

# Physiotherapy in Primary Care

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## Module 6

### PTs in the Primary Care Team - Roles and Scope

**Please note:** This course was designed to be interacted and engaged with using the online modules. This **Module Companion Guide** is a resource created to complement the online slides. If there is a discrepancy between this guide and the online module, please refer to the module.

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### MODULE INTRODUCTION

*Please see the online learning module for the full experience of interactions within this document.*

This module discusses the physiotherapist's scope and roles within team-based primary care, drawing on examples from across Canada.

#### **Module Learning Outcomes**

By the end of this module, learners will be able to:

1. Describe the roles and scope of physiotherapists who are part of interprofessional primary care teams, using examples from across Canada.
2. Explain how some current roles of physiotherapists on primary care teams expand on traditional physiotherapy roles.
3. Identify opportunities for emerging roles for physiotherapists based on trends in primary care and health system needs, such as first-contact provider roles.
4. Identify personal learning needs related to physiotherapy roles in team-based primary care and a plan to address those learning needs.

**Note:** A full reference list for topics discussed in this module can be found in the Conclusion section.

This module will encourage you to reflect on your role as a physiotherapist within a primary care team, which may help you identify learning needs and opportunities across all of the competency domains. Specifically, this module may help you identify learning needs and plans to address those learning needs related to competencies 1.4, 1.5, 1.6, 1.8, 1.10, 1.13, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 5.1, 5.2, and 6.1.

*Continue to access the competencies that will be relevant to this module.*

#### **Module Competencies**

1.4 Conduct a comprehensive physiotherapy assessment that addresses complex personal, social, cultural, and environmental factors affecting the functioning and health of individuals and communities.

1.5 Apply advanced clinical reasoning to establish a physiotherapy diagnosis, prognosis and management plan that considers the complex personal, social, cultural, and environmental factors that contribute to a person's functioning and health.

1.6 Collaborate with persons seeking care, their families and support networks, and interprofessional primary care team members to develop, implement, and evaluate treatment or management plans that address complex personal, social, cultural and environmental factors affecting a person's functioning and health.

1.8 Facilitate successful transitions in care among interprofessional primary care team members, external health service providers, and community service providers.

1.10 Plan, deliver, and evaluate group programs, in collaboration with other interprofessional primary care team members, to improve functioning and health of individuals and communities.

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- 1.11 Identify and assess the unique and evolving health service needs, health inequities, and social determinants of health affecting the communities or populations served.
- 1.13 Demonstrate adaptive expertise to create solutions to individual or community health challenges as a member of the interprofessional primary care team.
- 3.1 Engage the person seeking care, together with their family and support network, as core members of the interprofessional primary care team.
- 3.2 Collaborate with all primary care team members in a way that leverages the expertise and full scope of all team members to provide comprehensive health services that meet the needs of individuals and communities.
- 3.3 Support persons seeking care, along with their families and support networks, to navigate health services, social services, and other community resources.
- 3.4 Apply evidence-informed approaches to enhance team collaboration and effective team functioning in primary care.
- 4.1 Contribute to the development and implementation of organizational policies which promote optimal service delivery by the interprofessional primary care team.
- 4.2 Triage persons seeking care to facilitate timely access to appropriate services.
- 5.1 Advocate for services to address the health and social needs of persons seeking care, along with their families and support networks.
- 5.2 Identify, implement, and evaluate opportunities for innovation in delivering primary care services.
- 6.1 Deliver evidence-based and person-centred approaches to team-based primary care.

**Continue to Section 01**

### SECTION 01: ROLES AND SCOPE

The first section of this module will help you understand the roles and scope of practice of physiotherapists integrated in team-based primary care settings. As discussed in **Module 05: Service Delivery Models**, the scope and roles of physiotherapists, and the service delivery models in which they practice are interdependent and interrelated.

#### **Physiotherapy Competencies and Scope of Practice**

Scope of practice represents the services that professionals can provide based on their education, training, and competencies, as well as existing legislations and regulations. It identifies the outer limits of practice within a profession.<sup>1</sup>

**"Physiotherapy is the assessment, diagnosis, and treatment of the human body, its diseases, disorders and conditions associated with physical function, and acute or chronic injury or pain. It includes the prevention of illness or injury and the promotion and education on health and wellness with a focus on optimal movement and function."**<sup>2</sup>

Physiotherapists in primary care settings are often generalists, as people access primary care for a range of concerns. Physiotherapists have the expertise to contribute to improved outcomes and experiences for people seeking primary care for function or quality of life concerns across a wide range of conditions.<sup>3</sup>

**Physiotherapists in primary care work with people at all stages of their lives, from infancy and childhood to end of life. They contribute to chronic disease prevention and care for people presenting acute and chronic conditions.**

The scope of practice and roles for physiotherapists in primary care teams will depend on each person's unique experiences and expertise (often called personal scope), as well as the community's needs. The scope of practice of physiotherapy also varies by province or territory due to legislative and regulatory policy differences. Some elements of scope of practice that are not uniformly adopted across Canada include, for example, the ability to order diagnostic imaging or prescribe medications.

First contact roles for physiotherapists in primary care may include the opportunity for, or the delegation of, medical acts to improve access, streamline care, and optimize use of healthcare resources.

**Note:** You will learn more about physiotherapists as first contact providers later in this module.

#### **Roles of Physiotherapists in Team-Based Primary Care**

The roles of physiotherapists vary between primary care contexts and are expected to continue to evolve.<sup>4</sup> Clarity on the scope of practice and roles of all providers improves the functioning of interprofessional teams. The roles highlighted in this section include elements of both patient care and team functioning and are therefore common roles of physiotherapists in team-based primary care.<sup>5</sup> They are manager, evaluator, collaborator, educator, and advocate. Many elements of these roles are also ways that physiotherapists demonstrate leadership in primary care teams.

*Continue to compare five roles in team-based primary care.*

### **Manager Role**

As part of a team, a physiotherapist in primary care may adapt their management approach to collaborate with other providers, or to accommodate restrictions in physical, financial, or human resources. The physiotherapist acting in a manager role may also work to strike a balance between group programming and individual care. In terms of patient care, it is important to understand broader community and health system services to facilitate access as needed, and act as a case manager at times.

### **Evaluator Role**

Physiotherapists often take on a triaging role, which may include prioritizing people seeking care based on severity or need within physiotherapy services, need for specialist medical care, or identifying areas where physiotherapy services are needed in the community or population served. This role includes the physiotherapist's expertise in assessment and diagnosis, recommendation or prescription of additional testing as needed, such as imaging and lab tests, and coordination of comprehensive treatment plans and referral to other health care providers.

### **Collaborator Role**

Physiotherapists, as well as other providers, collaborate and consult each other which leads to knowledge exchange and improved services as many areas of expertise are incorporated. Collaboration also facilitates holistic care, as people seeking care benefit from a comprehensive, rather than a siloed approach.

### **Educator Role**

Education is a significant part of treatment plans with people seeking care and among team members in primary care. A physiotherapist can also share their expertise with other providers through ongoing education.

### **Advocate Role**

One aspect of advocacy in primary care is on behalf of people and populations to ensure barriers to care are addressed. There is often a need to advocate for increased use of physiotherapy services in primary care, and for awareness of the breadth and scope of practice of the profession.

**Reflection:** Consider the roles discussed. Which roles are most familiar to you based on your experiences as a physiotherapist? Which roles are least familiar to you?

In this section, you reviewed content regarding the scope of practice and roles of physiotherapists in team-based primary care. In the next section, you will expand your understanding of physiotherapy roles through examples of evolving roles and services.

**Continue to Section 02**

### SECTION 02: EVOLVING ROLES AND AREAS OF PRACTICE IN PRIMARY CARE

With the increase in physiotherapists working in primary care in recent years, physiotherapists have been called to expand upon traditional physiotherapy roles. Individualized care for people with musculoskeletal concerns continues to be a large part of physiotherapy services in primary care. However, **health promotion, group interventions, care pathway development, and program evaluation** are a few areas in which there has been significant growth in physiotherapists' roles.

In this section, you will learn examples of how physiotherapy is operationalized in team-based primary care, and how physiotherapists make important contributions to program development.

**Note: Module 08: Physiotherapy Leadership in Team-Based Primary Care** specifically discusses the leadership role of physiotherapists in advocating for role and program development.

#### Health Promotion

Physiotherapists are health professionals who provide **primary prevention** and **health promotion**.<sup>6</sup> Physiotherapists have contributed to secondary and tertiary prevention within other physiotherapy settings. More recently, health promotion has been seen as an essential area where physiotherapists should be more involved.

The Ottawa Charter for Health Promotion describes health promotion as the “process of enabling people to increase control over, and to improve, their health.”<sup>7</sup> It is viewed as a positive approach to health that focuses on factors that promote or contribute to health, by positively influencing the social determinants of health (SDH) to increase health equity. Thus, physiotherapy involvement in health promotion recognizes that it calls for participatory, intersectional, and context-based actions at multiple levels.<sup>8</sup>

In a primary care setting, a physiotherapist can contribute to health promotion at many levels to increase accessibility, community program enhancement, health system change, or individual engagement (e.g., policy changes, environmental adaptations). **Module 04: Addressing Social Determinants of Health (SDH) in Team-Based Primary Care** discusses ways to address the SDH and the important role of engaging with community organizations and services.

*Continue to learn about two other examples of health promotion at the group level and individual level.*

#### Group Level

On a group level, health promotion efforts might include education on specific topics, such as a workshop on pelvic floor and postural changes for a perinatal group, an exercise class for seniors aimed at falls prevention, or educational sessions on blood sugar management.

#### Individual Level

On an individual level, a physiotherapist may have opportunities to discuss smoking cessation, or develop a plan to increase physical activity.

These are all examples of how existing health promotion efforts in primary care can be enhanced by adding physiotherapy expertise.

### Group Interventions

As discussed previously in **Module 05: Service Delivery Models for Physiotherapists in Team-Based Primary Care**, offering group-based services is one approach physiotherapists can use in primary care that aligns with a population health approach. Groups are often defined by shared health service needs (e.g., individuals with low back pain, individuals who are pre- or post-natal, individuals at risk for falls, or individuals with chronic obstructive pulmonary disease [COPD]). There is strong evidence to support the effectiveness of group programs and interventions for the prevention and management of many conditions.

Group education and exercise programs related to specific conditions are effective ways to provide services to a greater number of people than what might be possible with one-to-one care. Group interventions provide the added benefit of peer support among individuals who are managing a similar condition.

**Note:** Group interventions may not always be suitable for everyone seeking care, and there must be consideration of the particular needs and community context.

You will now explore some examples of group-based physiotherapy services that have been delivered in a primary care setting.

*Continue for two examples of group-based physiotherapy services delivered in primary care settings.*

#### Example 1

##### **Strong and Steady: Falls Prevention**

**Strong and Steady** is a falls prevention program developed at the Four Villages Community Health Centre in Toronto. The program includes weekly education and exercise sessions. The education sessions are delivered by an interprofessional team, and include pertinent topics such as:

- Polypharmacy (pharmacist),
- Falls prevention strategies (occupational therapist),
- Foot care (chiropodist),
- Urinary incontinence (physiotherapy),
- Vertigo (physiotherapy), and
- Nutrition (dietitian).

The physiotherapist delivers a progressive weekly exercise session and administers to participants pre- and post-assessment measures, including functional and self-reported measures.

#### Example 2

##### **Good Life with Arthritis (GLA:D): Hip and Knee Arthritis**

**Good Life with Arthritis** is an evidence-based education and neuromuscular program for individuals with hip and knee osteoarthritis. The program has demonstrated improved function and reduced pain, through the collection of several standardized outcome measures. This program has been implemented across primary care teams in Toronto, Ottawa, and North West Ontario as part of the Hip



and Knee Osteoarthritis program. Access to these programs is directly from primary care or from Rapid Access Clinics, making it an excellent example of integrated care across the continuum.<sup>9, 10</sup>

**Reflection:** Take a moment to reflect on your experiences with group interventions or programs.

- Are there group interventions that you have found effective? If so, why do you think they were effective?
- In the primary care environment, can you identify any opportunities for group interventions that would promote accessible and needed care?
- Are there any specific aspects to consider based on individual and community needs?

### Care Pathway Development and Knowledge Sharing

Physiotherapists working in primary care can make important contributions to the development of care pathways. Developing care pathways requires proactively developing a multidisciplinary plan to outline anticipated care for a population group. Integrating physiotherapy skill sets and expertise in primary care pathways is an important opportunity to better leverage physiotherapy expertise and to increase the capacity of other team members. Well-defined care pathways can help team members gain a better understanding of when different health professionals can play roles in addressing the health needs of patients.

The provided examples showcase how interdisciplinary collaboration between members of primary care teams contributes their unique expertise to diabetes, perinatal, and frailty care pathways.

*Continue to reveal how physiotherapists in primary care teams can inform diabetes, perinatal, and frailty care pathways.*

### Diabetes Care Pathway

Physiotherapists in primary care settings can identify when to access care to aid in diabetes management. For example, with outcomes related to physical activity embedded in electronic medical record (EMR) templates for diabetes-related follow-up visits, all providers can more easily identify physical activity levels, as well as opportunities for physiotherapy consultation as needed. Additionally, physiotherapists can educate dietitians and pharmacists on the role of physical activity in blood sugar management and how to teach people about physical activity and exercises.

### Perinatal Care Pathway

A physiotherapist can work with a midwifery clinic to create referral pathways to primary care physiotherapy for people in the perinatal period who have pelvic floor dysfunction, pain, or mobility-related issues. With this care pathway defined, there is increased knowledge among community partners that helps more people access physiotherapy through primary care teams.

### Frailty Care Pathway and Knowledge Sharing

In Newfoundland, a physiotherapist on a primary care team collaborated with interprofessional colleagues to develop a care pathway for people at risk of frailty and its sequelae. The team included the physiotherapist, occupational therapist, social worker, pharmacist, dietitian, geriatrician, nurse

practitioner, and family physician.<sup>13</sup> An environmental scan revealed a health system priority to support seniors aging in place to improve health outcomes and reduce the use of health resources.<sup>13</sup>

The primary care team worked together to embed an assessment tool in their shared EMR to identify people living with frailty or at risk of frailty. The needs of people with frailty or risk of frailty identified using the tool were discussed at rounds and people were connected to appropriate care (e.g., home visits from primary care team members or referrals to programs in the community). Creating this pathway required the team to liaise with other health professionals in the community to understand the resources available and to avoid duplication of existing services.<sup>13</sup> The next step for this team is to develop intervention strategies to prevent increases in frailty.<sup>13</sup>

In these examples, physiotherapists contributed to the development of a primary care pathway that included identifying needs for physiotherapy and other health professional services. These pathways also created opportunities for the primary care team to better understand the role of physiotherapy in helping meet the health needs of specific patient populations.

### **Physiotherapy Program Evaluation**

Whether providing one-to-one or group services, the integration of physiotherapy within primary care should be evaluated using standardized and validated tools to assess client experiences, health outcomes such as functioning and quality of life, and cost effectiveness.<sup>6</sup> By evaluating programs, you can learn about their effectiveness and adapt or spread the program based on those outcomes. Part of program development therefore must also include planning for evaluation.

Consider this example of a set of outcomes used for program evaluation.

- **Program Evaluation Example**

In Toronto, a group of Community Health Centres has implemented the systematic administration of standardized validated tools such as the Global Rating of Change, the Patient Specific Functional Scale, and the Numeric Pain Rating Scale in order to evaluate patient outcomes. Additionally, this group has developed a standardized survey in order to capture indicators such as changes in medication use, self management, and hopefulness. Patient outcomes and experience are two pillars of the Quintuple Aim - the other three include equity, provider experience, and cost-effectiveness.<sup>14, 15</sup>

**Note:** The Quintuple Aim is a helpful framework when considering the evaluation of physiotherapy services in primary care and was briefly introduced in **Module 01: Developing Individualized Learning Plans (ILPs)**. You can also refer to **Module 08: Physiotherapy Leadership in Team-Based Primary Care** for more on program evaluation.

In this section, four evolving areas for physiotherapists in primary care were outlined: health promotion, group interventions, care pathway development, and program evaluation. In the next section, you will learn about first-contact providers as another emerging opportunity in team-based primary care.

**Continue to Section 03**

### SECTION 03: EMERGING OPPORTUNITIES IN PRIMARY CARE TEAMS - FIRST CONTACT PROVIDERS

In this section, you will learn how first contact providers are an emerging role for physiotherapists in team-based primary care. You will be introduced to the roles and responsibilities of a first contact physiotherapist and explore the benefits of this role for healthcare systems and people seeking primary care.

#### First Contact Providers

Physiotherapists in primary care offer safe and cost-effective services that reduce the workload of other providers and are associated with high satisfaction.<sup>6</sup> Integrating physiotherapy into team-based primary care represents a valuable opportunity to expand the roles of physiotherapists.<sup>16</sup>

One of the key opportunities for physiotherapists working in primary care is to be a **first contact provider**. This means that for appropriate conditions, the physiotherapist, rather than the family physician or nurse practitioner, would be the person's first contact within the primary care team. The physiotherapist completes the assessment with the individual and determines the appropriate course of treatment. The physiotherapist is the practitioner leading care in this case, which may include referrals to other medical providers or other team members, as needed.

Many first contact physiotherapists practise at the top limit of their scope, or beyond the usual scope of practice. With the authorization of medical directives and delegation, they have the ability to:

- Make a medical diagnosis
- Order diagnostic imaging
- Prescribe medication

Often, physiotherapists working in first contact roles are considered to be **advanced practice physiotherapists**. Advanced practice physiotherapy roles in Canada and internationally have first been deployed in secondary or tertiary specialized care for musculoskeletal disorders, and have shown several benefits in terms of increased access to care, efficient healthcare resource use, and improved patient outcomes.<sup>17, 18</sup>

Although not embedded specifically in team-based primary care, first contact physiotherapy resulted in improved function and quality of life, and lower healthcare costs when compared to usual physician-led primary care for people with musculoskeletal conditions.<sup>19</sup> Evaluation of first contact physiotherapy in the United Kingdom revealed reduced pain intensity and improved musculoskeletal health quality.<sup>20</sup> This model also demonstrated improved cost effectiveness, and an overall reduction in primary care and orthopedic consults.<sup>21, 22</sup>

Although this model of first contact physiotherapy has been implemented only in select primary care teams in Ontario and Quebec, the opportunity to expand this model could have significant impacts on improving access to efficient primary care.

For example, consider that **approximately 22%** of primary care visits are for musculoskeletal conditions.<sup>3</sup> In the United Kingdom, **less than 1%** of people seeking care from a first contact

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physiotherapist for acute musculoskeletal conditions required a physician visit.<sup>21</sup> They reported high levels of satisfaction as well as positive outcomes and reduced costs.<sup>21</sup>

By redirecting significant volumes of visits from primary care physicians to primary care first contact physiotherapists, increases in systems efficiency could contribute to increasing the capacity of primary care services while reducing costs.

In this section, you learned about first contact physiotherapist roles and their potential benefits (e.g., lowering healthcare costs, increasing access to care, and improving patient outcomes). In the next section, you will be prompted to revise your individualized learning plan (ILP).

**Continue to Section 04**

### SECTION 04: INDIVIDUALIZED LEARNING PLAN

This module, **Module 06: Physiotherapists in the Primary Care Team – Roles and Scope**, has introduced you to a number of roles that physiotherapists are fulfilling within primary care teams across Canada and around the world. The module helped you identify potential learning needs and/or opportunities to address your learning needs related to your role as a physiotherapist in team-based primary care.

*Continue to review the new foundational knowledge presented in this module, as well as the potential learning needs and opportunities you may have identified.*

- **New Foundational Knowledge from Module 06**
  - Roles and scope of physiotherapists in primary care teams.
  - Current areas of practice with ongoing role development.
  - Emerging roles for physiotherapists, such as first contact provider roles.
- **Potential Learning Needs and Opportunities**
  - Understanding when group interventions might be useful and culturally safe, and how to implement group programming.
  - Development of care pathways to better articulate physiotherapy roles for all team members.
  - Articulating the importance of program evaluation.
  - Understanding the work of physiotherapists as first contact providers.

#### **Revising your Individualized Learning Plan (ILP)**

Now that you have completed this module, you will revise each activity within your ILP.

First, revisit **Activity 1: Competency Self-Assessment**.

- Review the self-assessment ratings, learning needs, and priority levels you identified for the Module 06 competencies when you first completed **Activity 1**.
- Modify your self-assessment ratings, add any new learning needs that you've identified, and adjust your priority ratings, if needed.

*Continue to reveal the competencies relevant to this module.*

#### **Module Competencies**

1.4 Conduct a comprehensive physiotherapy assessment that addresses complex personal, social, cultural, and environmental factors affecting the functioning and health of individuals and communities.

1.5 Apply advanced clinical reasoning to establish a physiotherapy diagnosis, prognosis and management plan that considers the complex personal, social, cultural, and environmental factors that contribute to a person's functioning and health.

1.6 Collaborate with persons seeking care, their families and support networks, and interprofessional primary care team members to develop, implement, and evaluate treatment or management plans

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that address complex personal, social, cultural and environmental factors affecting a person's functioning and health.

1.8 Facilitate successful transitions in care among interprofessional primary care team members, external health service providers, and community service providers.

1.10 Plan, deliver, and evaluate group programs, in collaboration with other interprofessional primary care team members, to improve functioning and health of individuals and communities.

1.11 Identify and assess the unique and evolving health service needs, health inequities, and social determinants of health affecting the communities or populations served.

1.13 Demonstrate adaptive expertise to create solutions to individual or community health challenges as a member of the interprofessional primary care team.

3.1 Engage the person seeking care, together with their family and support network, as core members of the interprofessional primary care team.

3.2 Collaborate with all primary care team members in a way that leverages the expertise and full scope of all team members to provide comprehensive health services that meet the needs of individuals and communities.

3.3 Support persons seeking care, along with their families and support networks, to navigate health services, social services, and other community resources.

3.4 Apply evidence-informed approaches to enhance team collaboration and effective team functioning in primary care.

4.1 Contribute to the development and implementation of organizational policies which promote optimal service delivery by the interprofessional primary care team.

4.2 Triage persons seeking care to facilitate timely access to appropriate services.

5.2 Identify, implement, and evaluate opportunities for innovation in delivering primary care services.

6.1 Deliver evidence-based and person-centred approaches to team-based primary care.

Next, revisit **Activity 2: Values Self-Assessment**.

- Refine your list of values if the module inspired you to consider any personal values that you did not initially identify.

Then, revisit **Activity 3: Professional Developing and Networking Self-Assessment**.

- Record any professional development or networking goals or opportunities you may have identified by completing this module.

Finally, revisit **Activity 4: Creating your Individualized Learning Plan**.

Examine the competencies, learning goals, and professional development and networking opportunities you identified for the short, intermediate, and long-term. Update your ILP based on the

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refinements you made to your learning needs and priority ratings (**Activity 1**), values (**Activity 2**), and professional development and networking opportunities (**Activity 3**).

**Continue to Conclusion**

### MODULE CONCLUSION

A few of the roles of physiotherapists in primary health care teams include working as an educator, evaluator, collaborator, advocate, and manager. In primary care, physiotherapists often find themselves innovating and advocating for increased roles and responsibilities to better meet the needs of the communities they serve. This includes advocating for health service delivery models that allow them to practice to their full scope and taking on roles in areas that may be less well known, such as chronic disease management and health promotion.

In this module, you learned about various roles and the evolving scope of practice of physiotherapists in team-based primary care. A number of Canadian examples were used to showcase how health promotion, group interventions, care pathway development, program evaluation, and first-contact care are being integrated into the physiotherapy role. After acquiring this new foundational knowledge, you were asked to revisit your ILP.

#### **Additional Resources**

*Continue to access an additional resource relating to Module 06 content.*

[Competency Profile for the Entry-Level Physiotherapist in Canada](#)

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### Page link:

<http://npg.ca/PDFs/Joint%20Initiatives/PT%20Profile%201998%20English.pdf>

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## MODULE 6 COMPANION GUIDE

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