

PHYSIOTHERAPY SCOPE OF PRACTICE: **OPTIMIZING CARE FOR PEOPLE IN CANADA**

MAY 2024



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie

ACKNOWLEDGEMENTS

The development of this resource could not have been achieved without the guidance, dedication, expertise and work of the Scope of Practice Steering Committee members. Thank you to those leaders who have made this work possible.

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The Canadian Physiotherapy Association is grateful for the guidance, direction, and input provided by the over 1,500 physiotherapy professionals, regulatory college representatives and leaders from across the country who responded to the scope of practice survey, participated in focus groups, interviews and participated in the 2023 Components Summit Joint Session in Ottawa.



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INTRODUCTION

This resource sets out the definition of the scope of practice for the physiotherapy profession in Canada. Its purpose is to:

- Promote **awareness and a common understanding of the full scope of the profession**
- Articulate **the value of enabling physiotherapists to work to the full extent of their knowledge, skills and training.**

Stakeholders including the public, other health professionals, educators, government and health-system decision-makers, benefit from transparency on competencies, accountability and a better understanding of the roles the profession can play in health systems. Within the profession itself, clarity of scope allows the profession a foundation to engage in critical conversations relative to the natural evolution of the profession and practice, including specialization, advanced practice and expanded scope of practice.

“A profession’s scope of practice encompasses the services its practitioners are educated, competent, and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners.”[1],[2]

The national scope of practice definition applies to the profession of physiotherapy practiced by those licensed to use the protected titles of “physiotherapist”, “physical therapist” and “physiothérapeute” and all abbreviations as listed in legislation across Canada. Individually, each professional’s scope of practice is determined by their knowledge, skills and competencies.

In some care models, physiotherapists assign and supervise activities, in keeping with the regulatory standards of practice, to others, including physiotherapist assistants (PTA), rehabilitation assistants and physiotherapy technologists (Phys.T). This resource does not cover the scope of practice of physiotherapist assistants[3], rehabilitation assistants or physiotherapy technologists[4].

The definition lists activities that meet criteria for inclusion in the scope of practice of the physiotherapy profession. It also includes activities not currently enabled in legislation in some provinces/territories at this time. The latter activities are within the national definition as they provide clarity on the advancements within the profession in various jurisdictions that should be enabled across Canada.



This resource will also highlight some of the existing barriers, such as in law and regulation, policies, funding and health system design, that prevent physiotherapists from working to their full scope in some jurisdictions. It will help the Associations across Canada to engage with stakeholders and system decision makers, to remove these barriers specific to their jurisdictions and to achieve recognition of the full scope of practice for the profession and its benefits nationally.

Currently, differences across jurisdictions mean that many Canadians cannot access the full value of the profession and the outcomes it provides for individuals and the health system. In addition, these differences between jurisdictions impede labour mobility across Canada at a time we most need a flexible workforce working up to full capacity to meet health human resource shortages.

Physiotherapists working up to their full scope of practice across the country improves outcomes for the people of Canada and the health system, so the call to action is clear; **all jurisdictions in Canada need to remove barriers to empower physiotherapists working to full scope of practice, in all settings, to deliver timely, effective, and optimal care to all people and provide better outcomes for our health system.**

RESEARCH THAT INFORMED THIS RESOURCE

This Scope of Practice definition is based in part on a series of inputs gathered by the Canadian Physiotherapy Association in the summer and fall of 2023, including practitioner surveys, focus groups, and key informant interviews with profession representatives. It was also informed by an environmental scan of scope definitions from World Physiotherapy, international physiotherapy associations, and the Canadian Institute for Health Information, as well as a review of literature, regulation, and emerging models of care from other health profession associations in Canada. This document was created in collaboration with a national steering committee of members from several Canadian jurisdictions and in consultation with a broader group of physiotherapy professionals and profession leaders at a November 2023 CPA Summit.

The Canadian Physiotherapy Association (CPA) represents more than 15,000 physiotherapy professionals across Canada, including registered physiotherapists, physiotherapist assistants, physiotherapy technologists, and students. CPA members are rehabilitation professionals who provide essential expertise, rehabilitative care, and treatment, enabling people in Canada to live well and participate actively in all facets of their lives. In partnership with provincial and territorial Branches and practice Divisions, the CPA provides opportunities for members to learn, share knowledge, and enhance practice. The CPA provides resources, education, ideas, and advocacy to enable its professional community to better serve people in Canada.

“The misalignment of health human resources capacities with the need to provide healthcare services relevant to population demands is a global issue for which we are seeking a Canadian solution.” (Optimizing Scopes of Practice: New Models of Care for a New Health Care System. Canadian Academy of Health Sciences, c. 2014.)

PHYSIOTHERAPY SCOPE OF PRACTICE STATEMENT AND ACTIVITIES

SCOPE OF PRACTICE DEFINITION STATEMENT

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.

Across Canada, the current regulated health professional legislation in all jurisdictions enable access to physiotherapists as direct access, or ‘first contact’ professionals, without requirement for referral. However, in some cases, laws, regulations or policies outside of the regulated health professional legislation may impact direct access and also represent barriers to the full scope of the profession.

ACTIVITIES

The following is a list of skills and activities which may be restricted and unrestricted, depending on the jurisdiction, that along with the statement above, forms the basis of the scope of practice for the profession of physiotherapy in Canada. Important to note that scope of practice for a profession is dynamic and evolves with advances in evidence and competencies. A practitioner’s individual scope of practice will change over time and reflects the skills specific to their own competencies, knowledge, and qualifications.

CATEGORY	PHYSIOTHERAPY SKILL/ACTIVITY
Diagnosis	
Communicating a diagnosis	Communicating a diagnosis, identifying a physical dysfunction, disease or disorder as the cause of a person’s symptoms.
Ordering diagnostic tests, imaging and laboratory tests	
Ordering diagnostic imaging	X-rays
	Magnetic Resonance Imaging (MRI)
	Ultrasound
Ordering laboratory tests	Collecting samples and/or ordering laboratory tests within scope including for inflammatory markers related to arthritis, nutritional markers for wound care and others.

CATEGORY	PHYSIOTHERAPY SKILL/ACTIVITY
Ordering diagnostic tests, imaging and laboratory tests	
Ordering electrodiagnostic testing	Electromyography (EMG) and nerve conduction studies
Treatment	
Cardiorespiratory	Tracheal suctioning (endotracheal and nasopharyngeal)
	Introduce an instrument past the pharynx or nasal passages
	Administering a substance by inhalation, including oxygen as prescribed by an authorized health professional
	Administering by inhalation a drug or substance as prescribed by an authorized health professional
Wound Care	Taking a swab of a wound below the dermis for testing
	Treating a wound below the dermis including modalities, cleansing, soaking, irrigating, probing, debriding, packing and dressing.
Pelvic health	Inserting an instrument, hand or finger beyond the labia majora or anal verge for pelvic health assessment and treatment of pelvic pain, disorders and incontinence
	Administration of real-time imaging ultrasound for the assessment and treatment of incontinence
Needling	Acupuncture
	Dry needling/Intramuscular stimulation
Spinal Manipulation	Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust
Manual therapy	Soft tissue and manual therapy techniques including massage and proprioceptive neuromuscular facilitation (PNF), mobilization of joints
Exercise	Therapeutic exercise and exercise prescription



CATEGORY	PHYSIOTHERAPY SKILL/ACTIVITY
Treatment	
Ergonomics	Ergonomic assessment, modifications, education
Use of energy	Hydrotherapy, electrotherapy and use of mechanical, radiant and thermal energy
Mobility aids and supports	Prescription, manufacture, modification and application of orthotics, pessaries, braces, splints, taping, mobility aids (such as walkers, crutches, canes, wheelchairs) and seating devices or equipment
Casting	Setting or casting a fracture
	Serial casting for range of motion
Reducing a dislocation of a joint	Reduction of a joint dislocation such as dislocations of the shoulder, kneecap or finger joints
Psychosocial and Lifestyle	Provide support for the psychosocial aspect of care and guidance on lifestyle choices impacting mobility and health
Pharmaceuticals/Medication	
Administering of medication as prescribed by a physician or other authorized profession or as prescribed by a physiotherapist	Oral and injection
	Topical medications
	Cortisone/steroid and intramuscular injections
Prescribing medication	Prescribing over the counter and limited prescription medications related to a physiotherapy treatment plan
System Navigation	
Referring	Referring to other health professionals including referring to physician specialist

SCOPE OF PRACTICE CRITERIA

What is included within the profession's scope of practice is based on three criteria^[5]:

1 PRACTICE OF THE PROFESSION:

- There is a basis from which one can see the activity as part of the ongoing evolution of physiotherapy practice.
- The activity falls within current or enhances a current, area of practice.
- The activity supports the practice of the profession without compromising safety.
- The activity is being driven by evidence-based practice to support patients/physiotherapy clients and system outcomes.

2 KNOWLEDGE, SKILLS, AND JUDGMENT:

- Current entry-to-practice education provides a foundation to build upon and there is evidence of education/training to support the inclusion of the activity.
- The quality of the training/education program for the activity is assured.
- If there are risks involved with the activity, they can be managed by the physiotherapist within the scope of practice of the profession including referring on to other health professionals if appropriate.

3 EVIDENCE:

- There is quality evidence that the activity is effective, safe, and of value to patients/physiotherapy clients.

In or out of scope? The scope of practice of the profession describes the list of activities assigned to physiotherapy. Each physiotherapist performs only those acts that are within their competencies and qualifications. When practice restrictions are unclear, physiotherapists can consult authoritative resources to determine if a particular service is in or out of scope. Guiding information to help clarify what is within individual scope can be found online, and is covered in more detail in, *Is it Physiotherapy? Tool to Consider Emerging Practices*, produced by the Canadian Alliance of Physiotherapy Regulators (2017).



THE PHYSIOTHERAPY PROFESSION

THE PHYSIOTHERAPY PROFESSION

Physiotherapists work in all sectors of the health system including, but not limited to, primary care organizations, home care, acute care, emergency rooms, rehabilitation centres, private clinics and in community settings including workplaces, educational institutions and research organizations[6]. The settings can be profession-specific, or the physiotherapist can be working as a member of an interprofessional team.

Physiotherapists work with people of all ages, individually and in groups, throughout their lifespan. Their approach aligns with the biopsychosocial model of care and considers the person's lived experiences, culture, inequities, trauma, and social factors influencing their health.

In addition to direct patient care, the physiotherapy scope of practice enables physiotherapists to engage in other activities including by not limited to:

- Provide management, leadership and mentorship,
- Conduct research and teaching,
- Provide collaborative care and communication in team-based settings,
- Promote the health of communities through initiatives or campaigns and embracing social responsibility as a health professional
- Promote evidence and physiotherapy best practices, and
- Advocate for patients, communities and the profession in health system and initiate and/or support health policy development and system programs.

Physiotherapists address a wide range of conditions, diseases or disorders, including but not limited to:

- **Cardiorespiratory function**, for example: chronic obstructive pulmonary disease (COPD), asthma, cardiovascular rehabilitation, pre-and post-surgical cardiac surgery, long COVID.
- **Chronic disease management**: for example, diabetes, cancer, systemic arthritis, osteoporosis, chronic kidney disease, autoimmune disorders, etc.
- **Chronic pain management**, for example: fibromyalgia, chronic fatigue syndrome, complex regional pain syndrome (CRPS).

(Continued)

- **Concussion and vestibular disorders**, for example: Benign paroxysmal positional vertigo (BPPV) (BPPV), Ménière's Disease, Headaches, Post Concussion Syndrome.
- **Musculoskeletal/Orthopaedic health**, for example: sprains/strains, joint pain, tendonitis, bursitis, fractures, post-surgical, return to sport rehabilitation, work-related injuries, addressing age-related mobility issues, balance and coordination issues, fall prevention, scoliosis, osteoarthritis, osteoporosis, paediatric musculoskeletal conditions, diseases or disorders.
- **Neurological health**, for example: stroke, spinal cord injury, multiple sclerosis, Parkinson's disease, paediatric neurological conditions/developmental delays, peripheral neuropathy, traumatic brain injury/acquired brain injury (TBI/ABI).
- **Oncological conditions**, for example: oncology care, pre-post mastectomy care including lymphedema and cording
- **Occupational/Postural dysfunction**, for example: ergonomic assessment and repetitive strain.
- **Pelvic and reproductive health**, for example: incontinence, urgency and frequency, pelvic pain, pelvic floor and core dysfunction, pre-and post-natal care, breast health and bowel dysfunction.

EDUCATION AND DEVELOPMENT

There are 15 Canadian universities offering accredited physiotherapy programs at an entry-to-practice Master's degree. For more details on these programs see Appendix A. Beyond entry-level, continuing professional development is part of the lifelong learning and competency growth for physiotherapists^[7]. Physiotherapists are required to engage in quality assurance programs as set out by the regulatory colleges in each province to ensure ongoing competence post-entry level. Educational programs and curriculums to develop skills and competencies in specialized areas are delivered through independent/private continuing professional development courses and through certification programs and advanced post-entry level degree programs, such as Clinical Master's and/or thesis-based Master's and Doctorate programs, associated with universities across Canada.



LEGISLATION AND REGULATION

In Canada, the legislation and regulation for the scope of practice for regulated health professions, including physiotherapy, are within the jurisdiction of each province and/or territory. Each province has its own regulatory and licensing system and requirements, regulatory body ('the College') and associated cost structures, such as fees for licensing, registration, and examinations. As such, there are variations in structure of the regulatory systems in addition to variations of what is included in scope in some areas.

Only those licensed or registered by the College in each jurisdiction can practice and use the protected titles of the physiotherapy profession (physiotherapist, physical therapist or physiothérapeute and any protected abbreviations)[8]. With few exceptions, physiotherapists must hold separate licenses/registrations in each province where they practice; if a physiotherapist is licensed to practice in one province, they cannot practice in another unless they hold a license in that province too.

FUNDING POLICIES AND SETTINGS

As noted above, physiotherapists provide health services across diverse settings, all sectors of the health system and the full continuum of care in Canada. Full scope of practice applies in all settings; however, barriers exist to practicing to full scope based on the legislation (within and outside the regulated professions' acts) in a jurisdiction, and/or policies in a setting, funding, or system. Some examples include funding systems and insurance policies through extended health benefits plans that do not subsidize or cover certain physiotherapy services that are within scope as per legislation, or workplace policies that constrain practice. Addressing these obstacles is crucial if the full potential of the profession is to be enabled and empowered to meet the pressing needs of communities and health workforce challenges.



VALUE OF OPTIMIZING SCOPE

A patient-centred model of care with optimized physiotherapy scope of practice, set within a framework that supports delivering services across provincial/territorial borders, virtually and in-person results in:

- Improved health outcomes for patients
- Improved access to healthcare in rural areas.
- Faster access to the right care at the right time.
- Streamlined care pathways.
- More appropriate ordering and reduced wait times for ordering diagnostic imaging tests (MRI, ultrasound, x-ray).
- Faster and more appropriate referrals to healthcare specialists.
- Improved pain management and education.
- Holistic approach to the management of health disorders, including chronic diseases.
- Reduced healthcare-related anxiety and distress when accessing the system.
- Active patient participation in their own healthcare.

These benefits will impact all aspects of healthcare settings, wherever physiotherapists practice, including but not limited to:

- In-patient hospitals, emergency rooms, and urgent care centres.
- Long-term care facilities, and palliative care centres.
- Child development centres and rehabilitation hospitals/centres.
- Community healthcare centres, family health team centres, home care and outpatient services and community-based physiotherapy clinics.

The national definition for physiotherapy scope of practice helps to identify where optimization can lead to improved utilization of physiotherapy care to address limited health human resources and other challenges facing the healthcare sector, nationwide. The benefits positively impact a range of stakeholders and interested parties, including patients and communities, healthcare professionals including family physicians, family and primary healthcare teams, medical specialists, all levels of government, and third-party payors such as extended health benefits providers.

PRIORITIES FOR OPTIMIZING SCOPE

Variations in physiotherapy scope of practice exist across Canada, with real impacts on individuals seeking care, labour mobility and health system optimization. In some jurisdictions, certain physiotherapy services are in the process of coming into scope pending legislative review and/or the development of regulations following completion of a new legislation. There is still much work to be done across the country to enable all physiotherapists to practice to full scope within legislative limits. We are working together to advocate with and to decision-makers and payors to see a full scope optimized across all jurisdictions in Canada.

Based on a 2023 survey and focus groups of physiotherapists across the country, top scope-expansion priorities include:

- Autonomy to order diagnostic imaging (x-rays, ultrasounds, MRIs)
- Diagnosis and treatment for pelvic health concerns
- Autonomy to refer patients to physician specialists (e.g., neurologists, sports medicine physicians, or orthopedic surgeons without the need for agreement from a primary care physician)

As noted previously there are variances in legislated scope of practice, therefore physiotherapists in some jurisdictions across the country are already able to perform the above activities.

As health needs of the population change, and as the profession evolves in practice, evidence, and knowledge, additional assessments, treatments, and new skills will become integrated into the scope of practice for physiotherapy^[9].

ONGOING EVOLUTION OF PHYSIOTHERAPY IN CANADA: IMPACT FOR CANADIANS AND THE HEALTH SYSTEM

Scope of practice for physiotherapy may be broader in some countries than others depending on the health needs of people and societies and on the structures of their health systems. Evidence from these jurisdictions helps to inform the evolution of the profession in Canada and, like all regulated health professions, physiotherapy continues to grow to better meet the needs of people and the health system.

Even now Canadians are benefiting from physiotherapists working to their full scope of practice in areas like primary care and emergency departments. There is strong evidence that physiotherapists in these roles aid in streamlining processes and improving access to care, reducing costs and enabling better clinical outcomes for people[10].

As the profession continues to evolve, physiotherapists are taking on advanced practice roles, working at times through delegation, beyond the regulated scope of practice, and demonstrating the impact the profession can have on improving access to care, enabling appropriate access to medical specialists and increasing capacity in the health system.

PRACTICE ADVANCEMENTS: PHYSIOTHERAPISTS WORKING TO FULL SCOPE MAKING AN IMPACT

Scope expansions in some jurisdictions are already proving their value. Across Canada including in Alberta, Ontario and Quebec, physiotherapists, some in advanced practice roles, are working as part of emergency department or ER teams to assess musculoskeletal cases and determine appropriate care pathways. This new, cost-effective physiotherapist triage model of care may alleviate the need for orthopaedic surgeons, for example, to conduct all consultations, reducing wait times and unnecessary surgeries, and saving professional costs.[11,12]

The evolution of a profession always precedes the legislative changes needed to fully implement scope changes. Legislation, regulation, and funding policies must keep pace to enable the profession to practice to full scope.

Physiotherapists working up to full scope have already shown the value of the profession. This needs to be realized at a national level across Canada so all physiotherapists can deliver equitable and optimal care in our healthcare system. The call to action is clear. **All jurisdictions in Canada need to remove barriers to physiotherapists working to full scope of practice, in all settings, to deliver timely, effective, and optimal care to all people and provide better outcomes for our health system.**



APPENDIX A:

PHYSIOTHERAPY EDUCATION AND LICENSING IN CANADA

Physiotherapists receive training and obtain expertise in musculoskeletal, cardiorespiratory and neurological systems. Most of the 15 accredited Canadian universities offering physiotherapy education offer an entry-level Master of Science (MSc/MPT) program, the majority of which require 25–28 months of continuous education; Quebec universities are the exception, with 3 schools offering 4-year integrated (continuum) bachelor – master’s degrees. These programs offer foundational learning about primary healthcare, population health approaches, and the role of physiotherapy in these areas and involve a minimum of 1,025 hours of clinical placement time. Ten (10) programs are offered in English and five (with another in Trois-Rivières starting 2025) in French. Successful completion allows graduates to sit the national Physiotherapy Competency Examination (PCE). In all provinces except Quebec, successful completion of the written PCE is required for registration as a practicing physiotherapist. In Quebec, graduates are required to complete a synthesis exam incorporated into the curriculum.

The 2020 Physiotherapy Accreditation Standards in Canada include two criteria related to social justice, human rights, equity, diversity, and inclusion, to effect change in physiotherapy education and practice. Across the country, regulatory bodies, continuing education programs and associations are working to advance the profession’s knowledge regarding the health disparities experienced by equity-deserving groups, including Indigenous populations, and continue to develop educational offerings for physiotherapy professionals to imbue and convey the necessity of cultural safety, humility and anti-racism in the health care services that are delivered this country.

Physiotherapy is a regulated profession, meaning an active license or practice permit from the applicable provincial regulatory organization is required. Internationally educated physiotherapists (IEPTs) seeking to practice in Canada are credentialed through a robust evaluation process to confirm that their education and qualifications align with those of physiotherapists educated in Canada. IEPTs are also required to sit the national PCE and register with their provincial or territorial regulatory body.

Physiotherapists engage in professional development throughout their careers. Robust continuing education courses and certificates involving theory, practice, and evaluation are offered in all areas of practice. Clinical Master’s and/or research-based Master’s and Doctorate programs are offered by most of the 15 universities.

Physiotherapy-specific and interdisciplinary post-graduate certifications as well as specialized and/or advanced practice physiotherapy (APP) programs are also available at several universities.[\[13,14,15,16\]](#)

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