www.physiotherapy.ca



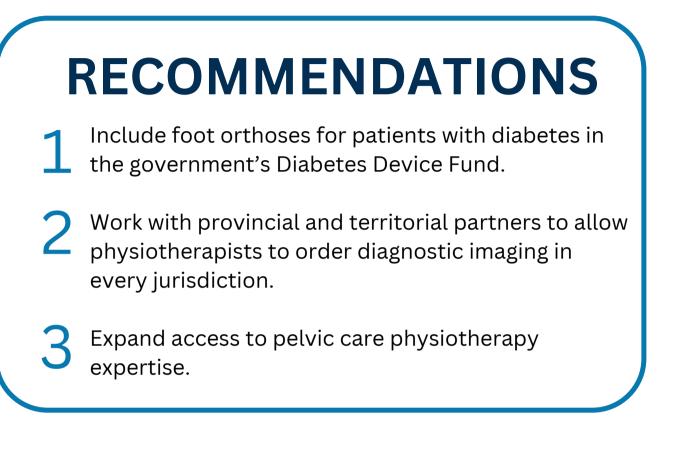
Canadian Association Physiotherapy canadienne de Association physiothérapie

2025

WRITTEN SUBMISSION FOR THE STANDING COMMITTEE ON FINANCE'S PRE-BUDGET CONSULTATION

AUGUST 2024







PHYSIOTHERAPISTS MUST BE ENABLED TO PRACTISE TO THEIR FULL SCOPE

Physiotherapy is a dynamic profession that can address many challenges facing Canada's healthcare system. Adopting a comprehensive, pan-Canadian scope of practice for physiotherapists, and addressing current limitations to scope in various jurisdictions, can significantly enhance the quality of care provided to Canadians.

One of the most pressing issues in Canadian healthcare today is the lack of access to timely and appropriate care, exacerbated by emergency room closures, backlogs in medical procedures, and labour shortages. Allowing physiotherapists to work to their full scope of practice can alleviate these challenges.

> \$144 Million

Economic benefit of an expanded physiotherapy profession on the three diseases studied.

Illness costs the Canadian economy per year.

\$236

Billion

\$232 Million

The amount of money that physiotherapy is already saving the Canadian economy.

Having received comprehensive training in assessment, diagnosis, and treatment of a wide range of conditions, physiotherapists can act as first-contact providers, reducing the need for referrals from family physicians and expediting the treatment process. This expanded role not only enhances access, but also contributes to significant cost savings.[1] More than \$144 million can be saved[2] annually by expanding access to physiotherapy to treat osteoarthritis, back pain, and coronary heart disease alone.

Overcoming barriers such as regulatory constraints and funding policies is essential. **Every recommendation in this submission seeks to optimize the role and expertise of physiotherapy professionals in Canada.** Our recommendations will improve equitable access to care and reduce wait times within the Canadian healthcare system. By empowering our existing healthcare professionals, we can solve resolve Canada's healthcare crisis.



RECOMMENDATION 1

Include Foot Orthoses for Patients with Diabetes in the Diabetes Device Fund for Devices and Supplies

Physiotherapy has a unique role in managing chronic conditions like diabetes. Physiotherapy professionals have expertise in exercise management and can help people living with diabetes stay active, a first line treatment for diabetes management. A physiotherapist's involvement in early assessment of individuals with diabetes increases care comprehensiveness and improves care outcomes.

Leveraging their strong understanding of movement and function, physiotherapists can help prevent and minimize complications associated with diabetes, including foot ulcers, by assessing the necessity for and supporting the use of devices like foot orthoses.

Foot orthoses

What are they?

Orthoses are devices (braces or splints) used to support the posture or alignment of certain body parts.

People with diabetes may wear foot orthoses in their shoes to decrease pressure under parts of the feet with, or at risk of, an ulcer.

Diabetes-related foot ulceration (DFU) can lead to disability, mortality, and significant healthcare costs. In Canada, nearly a quarter of the 5.8 million Canadians[3] living with diabetes will be affected by a DFU in their lifetime, with a 20% associated risk of limb amputation.[4,5]

Physiotherapists are key members of interprofessional diabetes teams who assess circulation, sensation, skin integrity, and foot and lower extremity biomechanics.[6] They can identify those at risk for DFU and those who would benefit from professionally fitted foot orthoses, which improve joint support and control, minimize foot deformity development and progression, distribute pressure and weight evenly, and increase comfort.[7,8] Orthoses aid in both healing and prevention of foot ulcers.



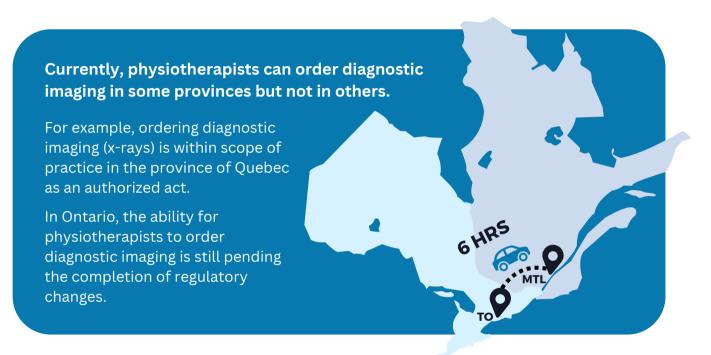
The Diabetes Device Fund presents an opportunity to ensure equitable access to necessary supplies and devices for those living with diabetes. To optimize accessibility of the fund and support early prevention of DFU, it is essential that physiotherapists are listed as eligible prescribers of professionally fitted foot orthoses.

We recommend including foot orthoses prescribed by physiotherapists in the Diabetes Device Fund to enhance treatment accessibility and reduce healthcare costs associated with DFU management and prevention. This inclusion not only improves patient quality of life but also significantly reduces healthcare spending.



RECOMMENDATION 2

Empower Physiotherapists with Diagnostic Imaging Authority



To optimize Canada's healthcare system, every healthcare professional must be enabled to operate at their full potential. This includes physiotherapists, who possess extensive training and are well-equipped to make decisions about the need for diagnostic imaging based on their comprehensive assessments.

Empowering physiotherapists to order diagnostic imaging directly will reduce wait times and lead to quicker initiation of care for patients,[9,10] which can prevent further deterioration and result in better health outcomes for Canadians.[11,12] It can also help alleviate the current burden on physicians and other healthcare providers,[13] freeing them to focus their expertise on more complex cases.

As a first step in harmonizing scope across the country, we recommend that the federal government support and encourage provinces and territories to take action to enable physiotherapists to work to their full scope, including by allowing them to order diagnostic imaging.



RECOMMENDATION 3

Expand Access to Pelvic Care Physiotherapy

Access to pelvic floor care and expertise is crucial for Canadians, as it offers numerous health benefits, including improved health outcomes, reduced healthcare costs, and increased equality, empowerment, and autonomy.

However, many Canadians face significant challenges to accessing pelvic care physiotherapy, including lengthy wait times and geographic barriers,[14] perpetuating inequities that negatively impact those seeking care.[15] Despite being established as a first-line treatment for a variety of issues, including urinary or fecal incontinence, pelvic pain, pelvic organ prolapse, cancer rehabilitation, and perinatal care, access to pelvic care physiotherapy remains limited, particularly for rural areas.[16]

Recognizing these gaps in service provision, there is an urgent need to prioritize policies aimed at increasing the availability of pelvic care physiotherapy services within Canada's public healthcare system and ensuring that all primary healthcare teams are resourced to enable in-person assessments.[17] Virtual interventions could potentially bridge gaps for those in rural and remote communities.[18]

Pelvic care physiotherapy[19] is gaining recognition for its role in improving health outcomes.[20] For example, a recent Ontario Health draft recommendation[21] supports publicly funding pelvic floor muscle training for people with incontinence and pelvic organ prolapse, citing evidence that supervised interventions by a physiotherapist lead to improved function and cost savings.

Such recognition underscores the role of pelvic health physiotherapy in providing essential support throughout the lifespan, helping Canadians of all ages and genders navigate pelvic health issues such as urinary incontinence; pelvic pain; sexual dysfunction; pelvic floor dysfunction; pelvic organ prolapse; pregnancy and postpartumrelated issues; gynecological, bowel, or prostate cancer recovery; and perinatal healthcare.

We recommend that the federal government collaborate with provinces and territories to expand access to pelvic care physiotherapy.



About the Canadian Physiotherapy Association

The Canadian Physiotherapy Association represents physiotherapy professionals, including registered physiotherapists, physiotherapist assistants, physiotherapy technologists and students across Canada. Physiotherapy professionals provide essential expertise, rehabilitative care, and treatment, enabling Canadians to live well and actively participate in all facets of their lives.

Contact

For more information contact:

Kayla Scott Senior Director, Advocacy <u>kscott@physiotherapy.ca</u>



8

CITATIONS

[1] Deloitte. (December 2023). Economic Impact of Physiotherapy in Canada. Retrieved online: <u>PowerPoint Presentation (physiotherapy.ca)</u>

[2] Ibid. p. 44.

[3] Diabetes Canada. (2024). Diabetes in Canada; Estimated prevalence and cost of diabetes. Retrieved online: <u>https://www.diabetes.ca/advocacy---policies/advocacy-reports/national-and-provincial-backgrounders/diabetes-in-canada</u>

[4] Zamzam, A., McLaren, A. M., Ram, E., Syed, M. H., Rave, S., Lu, S. H., Al-Omran, M., & de Mestral, C. (2023). A novel Canadian multidisciplinary acute care pathway for people hospitalised with a diabetic foot ulcer. *International Wound Journal*. doi: 10.1111/iwj.14214

[5] Yazdanpanah, L., Shahbazian, H., Nazari, I., Arti, H. R., Ahmadi, F., Mohammadianinejad, S.
E., Cheraghian, B., & Hesam, S. (2018). Incidence and Risk Factors of Diabetic Foot Ulcer: A
Population-Based Diabetic Foot Cohort (ADFC Study)-Two-Year Follow-Up Study. *International journal of endocrinology, 2018*, 7631659
https://doi.org/10.1155/2018/7631659

[6] Proctor C. The Role of Physiotherapists and Kinesiologists in Physical Activity Interventions for Diabetes Management in Primary Care Settings: A Modified Delphi Study. [Winnipeg]: University of Manitoba; 2023.

[7] Zamzam, n 4

[8] Chang MC, Choo YJ, Park IS, Park MW, Kim DH. (2022). Orthotic approach to prevention and management of diabetic foot: A narrative review. *World Journal of Diabetes*, Nov 11;13(11):912. doi: 10.4239/wjd.v13.i11.912

[9] Gunnel Peterson, Marie PortstrÖm, Jens Frick, Extended roles in primary care when physiotherapist-initiated referral to X-ray can save time and reduce costs, *International Journal for Quality in Health Care*, Volume 33, Issue 3, 2021, mzab122, <u>https://doi.org/10.1093/intqhc/mzab122</u>

[10] College of Physiotherapists of Alberta. (September 29, 2022). *Public Funding for Diagnostic Imaging Ordered by Physiotherapists*. Retrieved online: <u>https://www.cpta.ab.ca/news-and-updates/news/public-funding-for-diagnostic-imaging-ordered-by-physiotherapists/</u>



[11] Sarah R Golding, Jo Jackson. (December 9, 2023). First contact physiotherapists: are they able to reduce the burden on rheumatology services? A critical review of the evidence base, *Rheumatology Advances in Practice*, Volume 8, Issue 1, 2024, rkad109, <u>https://doi.org/10.1093/rap/rkad109</u>

[12] Lewis AK, Harding KE, Snowdon DA, Taylor NF. (2018). Reducing wait time from referral to first visit for community outpatient services may contribute to better health outcomes: a systematic review. *BMC Health Serv Res.* 2018 Nov 20;18(1):869. doi: 10.1186/s12913-018-3669-6. PMID: 30458761; PMCID: PMC6245820.

[13] Gunnel Peterson, Marie PortstrÖm, Jens Frick. (September 2021). Extended roles in primary care when physiotherapist-initiated referral to X-ray can save time and reduce costs, *International Journal for Quality in Health Care*, Volume 33, Issue 3, 2021, mzab122, <u>https://doi.org/10.1093/intqhc/mzab122</u>

[14] Canadian Society for Pelvic Medicine. (July 2024). CPM Position Statement: The Landscape of Pelvic Health Physiotherapy in Canada. J Obstet Gynaecol Can 2024;46(7):102565, <u>https://doi.org/10.1016/j.jogc.2024.102565</u>

[15] Ibid. p, 1.

[16] Charette M., McLean L. Geographic Accessibility to Pelvic Health Physiotherapy Services Across Ontario: A Geographic Information System Analysis // Physiotherapy Canada. Physiotherapie Canada. 2024.

[17] Ibid.

[18] Ontario Physiotherapy Association. (June 4, 2024). Draft Recommendation on Pelvic Floor Muscle Training for Stress Urinary Incontinence, Fecal Incontinence, and Pelvic Organ Prolapse. p. 5.

[19] Physiotherapists practicing pelvic health are required to practice within their individual level of competence, ensure that they are authorized to perform a given procedure and must comply with all relevant provincial/territorial legislation and regulatory requirements. Depending on the jurisdiction, this may include rostering/being on a registry for a controlled act, acquiring a minimum standard of training and/or certification beyond entry to practice requirements.

[20] Ibid.

[21] Health Quality Ontario. (2024). Pelvic Floor Muscle Training for Stress Urinary Incontinence, Fecal Incontinence, and Pelvic Organ Prolapse: Draft recommendation. Retrieved online: <u>https://www.hqontario.ca/Evidence-to-Improve-Care/Health-Technology-Assessment/Reviews-And-Recommendations/Pelvic-Floor-Muscle-Training-for-Stress-Urinary-Incontinence-Fecal-Incontinence-and-Pelvic-Organ-Prolapse</u>

