can use this knowledge when considering the type and location of exercise we prescribe to our clients. We could ask ourselves: would the individual in front of us benefit more from guidance for exercising outdoors versus in their home or gym environment?

In a broader context, as prescribers of movement and exercise, and advocates for its crucial role in one's health, we must keep front of mind how inequitable access to nature is, and consider our position to advocate for change. Advocating for more equitable access to outdoor spaces can take many different forms; from engaging with our local member of parliament, to organizing events promoting improved access, to writing articles to educate others on this important issue. This is a much-needed bigger ticket action.

Try this exercise (nature): The next time you're planning time in nature, leave all tech devices at home and intentionally commit to being as present as possible. Notice what sounds, smells, sights, textures, and emotions come into your awareness. When you get distracted away from the present moment, return to it by coming back to your sensory experience.

Reaching for our own oxygen mask first

There are a multitude of methods one can use to take care of their mental health: physical activity, psychotherapy, time outdoors, and adequate sleep are but a few examples. Regardless of the modality, putting effort into our mental health, as we would with our physical health, is now regularly advised. When we do take care of ourselves in this way, it can feel like we've got more to give to others, such as our family members, friends, colleagues, and of course, our clients. To be competent, compassionate, and effective healthcare professionals, it's imperative that we not only remember this, but act on it.

When we add the environmental crisis on top of our day to day worries and stressors, we're adding yet another thing that can deplete our often already strained energy levels. In order to be able to consider the environmental impact of our profession, to take care of clients who've suffered trauma as a result of an environmental cause, or to push for changes for more environmentally conscious physiotherapy practices, we need to be reaching for our own oxygen mask regularly. It can even be argued that doing so is an act of sustainability, as it allows us to, for example, take better care of our clients, preventing unnecessary surgeries or extended hospital stays, thereby decreasing strain on a carbon-footprint-heavy healthcare system.

In a broader context, as prescribers of movement and exercise, and advocates for their crucial role in one's health, we must keep front of mind how inequitable access to nature is, and consider our position to advocate for change.

Additionally, when we put time and effort into taking care of ourselves, we're showing ourselves love and respect. As human beings that are part of the natural world, rather than separate from it, we are also showing love and respect for the planet. Behaving as though we are one with nature, by taking care of our individual health, sends a strong message of connectedness with other human beings, and the earth itself. Disconnection from ourselves, one another, and the natural world, is viewed by some as a critical contributing factor to the environmental crisis *we find ourselves in.*[25]

Many mindfulness-based interventions focus on techniques and tools which can be incorporated into daily life. With practice, we can weave these tools into our day-to-day moments, finding moments of calm and presence. This informal type of mindfulness practice can be viewed similarly to incidental forms of physical activity that we may introduce our clients to. Rather than an all-or-nothing approach, injecting small bouts of mindfulness into our day, such as before we step away from our lunch break, allows us to access stillness and groundedness in the moment. This is similar to encouraging our clients to take the stairs versus the escalator to increase their physical activity, and in contrast to scheduling 30 minutes at the beginning or end of our day (e.g., a gym session or a scheduled meditation) which often feels less achievable, leading to inconsistent practice.

Try this exercise (Take 5): *T*ake a moment and stop what you're doing. Whether sitting, standing, or lying down, flip one palm up towards the ceiling. This will be your counting hand. With eyes open or closed, take 5 intentional breaths, counting each inhale and exhale as one breath, folding one finger into the centre of your palm. Try to focus entirely on the flow of your breath, allowing it to flow at its natural rhythm. Before moving on with your day, take a moment to notice how you're feeling.

Mindfulness is a tool for living a more present and connected life. It can help us prepare for, respond to, and take action against the environmental crisis in a productive way. But like most of the tools in our professional toolboxes, it requires an underlying understanding, and regular practice in order to be of most benefit. With that in place, it becomes a powerful tool of benefit not only to ourselves, but to our clients, and to the planet as a whole.

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Rewiring Our Brains: The Unlearning and Decolonizing of Our Practice Through JEDI Work

Maha Elashi

March 10, 2021: I was working in the ICU when a code blue was called. The code team who responded are nurses, physicians, and respiratory therapists from our ICU staff who were assigned to code team duties that day. Contrary to whichever hospital-based television show you may have grown-up with (myself being a loyalist of the ER, George-Clooney-era), code teams are advised not to run to the patient's bedside, but in a sudden moment of impact, a nurse cut a corner into an unsuspecting me, and I found myself on the receiving end of an NFL-like tackle. While I did not realize it at the time, my life, as I knew it, was about to change.

The good news was that the person who the code was called for was fine.

The bad news was, I was not.

I was concussed.

I woke-up the next day with incredible nausea, light-sensitivity, and a sense of fogginess. As I gradually returned to work on the wards, it was evident that my hearing had changed; I found it incredibly difficult to filter between foreground and background noise, that in a room of four patients, I could not focus on speaking to my patient in bed one, while a physician spoke to their patient in bed four.

After a consult with an Ear, Nose, and Throat Specialist, I requested an auditory assessment on the possibility I may have developed a Central Auditory Processing Disorder (CAPD) post-injury. The assessment is composed of three separate tests— the final step of which requires a five-hour hearing test to discern whether an individual has a CAPD. The first task consisted of the Synthetic Sentence Identification-Contralateral Competing Message (SSI-CCM) task which required me to identify a primary auditory signal of ten synthetic sentences played in a headphone placed in one ear, while listening to a competing narration of a Davy Crockett journal passage via a headphone placed in my contralateral ear. While my task was to ignore the narration of the Davy Crockett journal, my inability to filter the sounds led me to hearing a detailed account of a battle with "Indians" and an offensive and insensitive portrayal of Indigenous people. I immediately brought this to the attention of the audiologist administering my test, as it can be triggering for any individual identifying as Indigenous to listen to this passage, let alone while attempting to complete a task to assess a component of their health.

As the assessment continued, I was asked to repeat words played over headphones for The Binaural Fusion test and the TSMAPA Time Compressed Speech test, which included words that can be triggering for individuals who have faced gun violence, as well as the population of older adults who are veterans, refugees, or individuals who have lived through wars— many of whom may comprise a large portion of the patient population in an audiology clinic as they may be experiencing hearing difficulties given their age or sound exposure. The words on these tests included, "pain, seize, gun, hit, kick, gas, kill," and "numb, hit, gun, pain, dead, kill, kick, whip, gas, beg," respectively.

As an individual with African ancestry, I was also taken aback to hear the words, "White-wash," a term that is insensitive to Indigenous, Black, Brown, and People of Colour (IPPBOC), and "Cowboy" being used on the assessment. The latter has become so engrained in our language that it may seem innocuous at first, but a quick Google search would explain how its history is rooted in systemic racism.

To say that I left the assessment "stunned," was an understatement. I immediately reached-out and engaged in-dialogue with the Indigenous Wellness and Reconciliation leaders within my health authority, and key stakeholders in the audiology community. It was explained to me that the majority of the words that comprise the word lists above were used on these assessments because they represented the most common phonemes of the English language. While it may not be within my scope to understand how these words were chosen— likely during a time when very few individuals who identify as IPPBOC, or women, held positions in research, and seemingly following a central theme of "harm," while disproportionately triggering individuals who identified as IPPBOC, it was clear that a new, culturally-safe alternative, was needed. Unfortunately, despite the slow, but positive impacts on representation in media by the reignited Black Lives Matter movement in 2020, and the residential school atrocities that were widely confirmed in 2021, there is an even slower uptake to remove and replace materials that negatively impact individuals in IBBPOC communities within our healthcare system. Should researchers in their respective fields take it upon themselves to develop long-overdue resources, it would require evidence-based research, peer-revision, and most importantly, time for culturally safe material to be created, developed, and implemented.

That being said, within just weeks of bringing this matter to the attention of our health authority's CEO, and liaising with the aforementioned teams, the SSI-CCM component of the CAPD assessment was replaced with a readily available alternative test that was culturally safe for individuals who identified as Indigenous. A general trigger-warning was also created for the word lists that remain in the CPD testing battery so as not to compromise the validity of the hearing test by inadvertently priming individuals to recall words that related back to the theme of the trigger warning, as there are no alternatives available. These changes were communicated to all public and private audiology clinics across the province of British Columbia, who have kindly agreed to adopt the proposed revisions. I am currently in the process of following-up to ensure these changes can be made across Canada until a more permanent solution is implemented by the audiology community.

To me, this follow-up was necessary because as civil rights activist, Angela Davis delineates: **"In a racist society, it is not enough to be non-racist. We must be Anti-racist."**

Should researchers in their respective fields take it upon themselves to develop long-overdue resources, it would require evidence-based research, peer-revision, and most importantly, time for culturally safe material to be created, developed and implemented.

"Decolonization is less about returning to a pre-colonial society, and more about recognizing that we live under a colonial system— that things are the way they are, not by accident, but because a particular ideology has systematically erased others, while normalizing itself. Once something is normalized, it's hard to imagine anything else. We become confined within that particular ideology. And then the mindset of, 'Mm, it's always been this way,' starts to creep in. And then the origins of the colonizers, which in our case, was a very violent one, can be forgotten. We start sweeping things under the rug, and that's why many people are confused by things like the Māori Health Authority, and even Iwi settlements. And so, when we're able to recognize these structures, through what will be a never-ending process of decolonization, it helps us move forward towards a society which doesn't just draw inspiration from a diversity of spaces, but is also self-aware, which I think, is the most important part."

– Chris Huriwai, Aotearoa Liberation League

"Decolonization is less about returning to a pre-colonial society, and more about recognizing that we live under a colonial system— that things are the way they are, not by accident, but because a particular ideology has systematically erased others, while normalizing itself. Once something is normalized, it's hard to imagine anything else. We become confined within that particular ideology. And then the mindset of, 'Mm, it's always been this way,' starts to creep in. And then the origins of the colonizers, which in our case, was a very violent one, can be forgotten. We start sweeping things under the rug, and that's why many people are confused by things like the Māori Health Authority, and even Iwi settlements. And so, when we're able to recognize these structures, through what will be a never-ending process of decolonization, it helps us move forward towards a society which doesn't just draw inspiration from a diversity of spaces, but is also self-aware, which I think, is the most important part." – Chris Huriwai, Aotearoa Liberation League

I continued to reflect upon the health disparity within our healthcare system and within our physical therapy practice, as it was designed during a time when leaders in our field carried implicit biases and built upon a model rooted in a colonial system without considering the social determinants of health. This inspired me to seek-out equity, diversity, and inclusion (EDI) changemakers in our field— each of whom deserves far more recognition than I could shed light upon, as well as critical allyship in their much-needed endeavours.

Through conversations with Lisa Carroll, Director, Policy and Research at the Canadian Physiotherapy Association (CPA), I discovered Dr. Jasdeep Dhir's ongoing research, The Search for Justice: Developing a Collaborative Understanding of Health Justice in Physiotherapy.

I connected with Dr. Shaun Cleaver and began to follow the great work of the CPA's Global Health Division.

I engaged in conversations with Rehana Nanjijuma, the JEDI (social justice, equity, diversity, and inclusion) Implementation Coordinator with the University of British Columbia's (UBC) Master of Physical Therapy (MPT) program, about local initiatives, and learned that Dr. Tracy Blake, Dr. Moni Fricke, Stephanie Lurch, and Janelle Unger, are also champions of change in this field, at their respective academic institutions.

While never having met in-person, I have followed Mari Udarbe Han's efforts since participating in her panel to celebrate the achievements, contributions, and impact of womxn in physiotherapy for International Womxn's Day— featuring a number of IBBPOC leaders in the field; her formation of the National Student Assembly's BBIPOC Student Collective; and in reading her article, "Leaning Into Our Discomfort: A Way to Move Forward" in the May 2021, Volume 11, No. 2 issue of Physiotherapy Practice.

Mari and I met virtually and discussed how we could contribute to the growing knowledge base and education on how EDI work can better inform the practice of working physical therapy professionals (stay connected for updates: @mahathephysio and @519physio). She introduced me to Stephanie Nixon's COIN Model of Privilege and Critical Allyship: Implications for Health, and informed me that Lisa Arcobelli of Physiotherapy Education Accreditation Canada is putting together a Standards Interpretation Working Group to take-on the task of interpreting and implementing Criterion 5.4 and 5.5 for our profession.

This task force has incredible potential to positively impact the profession when we consider that it was only as recent as 2020 when a then-medical student, Malone Mukwende, who identifies as black, created a handbook

in 2020 called, "Mind the Gap" which provides images and descriptions on how to recognize signs and symptoms of health conditions on melanated skin; this database had educational implications worldwide, and is beginning to change how melanated individuals receive care.

Mukwende was inspired to create the handbook after learning that much of the clinical signs and symptoms of conditions that were taught in Medicine programs were based-on studies whose sample groups consisted solely of Caucasian males— thereby biasing care for generations, and defaulting to best-serving, thereby privileging, the demographic with these intersections. Thus, it stands to reason that as we move towards minding the gap in admissions for individuals who identify as IBBPOC into interprofessional healthcare programs, we will see positive change in the deliverance of healthcare to IBBPOC communities. Yet, after learning a statistic shared at a May 2022 symposium by the Respectful Environments, Equity, Diversity, and Inclusion department at UBC, which noted that since the inception of the Faculty of Medicine program 70 years ago, only 36 students who identified as black were admitted, and graduated from, their Medicine program, it is clear that we are far from that reality.

It is important to note that individuals who identify as IBBPOC are evidently still a minority in these programs and positions of privilege; as such, it is unjust to solely task them with the labour, as well as the additional emotional labour, to achieve parity in a racialized healthcare system. It is because they were initially left-out of these important conversations during the formation of the current healthcare system that they are constantly playing, "catch-up, and patch-up"— patchworking areas of the system to serve them more equitably. Instead, a national collective is needed where individuals who identify as IBBPOC can lead conversations, directives, and sustainable solutions, to elevate the care for members of their communities to a standard and manner in which they are served equitably, and for those in privileged positions to make actionable change and provide critical allyship, as per the COIN model, when called upon.

Suffering a concussion has certainly been a learning experience that has not only increased my awareness of the need of decolonizing our healthcare system, but on a personal level, it has allowed me the opportunity to find new ways and strategies to perform tasks that I once took for granted, and now struggle with. As difficult as it is to admit for someone who identifies as a "try-hard," I understand that despite doing all that I can to be in a better place with my recovery, healing takes time, and rewiring my brain to think and complete tasks in new ways, is possible.

Similarly, while overhauling an entire healthcare system and starting anew may not be a plausible option at the moment, I invite you to reflect on how you can contribute to the rewiring of our physical therapy learning environments, regulating authorities, and professional settings, to bolster health equity. Much of this starts with rewiring our workplaces and education by decolonizing our MPT classrooms: ensuring that class composites no longer feature pockets of marginalized groups, but rather embody a group of individuals with rich, diverse identities, abilities, and intersections. Individuals who have received their education from faculty, and academic leaders, who are representative of the community they will serve upon graduation – educators who can share their lived experiences, extend their teachings to include cultural safety, and ensure representation across exam questions, slide deck media, and case studies, as well as using updated resources by including the In Plain Sight Report, and incorporating the in-process definition of "Health Justice," so that future generations become **self-aware**, and may learn, or rather **unlearn**, to do better.

Maha Elashi (pronounced "Meh-heh") is a Vancouver-based, settler-ally with African Ancestry and public practice physiotherapist who scored a hat trick of degrees as the first woman in a hijab to graduate from each of her three University of British Columbia programs: Bachelor of Human Kinetics, Master of Science in Kinesiology, and Master of Physical Therapy. Her previous work titles include, "Sneakerhead"— studying running injuries as an extension of the NIKE Sport Research Lab's Global Research Team; "Fairy Godmother" as a Wish Coordinator granting wishes with the Make-A-Wish™ Foundation; and "Educator/Trainer" with lululemon athletica.

In her spare time, she volunteers with a number of foundations that provide support to children and teenagers with life-threatening medical conditions, and their families, and serves as the Communications Coordinator for the Canadian Physiotherapy Association's Cardiorespiratory Division. What little time she has left to herself is spent taking space and making space with her IBBPOC @colourthetrails outdoor activities group, and focusing on self-care for her concussion recovery.

How Clinical Pilates Can Enhance Your Physio Practice

Kobi Jack

As physiotherapists, we see this in our daily practice: real changes in patient function happen when they start moving. Clinical Pilates can be a fantastic tool for active rehabilitation, and it makes great business sense, too!

Change happens through movement, and movement heals.

~ Joseph Pilates

History of Pilates for Rehabilitation

German-born Joseph Pilates dedicated his life to the study of the human body and physical fitness in the first half of the twentieth century. While he originally championed bodyweight-only exercises, Pilates soon developed a set of equipment apparatus that used springs and pulley systems to offload the body and assist movement. The Reformer, Trapeze Table, and Wunda Chair are the most common pieces of equipment in a clinical Pilates studio.

By altering spring tension, changing the orientation of the body in relation to gravity, and challenging the line of pull of muscles around joints, an experienced Pilates instructor or clinician can support a patient through successful movement at any stage of their rehabilitation journey. Ultimately this means that functional movements can be integrated from early injury, through to late-stage recovery and discharge.

Pilates for Rehabilitation vs Clinical Pilates

For the sake of clarity, let's also address the difference between Pilates for rehabilitation and clinical Pilates. Both require skill and training and can be used to support patient rehabilitation goals, but there is a subtle difference between the two. Pilates for rehabilitation is exactly what it states: choosing exercises from the Pilates repertoire to support injury rehabilitation and address movement dysfunctions that arise from those injuries. Pilates instructors and physiotherapists can both use Pilates exercises for rehabilitation.

Clinical Pilates focuses on modifying and changing exercises from the Pilates repertoire for functional movement goals. There is an emphasis on clinical reasoning and movement facilitation, with the clinician adapting and creating exercises to meet the needs of the patient, rather than drawing from a list of known exercises. Clinical Pilates can be utilised by physiotherapists as another tool in their toolbox, as it integrates well with many other physiotherapy modalities.

Clinical Pilates as a Tool

Clinical Pilates is a wonderful adjunct to other physiotherapy modalities, as it can be adaptable to the functional goals of each patient. Because clinical Pilates looks at the whole neuromusculoskeletal system, neuromuscular re-education can be addressed in conjunction with generalised strength and mobility. This means that clinical Pilates can be used with clients across a wide spectrum, from patients with neurological conditions to pre and postnatal populations to patients on the hypermobility spectrum, to persistent pain populations, to cardiac rehabilitation, and elite athletes. As with any physiotherapy session, utilising clinical Pilates begins with an assessment of a patient's impairments, movement limitations, and functional goals. Adapting the patient's environmental constraints by changing the load, base of support, or orientation to gravity while performing a movement can become both an assessment tool and a treatment option.

Functional tasks can be recreated or broken down as necessary, with the Pilates equipment able to provide appropriate support and load for a patient's movement limitations. Decreasing the assistance of the equipment, and/or increasing the spring load can then progress a patient without compromising the integrity of their movement. Within clinical Pilates sessions, we're continually striving to support our patients within the zone of proximal development, fostering within-session movement goals to support the patient's functional objective.

Integration with Other Physiotherapy Modalities

As a tool, clinical Pilates integrates well with other therapeutic modalities that physiotherapists already have in their toolboxes. As with other therapeutic exercise, electrophysical agents or needling techniques can be used at the beginning or end of a clinical Pilates session. If a joint restriction or soft tissue limitation becomes apparent as a patient is moving, it easy enough for the clinician to address those limitations within the session, often without needing to move away from the Pilates equipment. Mobilisation with movement, active release, and acupressure techniques can be all be integrated directly into clinical Pilates exercises, as options to facilitate movement.

Clinical Pilates for Business

With elite athletes such as LeBron James and Cristiano Ronaldo raising the profile of Pilates, and an array of online posts touting the "benefits of Pilates for back pain and core strength", more and more patients are asking about Pilates as a form of rehabilitation. Educating patients about clinical Pilates and marketing the service ethically and effectively can thus bring in patients who may not otherwise seek you out.

Note: Clinical Pilates is not a way for patients to do Pilates classes using their extended health benefits. If someone no longer needs your clinical expertise to support their rehabilitation journey, it's up to you to educate and discharge them to another, non-clinical Pilates class or other movement discipline, as appropriate. This is a great way to establish networks for discharge and cross-referrals with Pilates studios and other movement professionals, which can support and foster greater collaboration across our industries.

Larissa Vishniakoff, physiotherapist, and partner at Reformotiv Physio + Pilates in Vancouver, notes that clinical Pilates is also a great way to ensure collaborative care with manual therapists who don't offer therapeutic exercise at an interdisciplinary clinic. "It's a great form of active rehabilitation for continuing care through to discharge."

With skill and practice, experienced clinical Pilates practitioners can offer the same standard of care to multiple patients at the same time, especially as those patients near the end of their rehabilitation journey. Not only does this increase the active participation of patients, but it also makes financial sense for the patient and the clinician.

Finally, while the outlay to equip your clinical Pilates studio is steep, the apparatus can ultimately replace multiple pieces of stand-alone equipment in a standard physiotherapy clinic. A Pilates Reformer can take the place of a Shuttle, cable machine, and a variety of vestibular tools. A Trapeze Table can be used as a plinth, pull up bar, sling and spring anchor, and cable replacement. A Wunda Chair can take the place of steps, ladders, and a vault. And between them, these pieces of equipment will offer vastly more movement opportunities for you to utilise. The adaptability of the Pilates equipment offers an incredible variety of options to challenge strength, stability, mobility, proprioception, balance, and the vestibular system.

Enhancing Your Physio Practice

As physiotherapists, we bill ourselves as the movement experts. Clinical Pilates can be used as a tool to claim that role, improve your patient outcomes, and enhance your physiotherapy practice. As physiotherapists, we know that movement heals.

Kobi Jack, Physiotherapist (BSc PT, MPH)
Kobi is a physiotherapist and clinical Pilates educator, with over 20 years' experience using Pilates for rehabilitation. Kobi undertook a Pilates apprenticeship while in her first year of physiotherapy schooling and has integrated Pilates into her physio practice since graduation. Kobi runs introductory and comprehensive clinical Pilates training courses for physiotherapists and other healthcare professionals, and workshops on Pilates for rehabilitation through Calibrate Pilates.

If you have questions about the clinical applications of Pilates and movement therapy, please reach out to Kobi via kobi@calibratepilates.com

Delivering EDI Resources to the Student Population

Mariam Nabhan, M.N. BHSc.

Equity, diversity, and inclusion (EDI) have become an invaluable framework that fosters best practices in healthcare, including physical therapy. Improving knowledge and understanding of EDI and its impact on patient treatment can help tackle the inequalities being faced by minorities seeking care. Inequalities may include access to care, language barriers, and a lack of knowledge of cultural norms, many of which can be addressed using the EDI framework.

The term equity refers to the differences in culture, ethnicity, and life experiences that affect the needs of each individual.[1] As a result, patients seeking PT will have unique needs and may require different treatments rather than a "one size fits all" approach. Equity is achieved through fair outcomes rather than fair treatment. Diversity refers to the differences in cultural norms, ethnicity, and experiences that tend to exist in a community and how these differences should be respected and valued. Finally, Inclusion emphasizes creating an environment where individuals are given equal opportunities and feel valued.

As part of my work with the CPA, I performed an environmental scan to map the resources publicly available relating to equity, diversity, and inclusion (EDI) with emphasis on the physiotherapy field. The study involved scanning 64 organizations and extracting any relevant resources, these organizations mainly included regulatory bodies, associations, and academic institutions. Resources published in English and released by Canadian or international organizations were included in the scan. In addition, Resources that were older than 10 years from the initiation of the scan, were not available to the public, provided for fields other than healthcare, or did not focus on EDI in physiotherapy delivery, were excluded from the scan.

Among the scan's results, we found that academic institutions were the least to provide resources compared to the other categories of organizations. The results suggest that students do not have sufficient resources on EDI that are publicly available and accessible to them. The student population represents future practitioners and leaders of the physiotherapy field so informing them about equity, diversity, and inclusion could be a step forward in undoing systemic inequalities.

Although academic institutions may have integrated equity, diversity, and inclusion studies into their curricula, not providing resources outside of syllabi could limit their learning. EDI involves constant learning about the inequities that face marginalized communities and unlearning unconscious biases that sustain them. Students should be provided with several resources to allow them to explore and grow their interest in equity, diversity, and inclusion. In order to facilitate their learning and raise awareness, more resources could be made publicly available for students. As well as distributed to advertise them so that they are informed of the available resources and where to find them.

Several factors may play a role in producing and delivering these resources to the student population as their needs will differ from physiotherapy professionals already working in the field. Factors may include content, time of delivery, and form of delivery.

Content of resources

Students likely need resources that are more informative than individuals who have had more practice and experience in the field. EDI and its implementation in healthcare may be a novel topic for students so they may respond well to resources that contain more information on what EDI pertains to and its significance. In addition, resources for students should aim to raise their interest and leave them with more questions to increase curiosity and encourage research. EDI may already be integrated into students' curricula, but they should also have other sources of information beyond their degree and throughout their careers. Research can be done to explore the extent of students' knowledge of EDI and what questions they may have. As a result, resources can be produced to address their questions and interests.

Form of delivery

Research can be done to examine students' knowledge and understanding of EDI, EDI practices, and its benefits in healthcare. In addition, these studies can identify common questions and misconceptions that students have. The resulting information can be used to form EDI resources that are tailored to the student populations' needs. By doing this, students may benefit more from resources and be encouraged to do further investigate this framework. In addition, choosing the correct delivery method such as using social media platforms may allow resources to reach more students.

Platforms such as Instagram can be used to spread information and inform them of where to find resources. Other types of platforms that facilitate student interactions such as the software application Discord can allow easier communication for large populations. Universities can take advantage of this resource to create an open source of communication for students to ask questions and share other resources, such as webinars and literature. The use of this application has recently become commonly used by students in their studies due to the Covid-19 quarantines so many of them are already able to navigate the software.[2] Students may also respond better to social media campaigns compared to older PTs and PTAs.

Timing of delivery

Another factor that should be considered is when the resources are delivered to students or when they are made aware of them. Providing resources near the end of a semester may not be effective as students will have their final exams and are less willing to spend time on resources beyond their curricula. On the other hand, the beginning of a semester would be more appropriate since students will not have as much schoolwork. The summer and winter holidays may also be suitable since they will have less workload and more time to explore novel material.

Mariam Nabhan graduated Carleton University in 2022, majoring in health science with a concentration in Biomedical science and a minor in Biology. Born in Cairo, Egypt, Mariam moved to Canada to continue her education at Carleton University, she then completed a placement with the Canadian physiotherapy association as part of her studies. Her time at the CPA primarily included research on equity, diversity, and inclusion in the physiotherapy profession.

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