



Canadian  
Physiotherapy  
Association

Association  
canadienne de  
physiothérapie

**ACCESS TO PHYSIOTHERAPY IN RURAL, REMOTE AND NORTHERN  
AREAS OF CANADA:  
AN ENVIRONMENTAL SCAN**

**May 2016**

## Table of Contents

INTRODUCTION .....	1
BACKGROUND .....	1
OVERVIEW OF THE ISSUES .....	2
RESULTS .....	3
Patient-focused common themes.....	3
Physiotherapist-focused common themes .....	4
Access to care common themes .....	5
Recommendations.....	7
Recruitment and retention.....	8
Tele-practice and technology.....	8
Use of electronic outcome measures .....	9
Physiotherapy in primary health care .....	9
Advocating for the profession .....	10
CONCLUSION .....	10
REFERENCES .....	11

## INTRODUCTION

Access to physiotherapy in Canada is often thought of in terms of public and private delivery of services. However, following a series of key informant interviews with Canadian Branch leaders across Canada in 2014 it became clear there are striking similarities of experiences and concerns related to access to physiotherapy in rural, remote and northern areas of Canada. This makes sense; Canada has a vast geography, with over 80 per cent of the population living in urban areas.<sup>1</sup> Because of this population density, services are most often found in urban areas, with a patchwork of health services offered in rural, remote and northern communities. Nevertheless, the Canadian Physiotherapy Association's (CPA) vision to have Canadians moving, moving more, and moving better with the help of physiotherapy calls on the profession to better understand the issues related to access, as well as the experiences of physiotherapists and physiotherapist assistants (PTAs) working outside urban areas.

## BACKGROUND

Between June and September 2015, 50 key informant interviews were conducted (See Table 1). An additional 130 physiotherapists responded to a survey about issues related to working in rural practice. All 13 provinces and territories were represented in the interviews and survey. This final report summarizes the issues and concerns of physiotherapy leaders and practitioners across Canada. The fundamental concerns fall under three categories: challenges facing patients; challenges facing physiotherapists; and, general issues related to access to care. The goal of this scan is to help CPA and the provincial and territorial Branches develop informed strategies to support advocacy initiatives to support members and improve access to physiotherapy services.

*Table 1 Interview Representation by Province or Territory*

Province or Territory	Interview quantity
British Columbia	3
Yukon	4
Northwest Territories	3
Nunavut	5
Alberta	2
Saskatchewan	8
Manitoba	6
Ontario	9
New Brunswick	2
Québec	2
Newfoundland and Labrador	1
Prince Edward Island	2
Nova Scotia	3
<b>TOTAL</b>	<b>50</b>

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<sup>1</sup> Statistics Canada, 2011 Census of Population.

This scan is not intended to define the issues related to access to physiotherapy for First Nations, Inuit and Métis peoples. While the issues of access for Aboriginal peoples are inextricably linked to rural, remote and northern health issues, CPA is working with the Assembly of First Nations to compile a separate report on access to rehabilitation as it relates to the Non-Insured Health Benefits program under the First Nations and Inuit Health Branch of Health Canada.

## OVERVIEW OF THE ISSUES

Physiotherapy is a key contributor to the health and mobility of Canadians. Physiotherapy is proven to achieve functional outcomes for patients in a variety of settings, and supports patient-centred solutions focused on musculoskeletal, neurological, and cardiorespiratory systems. Despite the demand for physiotherapy services, in 2012 only 7.9% of the physiotherapy workforce in Canada worked in rural and remote regions.<sup>2</sup>

Of Canada's 10 million square kilometres, 99.8% are rural by area.<sup>3</sup> In 2011 the Census of Population identifies 19% of the Canadian population live in rural areas.<sup>4</sup> Rural health care and service delivery is recognised as a problem not just in Canada, but all over the world.<sup>5</sup> The Canada Health Act of 1984 stipulates that in order for the province to qualify for a contribution for a fiscal year, the criteria of public administration, comprehensiveness, universality, portability, and accessibility must be met. Unfortunately, some of these criteria, particularly accessibility, are more difficult to achieve in rural areas. Rural health in Canada characterized by a higher prevalence of chronic diseases and traumatic injuries<sup>6</sup>, as well as higher rates of overweight and obesity<sup>7</sup>, lower life expectancy<sup>6</sup>, and fewer health care resources including health professionals.<sup>6,8</sup>

Access to health care is a multidimensional term that describes the relationship between characteristics and expectations of the health care provider and the patient or client<sup>9-10</sup>, including affordability,

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<sup>2</sup> Canadian Institute for Health Information. (2012). Physiotherapist Workforce, 2012. Retrieved from <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2434&lang=en>

<sup>3</sup> Society of Rural Physicians of Canada. (2015). Providing leadership for rural physicians. Retrieved from <http://www.srpc.ca/>

<sup>4</sup> Statistics Canada, 2011 Census of Population. Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62a-eng.htm>

<sup>5</sup> Wilson N.W., Couper, I.D., De Vries, E., Reid, S., Fish, T., & Marais, B.J. (2009). A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas. *Rural and Remote Health*, 9(1060): 1-21.

<sup>6</sup> Canadian Institute for Health Information. (2006). How healthy are rural Canadians? An assessment of their health status and health determinants. In Canada's Rural Communities: Understanding Rural Health and Its Determinants.

<sup>7</sup> Mitura, V., & Bollman, R. (2003). The health of rural Canadians: a rural-urban comparison of health indicators. *Bulletin: Rural and Small Town Canada Analysis*, 4(6).

<sup>8</sup> Sorensen, M., & de Peuter, J. (2002). Rural British Columbia: a ten year census analysis (1991-2001). Ottawa: Rural Secretariat.

<sup>9</sup> Penchansky, R., & Thomas, J.W. (1981). The concept of access: definition and relationship to consumer satisfaction. *Medical Care*, 19(2):127-40.

availability, accommodation, awareness, accessibility, and acceptability.<sup>9-11</sup> For example, affordability barriers such as lost wages and indirect travel costs factor into equitable access to services. All of these factors need to be addressed when devoting energy toward increasing access to quality rural and remote health care services.

## RESULTS

Outlined in this section are the common themes that resulted from the environmental scan interviews and survey. Examples are provided from provinces or territories in order to add depth to the discussion.

### Patient-focused common themes

#### *Income as a social determinant of health*

Income is a well-documented social determinant of health and is a common theme that emerged across the country. Income and affordability of care is complex. 64% of survey participants identify a challenge to access is that patients cannot afford to pay for private physiotherapy services. This may be directly related to lower income, which is an important social determinant of health, as it shapes overall living conditions, affects psychological functioning, and influences health-related behaviours such as quality of diet, extent of physical activity, tobacco use, and excessive alcohol use.<sup>12</sup> Additional challenges of affordability may be related to out-of-pocket payment of services or limited health benefit coverage for physiotherapy.

A lack of steady annual income influences access to physiotherapy and many other health services. Despite some coverage for publicly-funded physiotherapy, patients may have to pay travel costs. In many key informant interviews, physiotherapists outlined that patients could not afford to take the day off work to travel and attend care, or patients could not afford the co-pay even if they were covered by extended health benefits. The average employer-based physiotherapy benefit plan provides \$300 of coverage per year, which is not adequate for most episodes of care. Other income-related barriers include a wide range of transportation issues, such as lack of access to a vehicle, poor or unavailable public transportation, and high taxi fare.

#### *Understanding PT and scope of practice*

Physiotherapy is effective in assessing and treating a wide range of conditions, which may not be fully understood or recognized by other health care providers. Key informant interviews identified a lack of understanding by physicians and other members of health care teams regarding the role of physiotherapy in the treatment of illness and injury, as well as complex chronic disease management. If a health system's goal is to provide quality, patient-centred care it is critical that the interprofessional

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<sup>10</sup> Russell, D.J., Humphreys, J.S., & Ward, B., et al. (2013). Helping policy-makers address rural health access problems. *Australian Journal of Rural Health*, 21(2):61–71. <http://dx.doi.org/10.1111/ajr.12023>

<sup>11</sup> McLaughlin, C.G., & Wyszewianski, L. (2002). Access to care: remembering old lessons. *Health Services Research*, 37(6):1441–3. <http://dx.doi.org/10.1111/1475-6773.12171>

<sup>12</sup> Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management.

team understands the role and function of all members of the team. This means using all professionals to their full scope of practice.

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*“Extended scope to allow direct referral to specialists and to order imaging. Please make me more relevant.”*

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Conversations around scope of practice can be challenging at a national level because there are regional regulatory variations. The process of achieving legislative change related to scope of practice can be slow and complicated. For example, in 2009, legislation (Bill 179) was passed in Ontario that changed the scope of practice for physiotherapists including allowing physiotherapists to order diagnostic tests, include x-rays. As of 2016, the Ontario Physiotherapy Association is still actively advocating for the corresponding needed regulation changes to achieve full implementation of the legislated scope of practice changes.

## Physiotherapist-focused common themes

### *Recruitment and retention issues*

A major common theme identified relates to the recruitment and retention of physiotherapists in rural and remote areas of Canada. When asked about the decision to work rurally, survey results found that the top response, at 45%, was the physiotherapist grew up in a rural community. Having a physiotherapy placement in a rural community applied to 25.8% of survey respondents. An attractive signing bonus applied to only 13.3%, suggesting that experience or the connection to a community is a stronger influence than monetary reward for recruitment. The lowest survey response was that the student loan forgiveness program was attractive, at 3.3%. Overall, while there may be recruitment incentives for physiotherapists to work in rural or remote areas, there are regional inconsistencies. For example, a physiotherapist from Alberta said that yearly isolation pay is inconsistent despite comparing communities being just as rural as the other communities.

Retention issues are closely linked with the high turnover of physiotherapy and other health care staff in rural and remote communities. This places a financial burden on the health care system and negatively impacts the health of rural Canadians. One example provided from Nunavut was that if the family physicians have high turnover, they are not familiar with the chronicity of patients' conditions; patients are therefore referred multiple times unnecessarily. The

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*We are expected to do more work with fewer resources, to provide quality care for clients who are being sent home rurally with fewer services... I am concerned about staff burnout and we already have recruitment and retention issues.*

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physiotherapist is then surprised to see these patients in their schedule when they could have seen a more urgent or new patient from their wait list. Physiotherapists that do stay in rural and remote areas also exert more energy in helping new staff find accommodation, adjust to rural life, and provide them with the necessary training for their position. This issue is related to the commonly identified feeling of isolation, particularly for new graduates.

### *Limited access to continuing education opportunities and mentorship*

Physiotherapists working in rural, remote or northern communities have limited access to continuing education opportunities and mentorship. The lack of continuing education in rural areas may disadvantage rural and remote Canadians, since their health professionals have decreased opportunity access to the latest research and techniques. Half of survey respondents (50.4%) said that they have limited continuing education opportunities. This finding may be related to more than one third of respondents (35.9%) identifying they had limited education allowance of less than \$300 per year. Survey responses also highlighted the particular need for budgeting and case load management resources in the rural setting.

Continuing education opportunities vary for rural health care professionals across the country. A physiotherapist from Manitoba said that education “leave” and funding varies for physiotherapists across Manitoba’s health regions. Limited continuing education has been identified as the most frequent reason for job dissatisfaction<sup>13</sup>, which goes hand-in-hand with the common theme of retention. A lack of continuing education and mentorship, combined with the frequently identified feeling of isolation, is an additional burden on new graduates in particular in rural or remote areas.

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*“Better access to courses (e.g. offer courses closer to where I work/live; or offer subsidies for travel to attend courses.”*

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Furthermore, the completion of post-graduate levels, such as manual therapy or acupuncture levels, is more difficult for rural and remote physiotherapists. One physiotherapist from Northern Ontario said that it has taken over three years to complete the post-graduate acupuncture levels. Many courses, such as the acupuncture levels offered through McMaster University, are offered on consecutive weekends. However, for rural residents these series-type courses are not affordable because of the additional costs of travel and accommodation.

### **Access to care common themes**

#### *Telehealth as an underutilized service*

Telehealth is defined as the use of communication and information technology to provide and support the delivery of health care when participants are separated<sup>14</sup>. The role of Telehealth was discussed by many respondents, but more survey responses indicated only occasional use of Telehealth systems compared to regular use. The 2015 Canadian Telehealth Report<sup>15</sup> outlines that physiotherapy services are offered by the Telehealth Network or via another regional network for the clinical care of patients in all Canadian provinces and territories.

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<sup>13</sup> Solomon, P., Salvatori, P., & Berry, S. (2001). Perceptions of important retention and recruitment factors by therapists in northwestern Ontario. *Journal of Rural Health, 17*(3): 278-85.

<sup>14</sup> Provincial Health Services Authority BC. (2010). Telehealth. Vancouver: Provincial Health Services Authority.

<sup>15</sup> COACH: Canada’s Health Informatics Association. (2015). 2015 Canadian Telehealth Report. Retrieved from <file:///C:/Users/kkittson/Downloads/2015%20Telehealth-Public-eBook-Final-10-9-15-secured.pdf>

The physiotherapy leaders interviewed agree that physiotherapy assessments should be in-person, but follow-up visits could take advantage of Telehealth. Telehealth is used for both continuing education, and physiotherapy meetings. Part of the barrier of Telehealth is that patients need to travel to the nursing stations to access Telehealth. This takes a large amount of organization for all parties involved to book the appointments, remind the patient that they have to come to the station on the specified date. The issue of confidentiality was brought up as well because in some Telehealth systems it is possible that people accidentally dial-in to the line during a conversation with a patient; physiotherapists need to ensure that appropriate methods are used to ensure confidentiality, which may include encryption technologies, passwords, and firewalls.<sup>16</sup>

### *Geography and poor weather*

With 99.8% of Canada's geography being rural,<sup>17</sup> the distance between patients and physiotherapists is very large in many parts of Canada. Out of the list of patient issues provided in the survey, access issues due to distance from services was identified by 60.5% of respondents. Increased distance between patients and physiotherapists is compounded by poor weather. Out of the list of patient issues provided in the survey, access issues due to poor weather conditions yielded the highest response, at 68.4%. There are many parts of Canada where weather will always be an issue. Across Canada the winter months are a barrier in accessing physiotherapy services in all regions, but particularly rural and remote regions, as winter encompasses the spring and fall months.

### *Need for more community-based and publicly funded PT, and health promotion services*

There is a need for more publicly-funded community-based physiotherapy services in Canada. Nearly half of survey participants worked in the community health center setting (42.1%), but the overarching results of the scan suggest there aren't enough resources in the public system. In the province of Manitoba there are no publicly-funded physiotherapists working outside of Winnipeg. Retention and recruitment issues have led to the province funding private physiotherapists to deliver care in a community setting. Furthermore, communities may come up with solutions that work for their residents. One physiotherapist explained the municipality of Dawson, YK pays for its residents to have a physiotherapist; however, a private physiotherapist travels to Dawson to provide care.

Considering Canada's aging population, home care is an important topic of conversation in both urban and rural regions. One physiotherapist from Southern Ontario said that some patients are only seen two to three times by homecare physiotherapists even if they may need more care. This is largely due to the funding model, and is a source of confusion for patients. Ontario's Community Care Access Centres' (CCAC)<sup>18</sup> boundaries are supposed to align with the Local Health Integration Network (LHIN) boundaries; some physiotherapists have voiced these boundaries are not always defined in practice. There is also no CCAC for fly-in communities in Ontario; it stops where the road stops, making it difficult for patients in

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<sup>16</sup> Canadian Alliance of Physiotherapy Regulators. (2006). Considerations for Telepractice in Physical Therapy in Canada. Retrieved from

[http://www.alliancept.org/pdfs/alliance\\_resources\\_Telepractice\\_Guide\\_FINAL\\_Sept\\_2006.pdf](http://www.alliancept.org/pdfs/alliance_resources_Telepractice_Guide_FINAL_Sept_2006.pdf)

<sup>17</sup> Society of Rural Physicians. (2015).

<sup>18</sup> Community Care Access Centres. Ontario Ministry of Health and Long-Term Care. Retrieved from <http://www.health.gov.on.ca/en/public/contact/ccac/>

rural and remote communities to access home care services. Advocacy is needed for affordable and accessible transportation or service in the home or home community beyond the CCAC.

As discussed, many Canadians simply cannot afford private physiotherapy. While 60% of Canadians are covered by private health insurance for health care services such as prescription drugs or “paramedical” services,<sup>19</sup> such as physiotherapy, many Canadians who would benefit greatly from physiotherapy may not have the means to pay for services. When available, publicly-funded home care or community physiotherapy services often have strict eligibility criteria, limited coverage, long wait lists and significant regional variation. There is also a constantly changing environment in the delivery of health services, where regional health authorities and ministries of health are trying to balance budgets, as well as health outcomes.

Key informant interviews highlighted that expansion of health promotion roles of physiotherapists, in order to prevent the development of chronic diseases such as Type II Diabetes, would greatly benefit not only rural Canadians, but all Canadians. A common concern was respect to achieving full recovery, as there are cost barriers in both the private and public physiotherapy settings. Many physiotherapists voiced the need for the profession to take a leadership role in promoting healthy active living within the current, reactive health care system.

### *Lack of specialized PT services and the identity as a generalist*

Due to the lack of specialized physiotherapy services, rural and remote physiotherapists have to be prepared to assess and treat a wide variety of patients. Limited specialized programs such as cardiac rehabilitation, stroke care, and falls prevention was identified as a patient issue by 62.3% of survey participants.

There are limited specialized services in rural and remote areas, requiring physiotherapists to be resourceful and prepared to see a wide variety of patients. Many comments provided in both the key informant interviews and the survey highlighted the identity of being a “generalist” in the rural setting. The identity of being a generalist was recognized by 70.9% of survey respondents. Due to limited resources in the community, physiotherapists may be required to work to their full scope of practice. Physiotherapists can play a role as health advocates, employing a wide range of knowledge related to the pathology of illness, injury and disease, as well as clinical experts.

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*“Referring to them as generalists brings to mind the idea that they know a little about everything and are the master of nothing. Rural therapists are incredibly resourceful, problem solvers who have to be creative...”*

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## **Recommendations**

The ability to advocate for a patient demands leadership skills of all physiotherapists across Canada. Patient advocacy in rural or remote areas is not an occasional task for physiotherapists, it is a daily one.

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<sup>19</sup> CBC News. (2014). Private health insurance in Canada deemed inefficient. Retrieved from <http://www.cbc.ca/news/health/private-health-insurance-in-canada-deemed-inefficient-1.2584205>

## Recruitment and retention

Recruitment and retention of health professionals in rural, remote and northern areas is an issue of concern across Canada. Different programs have emerged to respond to not only the need for access to education outside large urban centres, but to provide the experience of working in rural practice during clinical education. One program that has early reports of success is the University of British Columbia's (UBC) Northern and Rural Cohort (NRC). This program, which was launched in 2012, is a partnership between the UBC Department of Physical Therapy and the University of Northern British Columbia. This distributed model of education allows for 20 physiotherapy students to complete the majority of their clinical placements in northern BC and rural communities, with the goal of attracting students who are either from rural areas or who are interested in working in rural practice following graduation. This model has demonstrated success in other areas, such as the Northern Ontario School of Medicine, which distinguishes itself as a "made-in-the-North solution" which offers an innovative model of community-engaged medical education and research.<sup>20</sup>

Another potential retention solution is to increase mentorship and follow-up with physiotherapists after they have been posted to a rural or remote area. For example, offering a mentorship program for new physiotherapists in a community can help decrease the feeling of social and professional isolation. Alternatively, if a recruiter has successfully secured a rural or remote physiotherapist, following up a couple of months later to ensure effective job transition may limit turnover. This follow-up may provide the opportunity to connect rural or remote physiotherapists with helpful resources.

## Tele-practice and technology

New technologies, like Telehealth, have the potential to empower patients and families, broaden and integrate health care delivery, and improve outcomes.<sup>15</sup> The expansion of Telehealth carries significant weight as it speaks to many common themes. "Telepractice", as outlined by the Canadian Alliance of Physiotherapy Regulators, does not change the nature of practice.<sup>16</sup> Telepractice is a mode of delivery; it is not a substitute for the elements of care. Having access to Telehealth can mitigate the burden of income limitations, harsh weather conditions<sup>21</sup>, and geography because both the patients and physiotherapists can avoid traveling great distances. Telepractice can also promote access to specialized physiotherapy programs in rural and remote areas of Canada. As technology advances physiotherapists should be satisfied that the standard of care delivered via telepractice is reasonable and can lead to comparable outcomes.

Distance learning via the use of Telehealth or online learning through CPA components or Physiopedia + offers a potential solution. One comment from a physiotherapist from Manitoba was that now that there is high-speed Internet, professional development for rural and remote physiotherapists is improving. This may be difficult with respect to courses such as acupuncture, but may be possible for others.

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<sup>20</sup> Northern Ontario School of Medicine, cited on-line at [http://www.nosm.ca/about\\_us/default.aspx](http://www.nosm.ca/about_us/default.aspx).

<sup>21</sup> Sevean, P., Dampier, S., Spadoni, M., Strickland, S., & Pilatzke, S. (2008). Patients and families experiences with video telehealth in rural/remote communities in Northern Canada. *Journal of Clinical Nursing*, 18, 2573-2579.

Tele-education may also contribute to achieving the first recommendation by attracting and retaining staff in the rural sector where turnover is a continual problem.<sup>22</sup> One physiotherapist in New Brunswick emphasized that an assessment and treatment approach that matches well with Telehealth is the largely hands-off McKenzie Method.<sup>23</sup>

With respect to mentorship, Telehealth may be an opportunity for remote mentorship for physiotherapists and may allow for improvement in physical examination skills.<sup>24</sup> Networks of physiotherapists who regularly use Telehealth could be created to potentially provide mentorship via Telehealth to rural and remote colleagues in the same province. As highlighted in the survey courses or resources should be developed or offered to increase physiotherapist's knowledge of budgeting and case load management.

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*“...difficulty in communications between healthcare professionals between acute hospital and community care settings. Inadequate or duplication of referral and other clinical data from acute hospital or CCAC. High usage of paper records with high wastage factor. Low use of e-records or e-transfer of data.”*

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### Use of electronic outcome measures

CPA's number one strategic priority is to have the means to measure, in real time, the effectiveness of physiotherapy across Canada, and the means to convey this information to practitioners to assist in their professional advancement. The use of electronic outcome measures (eOM) can help therapists measure progress and predict recovery for better patient care. In 2015 CPA partnered with Focus On Therapeutic Outcomes Inc. (FOTO)<sup>25</sup>, an eOM system in order to assist physiotherapists in collecting therapeutic outcomes. Advocating for the use of eOM in the rural and remote setting would allow physiotherapists to engage with their patients, and share patient progress with other members of the health care team.

### Physiotherapy in primary health care

Physiotherapists in primary health care facilitate diagnosis, treatment and management of a variety of acute and chronic conditions, and promote physical activity, increased mobility and function. A synthesis of clinical and economic effectiveness of physiotherapy in a range of practice areas identifies that physiotherapists are uniquely qualified to assess, improve and/or maintain a patient's functional independence and physical performance, adding value to a primary health care team. In 2015, the BC Ministry of Health identified the immediate goal for rural health is to build interprofessional primary care teams made up of family physicians, nurses, physiotherapists, occupational therapists, social workers, paramedics, health care assistants and other allied health workers.<sup>26</sup> Ontario has also included physiotherapy in family health teams, and Branches in other provinces are pressuring their respective

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<sup>22</sup> Dillon, E. & Loermans, J. (2003). Telehealth in Western Australia: the challenge of evaluation. *Journal of Telemedicine and Telecare*, 9 (Suppl 2): S15-19.

<sup>23</sup> The McKenzie Institute International. (2015). Retrieved from <http://www.mckenzieinstitute.org/>

<sup>24</sup> Loera, J.A., Kuo, Y.F., & Rahr, R.R. (2007). Telehealth distance mentoring of students. *Telemedicine & e-Health*, 13(1):45-50.

<sup>25</sup> Canadian Physiotherapy Association. (2012). Focus On Therapeutic Outcomes (FOTO). Retrieved from <http://www.physiotherapy.ca/Practice-Resources/Outcome-Measures/FOTO>

<sup>26</sup> British Columbia Ministry of Health. (2015). Rural Health Services in BC: A policy framework to provide a system of quality care. Retrieved from <http://www.health.gov.bc.ca/library/publications/year/2015/rural-health-policy-paper.pdf>

governments to make similar changes. Advocacy through the use of CPA's Value of Physiotherapy Project fact sheet on Primary Health Care<sup>27</sup> is encouraged.

## Advocating for the profession

The overarching recommendation of advocacy is central to all other recommendations in order to address the identified common themes. Almost three quarters of survey responses (74.1%) indicated a need to lobby governments or decision-makers for more resources and programs. Research shows the importance of local leadership both in the community and within the health system to redesign health services to meet the needs of the community they serve.<sup>28</sup> Rural and remote physiotherapists and rehabilitation managers should promote the value of physiotherapy and encourage their patients' voice to be heard. CPA must also take a leadership role by supporting Branches, Divisions and members, creating advocacy tools and advocating at the federal level to increase access to physiotherapy in rural, remote and northern areas to improve the health of Canadians.

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*“Lobbying for increased public funding for private physio services for rural residents – in our province chiropractic care is covered through Manitoba health, yet physio is not.”*

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Branches, together with the physiotherapists in their respective province or territory, are invited to leverage the environmental scan results to focus their advocacy efforts.

## CONCLUSION

Access to physiotherapy in rural, remote and northern communities is multidimensional and includes factors ranging from affordability to availability of services. Many common themes exist with respect to physiotherapy access issues in rural and remote communities in Canada, including recruitment and retention issues, poor weather and a lack of specialized physiotherapist programs. There are many ways to address the issues presented in each common theme, but it may be of value for CPA to collaborate with Branches to develop a multi-pronged advocacy strategy to improve access to physiotherapy using federal, provincial and territorial policy levers. The results of this environmental scan emphasize the many overlapping advocacy points across the country; the next step is identifying how to move forward towards a common goal.

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<sup>27</sup> Canadian Physiotherapy Association. (2015). Value of Physiotherapy Primary Health Care sheet. Retrieved from [http://www.physiotherapy.ca/getattachment/Advocacy/Value-of-Physiotherapy/Value-of-Physiotherapy/Value-of-Physiotherapy/Primary-Health-Care/The-Value-of-Physiotherapy-PHC\\_FINAL-en.pdf.aspx](http://www.physiotherapy.ca/getattachment/Advocacy/Value-of-Physiotherapy/Value-of-Physiotherapy/Value-of-Physiotherapy/Primary-Health-Care/The-Value-of-Physiotherapy-PHC_FINAL-en.pdf.aspx)

<sup>28</sup> Carroll, V., Reeve, C.A., Humphreys, J.S., & Wakerman, J. (2015). Re-orienting a remote acute care model towards a primary health care approach: key enablers. *Rural and Remote Health*, 15.

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