



# Aging Well.

Implications of an Aging Population for Physiotherapy in Canada

## At a Glance

- The delivery of continuing care services to seniors in private and collective dwellings illustrates that more than a quarter of physiotherapists provide continuing care supports to seniors.
- As Canada's population continues to age, it will be important to leverage physiotherapy services to address health promotion and healthy aging, and prevent injuries and falls among seniors.
- The largest share of seniors needing and receiving continuing care supports in the future would live at home, although the share of seniors receiving continuing care supports in community and facility living establishments is also expected to rise.

## Executive Summary

**Physiotherapy services are an integral part of all sectors of health care, from primary to acute care, and from health promotion to rehabilitation and long-term care. These services are developed and managed by physiotherapists (PTs) and implemented by PTs or by trained physiotherapist assistants (PTAs), and in Quebec by physical rehabilitation therapists (PRTs).**

In the context of an aging population, timely and appropriate access to evidence-based physiotherapy services is a key consideration to support the healthy aging of older Canadians. Physiotherapy has demonstrated effectiveness in many services and settings. It has been shown to increase quality of life, improve certain health outcomes, and decrease hospital length of stay and future health care use among patients. The number of Canadians accessing physiotherapy has been on the rise, increasing from 8.4 per cent of the adult population in 2001 to 11.6 per cent in 2014. This represents an increase of 3.8 per cent per year. By way of comparison, Canada's adult population has grown by an annual average of just 1 per cent since 2001.

Despite its popularity, there is an insufficient supply of PTs to satisfy demand for services, especially in rural and remote communities. Unemployment among PTs is very low, indicating that there is likely no surplus of PTs to help alleviate the rising demand and exhausted supply in some areas of the country.

This is important, because the aging Canadian population means that the demand for physiotherapy services will increase. In 2014, the share of the population that consulted a PT was 11.6 per cent. If this trend continues, then approximately 16.7 per cent of Canadians are expected to consult a PT by 2035. This translates into a sizable 6.1 million Canadians, and includes 1.5 million seniors.

---

The number of seniors needing and receiving continuing care is projected to double by 2035, to 2.96 million.

As the Canadian population ages, an increasing number of seniors will also experience conditions potentially requiring physiotherapy. For instance, hip and knee replacements require post-surgery rehabilitation services. As well, Canadians experiencing arthritis, stroke, and even frailty could potentially need physiotherapy. These conditions are generally more concentrated in the 65-year-and-over population.

The impact of an aging population will have significant implications for the Canadian economy and long-term policy planning. To address the reality of more seniors requiring physiotherapy services, governments are introducing a range of funding and policy levers to enhance home and community care, and to support older Canadians.

Incorporating The Conference Board of Canada's long-term demographic projections means that the number of seniors needing and receiving continuing care is projected to double by 2035, to 2.9 million. The largest share of seniors needing and receiving continuing care supports in the future would live at home. Still, a significant number of seniors are expected to need and receive continuing care supports in community and facility living establishments.

The provision of continuing care supports to seniors is projected to sustain over 521,000 jobs in 2035. Of this amount, roughly 11,100 are for PTs, while a further 1,350 are for PTAs (a conservative estimate). Most of these supports will be in home and community care, with much fewer in long-term care.

Overall, the findings from this briefing highlight several policy and practice implications for stakeholders, including governments, educators, professional associations, regulators, and insurers. For example, action is required to address physiotherapy supply constraints in the face of growing demand. Moreover, meeting the physiotherapy needs of seniors in continuing care is essential. Better information on PTs and PTAs, including the latter's supply, demand, and roles in home and community care settings, is required for health human resources planning. Finally, innovation in service delivery is required.

## Introduction

With the growing demand for health care and the aging of Canada's population, there is concern regarding the sustainability of the health care system and the ability to meet Canadians' health care needs. Optimizing the use of health professionals and the services they provide is critical to meeting these needs and fostering health system sustainability.

Physiotherapy services are an integral part of all sectors of health care, from primary to acute care, and from health promotion to rehabilitation and long-term care. Physiotherapy services are developed and managed by PTs and implemented by PTs or by trained PTAs, and in Quebec by PRTs.<sup>1</sup> These services are instrumental in recovery and rehabilitation from surgery, illness, or injury, addressing mobility and functionality issues, and promoting healthy aging and active living among Canadians. Timely and appropriate access to evidence-based physiotherapy services is a key consideration in the context of an aging population and the ongoing efforts to support the healthy aging of older Canadians.

The Conference Board's research series *The Role of Physiotherapy in Canada* explores physiotherapy services with the following four objectives:

1. provide a general understanding of the role of physiotherapy within the Canadian health care system and serve as a primer to the subsequent reports;
2. provide a market analysis of the physiotherapy profession;
3. estimate future demand for physiotherapy in the context of changing population needs, with a focus on seniors' services, particularly in home and continuing care;
4. discuss the implications of this demand for relevant stakeholders.

The first report in this series, *The Role of Physiotherapy in Canada: Contributing to a Stronger Health Care System*, provides a snapshot of the physiotherapy landscape in Canada and explores opportunities to

<sup>1</sup> PTs (also known as physical therapists) are self-regulated professionals with the scope of practice articulated in provincial/territorial regulatory legislation. PRTs are regulated professionals in Quebec, while PTAs are unregulated and work under supervision of a PT.

---

Providing continuing care supports for Canadian seniors is one of most pressing challenges facing governments.

optimize physiotherapy services given demographic shifts and changing needs.<sup>2</sup> Among other findings, the report notes the importance of physiotherapy services in promoting active lifestyles, preventing injury, and supporting rehabilitation for seniors and the general population.

The second briefing of the series, *The Market Profile of Physiotherapists in Canada*, presents a profile of the physiotherapy market in Canada, and quantifies the demand and supply of physiotherapy services.<sup>3</sup> It provides data from the Canadian Institute for Health Information (CIHI) Health Workforce Database on the supply, demographics, distribution, and employment characteristics of PTs, along with information on education, funding models, scope of practice, and roles. It also provides details on the supply, training, accreditation, and roles/tasks of PTAs and PRTs. The analysis presented in this market profile shows that a key challenge going forward is how access to physiotherapy services can be improved for those who need it most.

A 2015 report by the Conference Board, *Future Care for Canadian Seniors: A Status Quo Forecast*,<sup>4</sup> outlined that providing continuing care supports for Canadian seniors is one of most pressing challenges facing governments and the many organizations that deliver those services. Without a doubt, the status quo projection from this report suggests Canada should prioritize the development of effective and sustainable approaches to meet the future continuing care needs of seniors.

This third and final briefing of the physiotherapy series explores the challenges associated with meeting physiotherapy needs within the context of Canada's aging population. The objectives are to provide:

- a snapshot of physiotherapist supply and utilization across Canada, including a discussion of utilization by age;
- a summary of the conditions that impact the need for physiotherapy services, including a focus on these needs in the context of an aging population;

2 Dinh and others, *The Role of Physiotherapy*.

3 Sutherland, *The Market Profile*.

4 Hermus, Stonebridge, and Edenhoffer, *Future Care for Canadian Seniors*.

#### AGING WELL

#### Implications of an Aging Population for Physiotherapy in Canada

- the footprint of physiotherapy service use among older Canadians across continuing care settings and a status quo forecast based on this footprint;<sup>5</sup>
- a discussion of the implications for stakeholders, such as governments, educators, professional associations, and insurers.

To begin, a summary of the data and sources used for the analysis is discussed.

## Data and Sources

Estimating the characteristics of the physiotherapy market requires a synthesis of data from a range of sources, including CIHI and Statistics Canada. The Health Workforce Database, maintained by CIHI, includes information for 30 groups of health care professionals in Canada.<sup>6</sup> The data, which are submitted to CIHI by national professional societies and associations, provincial/territorial regulatory bodies and governments, and educational institutions. The Physiotherapist Database (PTDB) is part of the Health Workforce Database, provides timely, quality information about PTs in Canada.

Another primary source of data in this briefing is the Canadian Community Health Survey (CCHS). This survey is administered to 65,000 Canadians annually, and asks questions related to the health status, health care utilization, and health determinants for the Canadian population.

An additional source of data is the Labour Force Survey (LFS), administered monthly by Statistics Canada. This survey provides estimates of standard Canadian labour market indicators, such as the level of employment, the unemployment rate, and the participation rate, among others. The LFS also provides employment estimates by industry and occupation, broken down by a variety of demographic characteristics. Estimates are produced for Canada, the provinces, the

5 Leveraging previous analysis from Hermus, Stonebridge, and Edenhoffer, *Future Care for Canadian Seniors*.

6 Canadian Institute for Health Information, Health Workforce Database Metadata.

---

Physiotherapy has been shown to increase quality of life, improve certain health outcomes, and decrease hospital length of stay.

territories, and subprovincial regions. The LFS covers the civilian, non-institutionalized population 15 years of age and over.

Additional data sources were used to determine the number of seniors receiving continuing care.<sup>7</sup> Data from Statistics Canada's Canadian Community Health Survey, Healthy Aging, 2008–09,<sup>8</sup> were used to estimate the number of Canadians who receive continuing care in home living. This survey provides data on the number and age of Canadians who receive both paid and unpaid continuing care support services.

Seniors residing in community living environments corresponds with Statistics Canada's census definition of health-related collective dwellings that do not provide 24-hour medical and professional nursing supervision on-site. This includes residences for senior citizens and any long-term care institutions that do not provide medical and professional nursing supervision on-site.

The number of seniors estimated to be residing in complex continuing care was based on those living in chronic care and long-term care hospitals, as reported from Statistics Canada's 2011 Census. Meanwhile, the number of seniors in alternate level of care was based on figures in CIHI's Discharge Abstract Database<sup>9</sup> and Hospital Morbidity Database, 2008–09.<sup>10</sup>

Finally, estimates of seniors in long-term care homes were based on those provided by Statistics Canada's 2011 Long-Term Care Facilities Survey.<sup>11</sup> Any differences between the number of seniors reported to be residing in nursing homes (from the census) and the number reported in the Long-Term Care Facilities Survey were assumed to be assisted living.

7 See Hermus, Stonebridge, and Edenhoffer, *Future Care for Canadian Seniors* for additional details on the methodology, including data sources, assumptions, and limitations.

8 Statistics Canada, Canadian Community Health Survey, Healthy Aging 2008–09.

9 Canadian Institute for Health Information, Discharge Abstract Database.

10 Canadian Institute for Health Information, Hospital Morbidity Database, 2008–09.

11 Statistics Canada, Long-Term Care Facilities Survey LTCFS, 2001 and 2012.

## Profile of Physiotherapists in Canada

The first two briefings in the physiotherapy research series discussed the role of physiotherapy within the Canadian health care system, and the demand and supply of services across the country.<sup>12</sup> Physiotherapy has demonstrated effectiveness in an extensive array of services and settings, and in many areas, physiotherapy has been shown to increase quality of life, improve certain health outcomes, and decrease hospital length of stay and future health care use among patients.<sup>13</sup>

The split between PTs who work in a hospital and those in professional practice (e.g., a clinic or independent practice) is nearly even.<sup>14</sup> Of those working in the public sector, a greater proportion is employed in hospitals (40 per cent), with a much smaller proportion employed in community settings (about 10.2 per cent). (See “Physiotherapy in Community Settings.”)

---

## Physiotherapy in Community Settings

Physiotherapy has an important role within community settings and primary health care. It can encompass many areas such as health promotion and disease prevention (e.g., falls prevention and exercise programs), post-hospital discharge care, and in-home services, among others. Community-based care is particularly relevant in the context of an aging population and in the context of a policy shift toward home and community-based care.

Sources: Canadian Institute for Health Information; The Conference Board of Canada.

---

The number of Canadians accessing physiotherapy has been on the rise, increasing from 8.4 per cent of the adult population in 2001 to 11.6 per

12 Due to data limitations on total workforce, employment category, place of work, and area of practice, the workforce figures in this section do not include PTAs. See Sutherland, *The Market Profile*, 21, for a discussion on what is known about PTA supply and other factors. See Dinh and others, *The Role of Physiotherapy*, 13, for a discussion about PTA education and program accreditation and roles. Survey findings cited in this briefing suggest that the 13 programs in Canada that responded have graduated approximately 1,418 occupational therapy assistants/physiotherapy assistants across Canada in the last five years.

13 Dinh and others, *The Role of Physiotherapy*, ii.

14 Sutherland, *The Market Profile*, 15.



The Conference Board of Canada

cent in 2014. This represents an increase of 3.8 per cent per year. By way of comparison, Canada's adult population has grown by an annual average of just 1 per cent since 2001. Further analysis reveals that the strongest rates of PT employment growth are in regions with the smallest increase in consultations. In Ontario, Alberta, and British Columbia, PT employment growth above 4 per cent more than exceeds the 3.4 per cent increase in consultations. However, in all other provinces combined, annual PT employment growth of 2.6 per cent on average is not enough to address the increase of 4.5 per cent in physiotherapy consultations. (See "Consultations With a PT.")

---

## Consultations With a PT

The CCHS provides some insight into the need for physiotherapy services. In this survey of 65,000 Canadians, two questions related to physiotherapy are asked: "Did you see a physiotherapist in the last 12 months?" and "How many times did you see a physiotherapist in the last 12 months?" The responses to these questions leads to the calculation that the average Canadian needing physiotherapy services makes 8.2 visits per year. This would include one-time visits or new consultations as well as repeat visits from the same client.

Source: Statistics Canada.

---

If past trends continue, there will likely be an insufficient supply of PTs to satisfy demand for services, especially in rural and remote communities. As of 2014, the unemployment rate for all professions in Canada was 6.9 per cent. The unemployment rate among PTs, around 0.3 per cent, indicates that there is likely no surplus of PTs to help alleviate the rising demand and exhausted supply in some areas of the country.

As noted in *The Market Profile of Physiotherapists in Canada*, most PTs are concentrated within major population centres. Urban areas comprise just 3.6 per cent of Canada's geography, but contain 90 per cent of Canada's PTs. By comparison, Canada's urban centres account for approximately 82 per cent of the population. With that in mind, about 10 per cent of PTs service 90 per cent of the country's land mass and

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

recruiting PTs to these non-urban centres poses a significant challenge. As a result, patients in these areas have reduced access to the resources necessary to meet their physiotherapy needs. But to be fair, this urban–rural breakdown is consistent with most health care services in general.

The higher number of PTs available in urban areas compared with rural areas is consistent in all parts of the country, except British Columbia. However, that is where similarities end. The provinces with the relatively highest number of urban PTs (Newfoundland and Labrador and Saskatchewan) do not always have the relatively highest number of consultations, on average. Meanwhile, Prince Edward Island has the lowest number of PTs located in an urban area but has the highest number of consultations. And yet, the province with the relatively highest number of rural PTs and highest number of vacancies in the physiotherapy profession (British Columbia) is below the national average on the average number of consultations.<sup>15</sup> (See Table 1.)

**Table 1**  
**Physiotherapists in Urban and Rural Areas, 2014**

	Urban physiotherapists per 100,000 urban population	Rural physiotherapists per 100,000 rural population	Total consultations per physiotherapist
Canada	67.4	40.6	1,681.5
Newfoundland and Labrador	82.4	43.3	2,011.1
Prince Edward Island	37.0	0.0	2,397.6
Nova Scotia	59.2	37.3	2,049.1
New Brunswick	64.9	50.1	1,440.9
Quebec	75.5	38.6	1,564.8
Ontario	61.9	40.2	1,782.7
Manitoba	71.7	28.5	1,861.6
Saskatchewan	96.6	40.8	1,468.1
Alberta	65.1	28.8	1,436.7
British Columbia	69.8	73.3	1,678.6
Yukon	n.a.	n.a.	525.2

n.a. = not available

Sources: Canadian Institute for Health Information; Statistics Canada.

15 Statistics Canada, CANSIM table 285-0003.

---

For those 65 and over, recovery from hip and knee replacements are two common conditions to consult a PT.

Although being in an urban area means PTs are geographically closer to a larger share of the population, it does not necessarily mean that is where demand is greatest. Each province/territory is unique in the delivery of physiotherapy services; many factors could impact employment and utilization, such as population needs and demands, program design, coverage (public and private, eligibility criteria), out-of-pocket purchase of services, availability, and utilization of other rehabilitation professionals, and practice preferences and patterns of PTs.

## Physiotherapist Use by Condition

As highlighted in the previous briefings in this series, PTs provide clinical care for a range of acute and chronic conditions, many of which are prevalent among the senior population. While the second briefing revealed that PT use does not necessarily increase with the age of the patient, it concluded that almost one-third (30.4 per cent) of visits in 2014 were from those in the 50- to 65-year age range. Similarly, 16.2 per cent of visits were from those over the age of 65. All in all, it means that about 1.63 million Canadians over the age of 50 consulted a PT in 2014.<sup>16</sup> A significant portion of these Canadians are now entering their retirement years and, along with the current aging of the population, will potentially increase demand for physiotherapy services related to health conditions prevalent among seniors.

For instance, for those 65 and over, recovery from hip and knee replacements are two common conditions to consult a PT.<sup>17</sup> In 2013–14, there were 49,503 hospitalizations for hip replacements in Canada, along with 60,136 knee replacements.<sup>18</sup> Although males tend to receive hip surgery at a younger age than females (the average age of knee replacement is much closer between males and females), the average patient is generally over 65 years of age.

16 Note the CCHS asks respondents if they have seen a physiotherapist but does not provide details on visits by type of setting. The assumption is that these visits include all settings.

17 Canadian Institute for Health information, *Hip and Knee Replacements in Canada*.

18 Ibid.

---

About 4.8 million Canadians are living with arthritis, and almost 2.2 million are seniors.

Physical rehabilitation is a key component of care following hip surgery.<sup>19</sup> Musculoskeletal rehabilitation programs, including physiotherapy services, may be provided through inpatient, outpatient, and potentially continuing care settings (e.g., home or long-term care) depending on the needs of the individual. These services assist in recovery and can be critical to a person's quality of life and functional independence.<sup>20</sup> As noted in *The Role of Physiotherapy in Canada*, PTs can have a role with triage for joint arthroplasty referrals to ensure appropriateness for surgical intervention and educate patients wait-listed for surgery.<sup>21,22</sup> Post-operative patients who participated in PT programs experienced improved outcomes.<sup>23</sup>

For both hip and knee replacements, degenerative arthritis is normally the primary reason for the surgery, although hip fracture is also cited as another likely reason for hip replacement.<sup>24,25</sup> Still, with most hip/knee replacement surgeries resulting from arthritis, it is interesting to note that nearly half of all arthritis sufferers in Canada are over 65 years of age.<sup>26</sup> About 4.8 million Canadians are living with arthritis, and almost 2.2 million are seniors. Physiotherapy can play a significant role in the management of musculoskeletal conditions, including arthritis and associated patient outcomes.<sup>27</sup> While arthritis may lead to an increase in rehabilitation services by seniors before or following hip or knee surgery (see Table 2), using data from the CCHS provides a breakdown of Canadians with select other physical conditions that may require visits to a PT.<sup>28</sup>

19 Canadian Institute for Health Information, *Factors Predicting Return Home*.

20 Ibid.

21 Dinh and others, *The Role of Physiotherapy*, 34.

22 Aiken and others, "Easing the Burden."

23 Dinh and others, *The Role of Physiotherapy*, 33. The outcomes included reduced pain and increased joint range of motion.

24 Canadian Institute for Health information, *Hip and Knee Replacements in Canada*.

25 It is important to note that a diagnosis of arthritis does not necessarily equate to the need for surgery.

26 Statistics Canada, CANSIM table 051-0001.

27 Dinh and others, *The Role of Physiotherapy*, 31.

28 The Ontario Physiotherapy Association further describes the acute and chronic conditions as musculoskeletal; arthritic; and neurologic, respiratory, metabolic, incontinence, and pelvic floor conditions; osteoporosis; cancer-related pain and mobility issues; and falls prevention. Ontario Physiotherapy Association, *Physiotherapy in Primary Health Care*.

**Table 2**  
**Canadians With Physical Conditions, 2014**

	<b>Total population 12 years and over</b>	<b>65 years and over</b>	<b>12 to 64 years of age</b>
Arthritis	4,797,630	2,198,628	2,599,001
Stroke	327,175	190,216	136,959
Back problems	5,391,566	1,314,560	4,077,006
Injury	4,691,958	542,448	4,149,509
Non-emergency surgery	135,867	37,624	98,243
Physical limitations	7,606,065	2,438,020	5,168,045

Source: Statistics Canada.

For seniors who experience an injury or physical limitations, a further breakdown of the data in Table 2 reveals the causes of the injury and the health problems of Canadians. (See Charts 1 and 2.) These data show that nearly two-thirds of seniors are injured performing household chores or on the stairs. This would include falls, which are the leading cause of injury-related hospitalizations among Canadian seniors. Research from the Public Health Agency of Canada found that walking on any surface (other than snow and ice) was responsible for 45 per cent of all fall-related injuries among seniors, while falling on stairs accounted for about 13 per cent.<sup>29</sup>

Meanwhile, about 72.5 per cent of seniors have a physical limitation resulting from a disease/illness or aging. For seniors, the process of aging or simply performing day-to-day activities in the home may lead to health conditions and mobility issues that may require physiotherapy services. And with the population aging rapidly, the number of Canadians with these conditions is likely to become more pronounced. As shown in *The Role of Physiotherapy in Canada*, physical rehabilitation has demonstrated effectiveness in supporting individuals with strength, balance, and falls reduction.<sup>30</sup>

Frailty is an additional condition and area of priority in research and programs in Canada, with associated implications for physiotherapy. Frailty has been defined as “a state of increased vulnerability, with

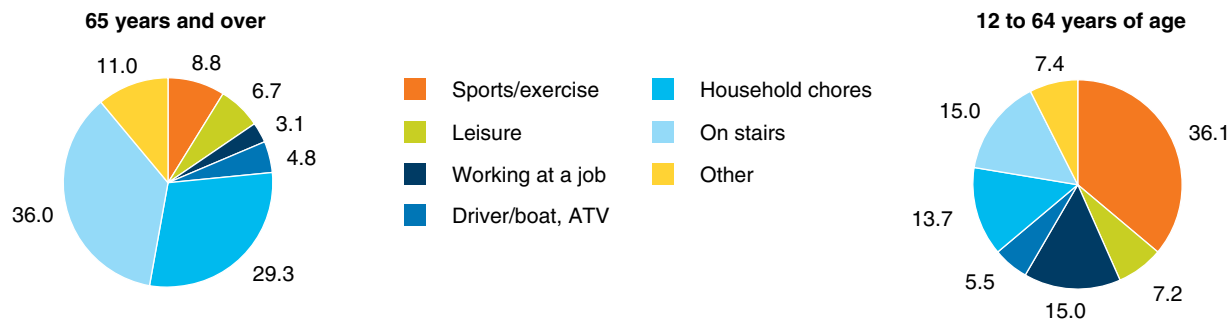
29 Public Health Agency of Canada, *Seniors' Falls in Canada*.

30 Dinh and others, *The Role of Physiotherapy*, 42.

Chart 1

**Activity Causing Most Serious Injury, Canada, 2014**

(per cent of total)



Source: Statistics Canada.

Chart 2

**Cause of Health Problems, Canada, 2014**

(per cent of total)



Source: Statistics Canada.

reduced physical reserve and loss of function across multiple body systems. This reduces ability to cope with normal or minor stresses, which can cause rapid and dramatic changes in health.<sup>31</sup> The risk of frailty increases with age.

The prevalence of frailty among Canadian seniors is important to understand in the context of physiotherapy. Research into frailty has estimated that close to a quarter of community-dwelling people

31 Canadian Frailty Network, "What Is Frailty?"

---

PT consultations have gone from 2.16 million in 2001 to 3.49 million in 2014, an increase of 3.8 per cent per year.

65 years and older were frail and at risk of a hospital-related event, with an additional 32 per cent who could be considered pre-frail (2009/10 figures).<sup>32</sup> An additional systematic review found that as much as about 50 per cent of nursing home patients were frail, with about 40 per cent still pre-frail who could be targeted by interventions for frailty prevention or treatment.<sup>33</sup> Screening and interventions to address frailty, including physiotherapy programs to improve mobility, increase physical activity, and prevent falls, are emerging and showing positive results.<sup>34</sup> Some jurisdictions are targeting these efforts to prevent or delay hospitalization and long-term care placement. (See “Physiotherapy for Seniors: Programs and Coverage” for additional program details.)

## Physiotherapist Use by Age

The second briefing in this series addressed the demand for PT services in Canada, using the CCHS as a data source. As noted earlier, in this survey of 65,000 Canadians, two questions related to physiotherapy are asked: “Did you see a physiotherapist in the last 12 months?” and “How many times did you see a physiotherapist in the last 12 months?” According to the survey, the number of Canadians who have consulted a PT has been steadily increasing across Canada. For the population (i.e., Canadians over 12 years of age), PT consultations have gone from 2.16 million (8.4 per cent of the adult population) in 2001 to 3.49 million (11.6 per cent of the adult population) in 2014, an increase of 3.8 per cent per year.<sup>35</sup> By way of comparison, Canada’s adult population (those 15 years of age and older) has climbed by an annual average of 1 per cent since 2001.<sup>36</sup>

But when looking at PT use by age, some interesting patterns emerge. The number of Canadians over the age of 65 who consulted a PT in 2014 was 566,000 (16.2 per cent of all visits). This has more than doubled since 2001, where 219,000 Canadians over the age of

32 Hoover and others, “Validation of an Index.”

33 Kojima, “Prevalence of Frailty.”

34 Cameron and others, “A Multifactorial Interdisciplinary Intervention.”

35 Statistics Canada, Canadian Community Health Survey.

36 Statistics Canada, CANSIM table 051-0001.

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

65 consulted a PT. However, it is interesting to point out that a greater proportion of those between 12 and 64 years is using physiotherapy services than those over 65 years of age. (See Table 3.)

**Table 3**  
**Number of Physiotherapist Visits, by Province and Age Group**

	Number of people 65 and over who saw a physiotherapist, 2014	Proportion of population group (per cent)		Number of people 12 to 64 who saw a physiotherapist	Proportion of population group (per cent)	
		2001	2014		2001	2014
Canada	565,990	5.7	10.1	2,922,317	8.4	11.5
Newfoundland and Labrador	6,404	1.4	6.8	42,979	6.0	11.5
Prince Edward Island	2,775	6.7	10.6	13,146	7.0	13.0
Nova Scotia	15,687	7.0	9.1	97,607	8.5	14.7
New Brunswick	13,047	5.2	9.4	66,555	6.9	12.6
Quebec	104,400	6.4	7.4	626,462	6.7	10.8
Ontario	221,043	7.9	10.3	1,041,996	7.9	10.6
Manitoba	24,393	7.8	13.0	116,076	9.2	12.9
Saskatchewan	19,320	6.4	11.8	95,784	7.3	12.2
Alberta	51,182	10.3	10.9	345,091	9.9	11.4
British Columbia	106,620	11.7	13.6	466,859	12.1	14.1
Territories	1,118	17.7	13.9	9,762	8.1	11.3

Source: Statistics Canada.

However, with the aging of the population, the growth in the number of seniors has far exceeded the growth in the population between the ages of 12 and 64 years. In the second briefing, we outlined that PT employment in Canada rose by nearly the same rate as the increase in PT consultations for the entire population.<sup>37</sup> However, this breakdown by age shows that the increase in consultations by seniors has far outpaced the increase in the supply of PTs. The number of consultations by seniors has increased by an annual average of 7 per cent per year, about twice the rate than the increase in the number of PTs. At the same time, the population of those aged 65 and over rose by 2.7 per cent over the same period.

37 Sutherland, *The Market Profile*.



The breakdown by province reveals that Eastern Canada is witnessing the largest gains in physiotherapy use by seniors. (See Table 4.) Prince Edward Island and New Brunswick have seen the number of physiotherapy consultations increase considerably since 2000 (the Newfoundland and Labrador figure is inflated due to an abnormally low result in 2000). In fact, Table 4 also shows that the growth in PT visits is far outpacing population growth for those over 65 years of age across the country. Population growth of those 12 to 64 years is a mere 1 per cent in Canada, while the average growth in visits for that same age group is 3.3 per cent per year. The only province with a noticeable discrepancy is Alberta, due entirely to strong population growth in that province over that last decade.

**Table 4**

**Physiotherapist Visits and Population Growth, by Province and Age Group, 2011–14**

(per cent change)

	Growth in physio visits 65 years and over	Population growth 65 years and over	Growth in physio visits, 12 to 64 years	Population growth, 12 to 64 years
Canada	7.0	2.7	3.3	1.0
Newfoundland and Labrador	15.0	2.9	4.4	-0.4
Prince Edward Island	6.0	2.6	4.9	0.3
Nova Scotia	4.3	2.3	3.9	-0.1
New Brunswick	6.9	2.4	4.1	-0.2
Quebec	4.0	2.9	4.1	0.5
Ontario	4.8	2.8	3.3	1.1
Manitoba	5.0	1.3	3.3	0.9
Saskatchewan	5.2	0.7	4.7	0.9
Alberta	3.6	3.2	3.3	2.3
British Columbia	4.0	2.9	2.0	0.9
Territories	3.4	5.2	3.7	1.3

Source: Statistics Canada.

Another interesting trend is that the average number of consultations with a PT is lower for the population over 65 years. In 2014, the average number of consultations for the total population was 8.2 per year. For those over 65 years, the average number of visits (in a 12-month period) was 5.5. This ranged from a low of 3.4 visits in the territories to a high

AGING WELL

Implications of an Aging Population for Physiotherapy in Canada

of 8.8 in Ontario.<sup>38</sup> The reasons for these differences and trend are not clear. As mentioned in the second briefing, the average number of consultations with a PT has been trending down since 2000.<sup>39,40</sup> Still, it shows that the rise in PT use is strong across all age categories, but with a rising share of Canada's future population being over 65 years of age, it is the senior population that will be driving an increase in the number of new patients. In this context, it will be important to leverage physiotherapy services to address health promotion and healthy aging, and prevent injuries and falls among seniors. (Again, see "Physiotherapy for Seniors: Programs and Coverage" for additional details.)

---

## Physiotherapy for Seniors: Programs and Coverage

Physiotherapy services are accessed for many reasons, delivered in a variety of settings, and reimbursed through different mechanisms. The latter includes coverage through publicly funded programs; extended health insurance plans; workers' compensation boards; motor vehicle accident insurance; and private, out-of-pocket payments. The growth in the number of seniors, coupled with the rise in certain chronic conditions, as well as co-morbidities, is expected to increase demand for physiotherapy services. Program design, eligibility criteria, and private coverage/private purchase also stand to impact this demand.

Publicly funded physiotherapy and preventive programs for seniors in community settings vary across provinces/territories. Some physiotherapy programs that cover people 65 years and older focus on those recently discharged from hospital as well as those with chronic conditions requiring care for acute episodes or symptoms impacting function or mobility.<sup>41</sup> Programs also vary in terms of design (e.g., any limits on number of consultations). In addition,

38 Statistics Canada, Canadian Community Health Survey, 2003.

39 Ibid.

40 As stated earlier, a possible explanation for the low number of visits in Yukon is from the remoteness of some patients to their physiotherapist.

41 Government-funded physiotherapy clinics are listed on the Ministry of Health Long-Term Care website at [www.health.gov.on.ca/en/public/programs/physio/pub\\_clinics.aspx](http://www.health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx).

The Conference Board of Canada

government-funded group exercise and falls prevention classes for seniors are offered in some jurisdictions.<sup>42,43</sup>

Ensuring timely access to community-based rehabilitation services is critical as these services can “reduce the number of emergency department visits, reduce the length of hospital stays and extend the time before residential care is needed.”<sup>44</sup> An Ontario study, for example, found that a typical patient waited 15 days for occupational therapy and 29 days for physiotherapy in a community-based setting. Wait times for physiotherapy in hospital outpatient departments were longer than for community care access centres,<sup>45</sup> while wait times for admission to inpatient rehabilitation facilities averaged about three days.<sup>46</sup>

For private health insurance coverage (which excludes youth, those who are elderly, and those on disability), physiotherapy claims represent 5.5 per cent of the value of all claims—representing somewhere between \$350 and \$450 million.<sup>47</sup> In the context of Canada’s aging population, the demand for physiotherapy services may also be impacted by the extent to which seniors hold this coverage, either through purchase of a private health benefits plan or through an employer-sponsored plan (or former employer when retired). It is unclear how many seniors purchase private insurance. The Conference Board’s Benefits Benchmarking 2015 survey found that just under half of respondent organizations offer benefits to some or all employees after retirement (more common in large organizations).<sup>48</sup> Paramedical services (which include physiotherapy) are one of the more common benefits among those with plans.<sup>49</sup> Premiums are higher compared with those for active employees, but retirees also pay a higher percentage of these premiums.

Although private plans differ, coverage for physiotherapy is often “shared” with other services (e.g., like massage therapy or chiropractic care) up to a maximum annual dollar value. Once that maximum annual dollar value is reached, individuals must pay out-of-pocket for any additional services. The Benefits Benchmarking 2015 survey found that the average reimbursement level

42 Government of Ontario, “Exercise and Falls Prevention Programs.” These are led by trained or certified non-physiotherapist providers

43 Nicholls, “Staying on Your Feet.”

44 Canadian Institute for Health Information, *Health Care in Canada, 2012*, 58.

45 Passalent and others, “Wait Times for Publicly Funded Outpatient and Community Physiotherapy and Occupational Therapy Services.”

46 Canadian Institute for Health Information, *Health Care in Canada, 2012*.

47 3D Analytics & Consulting, “The Practice of Physiotherapy in Canadian Extended Health Insurance.”

48 Stewart, *Benefits Benchmarking 2015*.

49 Ibid.

#### AGING WELL

#### Implications of an Aging Population for Physiotherapy in Canada

to individuals (overall, not just retiree programs) for paramedical services is 92 per cent.<sup>50</sup> Most organizations have annual maximums for different types of paramedical services, and in this situation the median for physiotherapy services is \$500 per year (\$250 minimum and \$1,500 maximum). Thus, depending on needs and care plans, some people may have to supplement private (and public if eligible) coverage with out-of-pocket expenses.

Sources: Government of Ontario; Nicholls; Canadian Institute for Health Information; Passalent and others; 3D Analytics & Consulting; Stewart.

---

## Continuing Care Needs of Seniors

While the previous sections examined the physical conditions that might potentially lead to the need for and use of physiotherapy services by seniors, the purpose of this section is to focus on the use of continuing care supports.<sup>51</sup> While it is clear that physiotherapy services are delivered to seniors in a wide range of settings, an analysis on continuing care supports is important for several reasons. Governments are introducing a range of funding and policy levers to enhance home and community care, and to support older Canadians in aging in place. For some seniors, entry to residential care could potentially be averted or delayed given the appropriate community-based supports.<sup>52</sup> These changes stand to impact the demand for physiotherapy services across continuing care settings.

To complete this analysis, we leverage the Future Care for Canadian Seniors research previously completed by the Conference Board.<sup>53</sup> In this research, continuing care supports are defined as all forms of assistance provided to seniors who live independently, as well as to seniors who are unable to live independently.<sup>54</sup> It is important to note that this analysis includes only physiotherapy supports received by

50 Ibid., 33.

51 The level of continuing care supports received by seniors depends on many factors, including the individual's specific needs and awareness of available supports, the availability of caregiver support, the scope of funding provided publicly in the local area, the level and availability of private insurance coverage, and the individual's ability to pay out-of-pocket to supplement the services publicly funded.

52 Canadian Institute for Health Information, *Seniors in Transition*.

53 Hermus, Stonebridge, and Edenhoffer, *Future Care for Canadian Seniors*.

54 Ibid.

Canadians 65 years and older, through home care programs (including private dwellings, retirement homes, and assisted living/supportive housing), in complex continuing care facilities, and in long-term care facilities. The figures do not include, for example, clinic-based, outpatient services; services in acute care general hospital; or services in a physician's office.

This assistance includes health supports, personal and social supports, accommodation supports, voluntary donations and services, and caregiving. Continuing care is delivered by a range of health professionals, including PTs or PTAs.<sup>55</sup> Understanding the continuing care needs of seniors also reminds us that many of them today have unmet or under-met needs.<sup>56</sup> In total, more than 225,000 Canadian seniors have reported their continuing care needs are not being fully met.<sup>57</sup> (See Table 5.)

**Table 5**  
**Seniors With Unmet or Under-Met Continuing Care Needs, by Age, 2014**

	All seniors (65 and over)	65 to 69	70 to 74	75 to 79	80 to 84	85+
Canada	225,678	46,683	52,199	45,993	41,841	38,961
Newfoundland and Labrador	4,330	1,375	645	793	807	711
Prince Edward Island	1,164	174	348	337	140	165
Nova Scotia	7,440	1,895	1,769	1,154	1,262	1,359
New Brunswick	7,708	2,235	3,310	1,134	506	524
Quebec	48,330	10,953	13,746	5,156	9,614	8,869
Ontario	100,965	15,323	22,349	28,998	17,905	16,385
Manitoba	9,084	2,691	1,115	942	2,076	2,260
Saskatchewan	5,551	2,034	1,756	837	440	481
Alberta	14,486	3,011	3,201	2,689	2,960	2,629
British Columbia	26,618	6,994	3,960	3,952	6,133	5,577

Source: The Conference Board of Canada.

55 This includes registered nurses, nursing assistants, health care aides, occupational therapists (and assistants), speech-language pathologists (and aides), or case management professionals.

56 Hermus, Stonebridge, and Edenhoffer, *Future Care for Canadian Seniors*.

57 These estimates focus only on home care needs and do not include collective dwellings. As a result, the level of under-met needs of seniors in retirement homes or long-term care homes is not included.

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

According to the Future Care for Canadian Seniors research, nearly 2.3 million Canadians received some sort of continuing care support in 2014. Of those, nearly 1.5 million were 65 years of age or over. Roughly 86 per cent of these seniors received the continuing care supports in private dwellings (home or community living). The remainder received care in a facility (long-term care home, alternate level of care, or complex continuing care). In all, an estimated 29 per cent of Canadian seniors receive continuing care services.

Tables 6 and 7 show the distribution by age of seniors who received both home care and institutional care by resource utilization groups (RUG) distribution.<sup>58</sup> What is clear is that the RUG distribution changes as seniors age. In general, the distribution shows that younger seniors are more likely to be categorized as needing rehabilitation, extensive services, and special care, while older seniors are more likely to be categorized as having impaired cognition, behavioural problems, and reduced physical functions.

Table 6

**Distribution of Home Care Recipients by RUG-III Classification and Age, 2014**

	All seniors (65 and over)	65 to 69	70 to 74	75 to 79	80 to 84	85+
Total RUG-III classification	100.0	100.0	100.0	100.0	100.0	100.0
Rehabilitation	5.1	6.2	5.4	5.2	4.8	4.5
Extensive services	1.6	2.4	1.9	1.4	1.3	1.3
Special care	2.6	4.8	3.2	2.4	1.9	1.7
Clinical complex	22.0	25.5	25.8	21.8	19.7	17.9
Impaired condition	11.5	8.3	9.9	11.7	13.0	12.8
Behavioural problem	1.4	1.2	1.6	1.5	1.6	1.3
Reduced physical functions	55.8	48.6	52.1	56.1	57.8	60.5

Sources: Canadian Institute for Health Information; The Conference Board of Canada.

58 To estimate the level and composition of workers who provide continuing care support specifically to seniors, this report uses case-mix RUGs to help assign resource utilization. It is common to find that the detailed RUG categorization used for both home care and long-term care are aggregated into seven major categories: rehabilitation, extensive services, special care, clinical complex, impaired cognition, behavioural problems, and reduced physical functions.

Table 7

**Distribution of Long-Term Care Recipients by RUG-III Classification and Age, 2014**

	All seniors (65 and over)	65 to 69	70 to 74	75 to 79	80 to 84	85+
Total RUG-III classification	100.0	100.0	100.0	100.0	100.0	100.0
Rehabilitation	9.5	14.5	13.2	11.6	10.0	8.2
Extensive services	3.7	6.0	5.0	4.1	3.7	3.3
Special care	7.7	11.6	9.2	8.3	7.3	7.3
Clinical complex	21.7	23.8	23.8	23.3	22.1	20.8
Impaired condition	11.6	10.3	11.1	12.1	12.7	11.2
Behavioural problem	1.6	2.7	2.5	1.7	1.9	1.3
Reduced physical functions	44.2	31.1	35.2	38.9	42.4	48.0

Sources: Canadian Institute for Health Information; The Conference Board of Canada.

However, it is possible for a variety of health professionals, as seen in Table 8, to provide continuing care supports to seniors and to estimate the level of support individuals receive from each of these health occupations. As a result, it is also possible to estimate the number of full-year jobs<sup>59</sup> supported in providing continuing care supports specifically to seniors by various health care occupations (excluding medical practitioners, such as family physicians or geriatricians) involved in senior care. A conservative estimate by the Conference Board pegs the delivery of continuing care services to seniors in private and collective dwellings supporting more than 253,000 full-year jobs within the health care sector alone.

Of those jobs, almost 5,600 are for PTs, while a further 600 full-year jobs are for PTAs. The remainder are divided between health care aides, registered/licensed practical nurses, and occupational therapists, among others. (See Table 8.) What is clear, of the roughly 6,200 PT and PTA jobs supported in 2014, about 5,900 were in the rehabilitation category. The remainder were in the extensive service category.<sup>60</sup> As can be seen in Table 9, most of these supports will be in home and community care settings, as opposed to a long-term care setting.

59 A “job” is defined as work for the period of one year, regardless of whether it is full- or part-time.

60 This category includes seniors who received assistance with activities of daily living.

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

It is important to note that the estimated employment of PTAs supported by the provision of continuing care to seniors is conservative because the specific workforce distribution of providing services between PTs and PTAs was available only in the institutional care setting. As such, the number of full-year jobs supported by PTAs in the home and community care settings was reported unknown (and reported as not available in these tables). Furthermore, the estimate does not account for recent changes in some jurisdictions, where the role and utilization of PTAs in home and community care has been accelerating.<sup>61</sup>

Table 8

### Employment Supported by Continuing Care Delivered in Private and Collective Dwellings (65 years and over), Canada, 2014

	All RUGs classifications		Rehabilitation category	
	Home and community care	Institutional care	Home and community care	Institutional care
Registered nurse	13,636	23,042	1,298	3,674
Nursing assistant	3,409	27,170	226	3,134
Health care aide	61,733	98,465	3,211	9,704
Physiotherapist	4,525	1,062	4,312	1,000
Physiotherapist assistant	n.a.	639	n.a.	611
Occupational therapist (OT)	3,168	703	3,058	672
OT assistant	n.a.	327	n.a.	307
Speech-language pathologist (SLP)	1,358	283	1,312	271
SLP aide	n.a.	771	n.a.	673
Case management and other	12,951	n.a.	674	n.a.

n.a. = not available

Source: The Conference Board of Canada.

Table 9

### Employment Supported by Continuing Care Delivered, Canada, 2014

	All RUGs classifications		
	Total	Physiotherapists	Physiotherapist assistants*
Private dwellings (home and community care)	100,781	4,525	n.a.
Institutional/long-term care	152,462	1,062	639
<b>Total</b>	<b>253,243</b>	<b>5,588</b>	<b>639</b>

(continued ...)

61 Home Care Ontario and Ontario Physiotherapy Association, *Physiotherapist Assistants in Home Care*.



The Conference Board of Canada

Table 9 (cont'd)

**Employment Supported by Continuing Care Delivered, Canada, 2014**

	Rehabilitation		
	Total	Physiotherapists	Physiotherapist assistants*
Private dwellings (home and community care)	14,091	4,312	n.a.
Institutional/long-term care	20,046	1,000	611
<b>Total</b>	<b>34,137</b>	<b>5,312</b>	<b>611</b>

n.a. = not available

\*The estimated employment of physiotherapist assistants supported by the continuing care needs of seniors is conservative because the distribution of providing services between physiotherapists and physiotherapist assistants was not available in the home and community care setting. As such, the level of employment to meet these needs for both current and future projections in this category are likely underestimated and are designated in all relevant tables going forward with an asterisk (\*).

Source: The Conference Board of Canada.

In this report, “home living” or “home care” aligns with activities provided to seniors living in private dwellings. Alternatively, community living and facility living both correspond with activities that are provided to seniors living in collective dwellings. Of these two, facility living involves seniors in chronic care and long-term care hospitals and long-term care homes (also known as nursing homes) that provide 24-hour medical and professional nursing supervision on-site. Meanwhile, community living applies to all remaining health care and related collective dwelling establishments, including the specific category “residences for senior citizens” from the census, plus long-term care facilities that do not provide 24-hour medical and professional nursing supervision on-site.

Tables 10 and 11 bring to light the age breakdown of employment supported by continuing care delivered in home and community care and in long-term care dwellings in all categories and in the rehabilitation category. The data show that there is a greater need for PTs and PTAs among older seniors. Meanwhile, Table 12 shows the provincial distribution of the some 6,200 full-year jobs supported in 2014 because of providing continuing care support to seniors in private and collective dwellings.

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

Table 10

**Physiotherapist and Physiotherapist Assistant Employment Supported by Continuing Care Delivered in Private and Collective Dwellings, by Age Group (all RUGs Classifications, 2014)**

	Physiotherapists		Physiotherapist assistants*	
	Private dwellings	Collective dwellings	Private dwellings	Collective dwellings
Total	6,661	1,193	n.a.	716
65 and over	4,525	1,062	n.a.	639
65 to 69	836	70	n.a.	42
70 to 74	868	100	n.a.	60
75 to 79	821	149	n.a.	90
80 to 84	934	231	n.a.	139
85 and over	1,067	513	n.a.	309

n.a. = not available

Source: The Conference Board of Canada.

Table 11

**Physiotherapist and Physiotherapist Assistant Employment Supported by Continuing Care Delivered in Private and Collective Dwellings, by Age Group (Rehabilitation, 2014)**

	Physiotherapists		Physiotherapist assistants*	
	Private dwellings	Collective dwellings	Private dwellings	Collective dwellings
Total	6,347	1,123	n.a.	685
65 and over	4,312	1,000	n.a.	611
65 to 69	788	70	n.a.	42
70 to 74	822	94	n.a.	58
75 to 79	786	141	n.a.	86
80 to 84	896	218	n.a.	133
85 and over	1,021	482	n.a.	295

n.a. = not available

Source: The Conference Board of Canada.

Table 12

**Employment Supported by Continuing Care Support of Seniors, by Province, 2014**

	Physiotherapists	Physiotherapist assistants*
Newfoundland and Labrador	93	11
Prince Edward Island	29	3
Nova Scotia	197	22
New Brunswick	163	19
Quebec	1,302	149

(continued ...)

The Conference Board of Canada

Table 12 (cont'd)

**Employment Supported by Continuing Care Support of Seniors,  
by Province, 2014**

	Physiotherapists	Physiotherapist assistants*
Ontario	2,231	255
Manitoba	307	35
Saskatchewan	176	20
Alberta	412	47
British Columbia	679	78

Source: The Conference Board of Canada.

This analysis illustrates that more than a quarter of PTs provide continuing care supports to seniors. However, while older seniors support more PT employment, it is younger seniors who are more likely to require rehabilitation. As a result, one of the challenges of the profession is to ensure that an appropriate level of care is provided to all seniors. In the next section it will become clear that, with the aging of the population expected over the next 20 years, the demand for physiotherapy services that meet the needs of this population will dramatically increase.

## Forecasting the Demand for Physiotherapy Services Among Canadian Seniors

Due to the aging of the population, Canada's demography will change drastically over the next few decades. In 2014, those aged 65 and over made up 15.7 per cent of Canada's total population, a share that is expected to rise to nearly 24 per cent by 2035. The impact of an aging population will have significant implications for the Canadian economy and long-term policy planning. Economic growth is forecast to slow as the large baby-boom cohort slowly leaves the workforce and enters its retirement years. Because of this, the cost is set to increase substantially for public services, including health care, education, and Old Age Security.

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

While the population is getting older, Canadians are also living longer, as improved health practices continue to extend life expectancies. The latest available data indicate that average life expectancy at birth over the 2007–09 period climbed to 83.3 years for women and 78.8 years for men. Additionally, those who were aged 65 in this period had a further life expectancy of 21.6 years for females and 18.5 years for males. Over the next two decades, assuming continued medical advances and economic prosperity, life expectancy is expected to rise even higher.

Table 13 outlines how Canada's population will change over the next 20 years. To underline how seniors will influence the age structure of the population, the growth of those 65 years of age and over is expected to be 2.9 per cent per year until 2035. This is considerably stronger than the average annual growth of 0.9 per cent expected for the population. In some provinces, it is projected that the growth in the senior population will be even stronger.

**Table 13**  
**Population 65 Years and Over, by Province**

	2015	2035	Average annual per cent change	Average annual per cent change (total population)
Canada	5,780,926	10,188,379	2.9	0.9
Newfoundland and Labrador	97,269	156,262	2.4	-0.5
Prince Edward Island	27,180	48,031	2.9	0.3
Nova Scotia	178,166	286,971	2.4	0.1
New Brunswick	143,144	235,299	2.5	0.0
Quebec	1,452,515	2,359,984	2.5	0.6
Ontario	2,211,152	3,995,265	3.0	1.0
Manitoba	191,917	320,948	2.6	1.1
Saskatchewan	165,894	267,766	2.4	1.2
Alberta	487,167	1,004,470	3.7	1.4
British Columbia	818,064	1,493,077	3.1	1.0

Sources: Statistics Canada; The Conference Board of Canada.

As Canada's population ages, it is expected that the demand for physiotherapy services will also increase. In the new millennium, the share of the Canadian population (12 years of age and over) that consulted a PT rose from 8.4 per cent in 2001 to 11.6 per cent in 2014.

If this trend continues, then approximately 16.7 per cent of Canadians are expected to consult a PT by 2035. This translates into a sizable 6.1 million Canadians, up from 3.5 million in 2014. (See Table 14.)

**Table 14**  
**Physiotherapist Use, 12 Years and Over, by Province**

	2014	2035	Average annual per cent change
Canada	3,488,307	6,098,399	2.8
Newfoundland and Labrador	49,383	82,775	2.6
Prince Edward Island	15,921	29,320	3.1
Nova Scotia	113,294	191,649	2.7
New Brunswick	79,602	141,172	2.9
Quebec	730,862	1,311,568	3.0
Ontario	1,263,039	2,198,772	2.8
Manitoba	140,469	273,035	3.4
Saskatchewan	115,105	256,668	4.1
Alberta	396,273	653,072	2.5
British Columbia	573,479	890,257	2.2

Sources: Statistics Canada; The Conference Board of Canada.

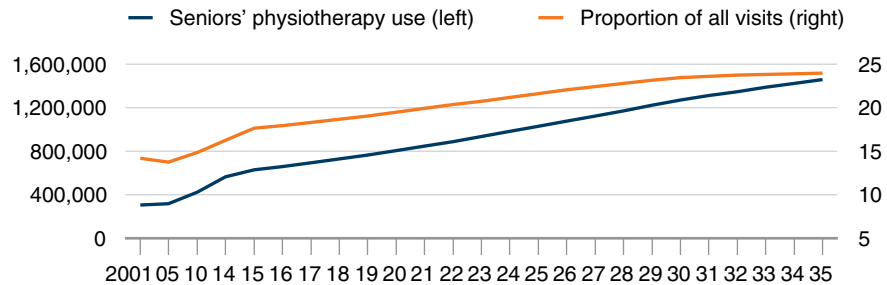
Although most of those will be under the age of 65, seniors who access physiotherapy services will continue to make up a larger portion of the pie. In 2014, about 10.7 per cent of seniors consulted a PT. By 2035, that ratio is expected to hit 14.3 per cent. During this time, the total number of seniors in Canada is projected to nearly double (from almost 5.8 million to 10.2 million). As a result, the forecasted number of seniors who will access physiotherapy services will more than double to 1.5 million. This means that seniors, who were responsible for 14.2 per cent of all PT visits in 2001, will now be responsible for 23.9 per cent of all visits in 2035. (See Chart 3.)

Although the analysis in this briefing presumes that, on average, seniors in the future will be healthier than seniors today (healthy aging),<sup>62</sup> it is recognized that seniors will still be affected by the chronic conditions associated with aging (such as illness or disability). As such, the healthy

62 Fries, Bruce, and Chakravarty, "Compression of Morbidity."

AGING WELL  
Implications of an Aging Population for Physiotherapy in Canada

**Chart 3**  
**Forecast of Physiotherapy Use by Canada's Seniors**



Source: Statistics Canada.

aging assumption means that while still susceptible to the chronic conditions associated with aging, seniors may spend less time living with these conditions. Taking this into account, approximately 49,500 (8.8 per 1,000 seniors) and 60,140 (10.8 per 1,000 seniors) Canadians were hospitalized for hip and knee surgery in 2014, respectively. Keeping this rate constant means that about 81,500 Canadians may require hip surgery and 110,000 may require knee surgery in 2035. As mentioned earlier, these two surgeries require substantial rehabilitation time with a PT. However, without healthy aging, these numbers could be even higher.

Table 15 provides a breakdown of the forecasted number of Canadians with selected conditions presented in the previous section. If current trends continue, the number of seniors with conditions potentially requiring physiotherapy will increase considerably. For some conditions, the increase is almost twofold. This forecast easily dwarfs the expected increase in the identical conditions for those under 65 years of age. However, because of healthy aging, seniors may develop these conditions later in life and potentially require fewer visits to a PT.

**Table 15**  
**Canadians With Physical Conditions, 2035**

	<b>Total population 12 years and over</b>	<b>65 years and over</b>	<b>12 to 64 years of age</b>
Arthritis	6,696,709	4,007,745	2,688,964
Stroke	488,434	346,734	141,700
Back problems	6,614,360	2,396,230	4,218,129
Injury	5,281,938	988,796	4,293,142
Non-emergency surgery	170,226	68,583	101,643
Physical limitations	9,791,051	4,444,118	5,346,934

Source: The Conference Board of Canada.

The aging of the population is also expected to have an impact on the continuing care demands of seniors. While the purpose is not specifically to predict what continuing care for seniors will look like in the future, it is intended to highlight the possible challenges and begin (or continue) to implement more efficient and effective approaches to deal with those challenges. The distribution of how those needs will be met will be based on the distribution of how continuing care supports are currently delivered.

Incorporating the Conference Board's long-term demographic projections means that the number of seniors needing and receiving continuing care is projected to be 2.9 million by 2035—a 76.4 per cent increase over 2014. The largest share of seniors needing and receiving continuing care supports in the future would live at home. In fact, the number of seniors receiving continuing care at home is projected to increase to nearly 2.2 million by 2035. Still, more seniors are expected to need and receive continuing care supports in community and facility living establishments. Specifically, it is estimated that community living and long-term care facilities would provide medical and professional nursing supervision to almost 316,000 seniors and 381,000 seniors by 2036, respectively. (See Table 16.)

## AGING WELL

## Implications of an Aging Population for Physiotherapy in Canada

Table 16

**Current and Forecasted Number of Seniors Receiving Continuing Care Supports**

	2014	2025	2035
Home living	1,255,300	1,802,200	2,218,700
Community living	182,100	260,200	315,900
Long-term care	215,618	309,712	381,205

Source: The Conference Board of Canada.

The provision of continuing care supports to seniors is projected to sustain over 521,000 jobs in 2035. (See Table 17.) Of this amount, roughly 11,100 are for PTs, while a further 1,350 full-year jobs are for PTAs. Once again, most of these jobs will be in the rehabilitation category (10,600 for PTs and 1,300 for PTAs). As mentioned earlier, most of these supports will be in home and community care, with much fewer in long-term care.

Table 17

**Employment Supported by Continuing Care Delivered in All Dwellings (65 Years and Over)**

	All RUGs classifications			Rehabilitation category		
	2014	2025	2035	2014	2025	2035
All occupations	253,244	359,951	521,171	34,137	48,909	69,776
Registered nurse	36,679	52,037	75,117	4,972	7,090	10,190
Nursing assistant	30,579	43,310	64,531	3,360	4,803	7,056
Health care aide	160,199	227,469	330,429	12,915	18,482	26,713
Physiotherapist	5,588	8,042	11,126	5,312	7,643	10,580
Physiotherapist assistant*	639	911	1,350	611	871	1,290
Occupational therapist (OT)	3,871	5,571	7,701	3,730	5,368	7,424
OT assistant	327	466	690	307	437	647
Speech-language pathologist (SLP)	1,641	2,362	3,263	1,584	2,280	3,150
SLP aide	771	1,099	1,628	673	958	1,419
Case management and other	12,951	18,685	25,336	674	977	1,306

Source: The Conference Board of Canada.

Table 18 reveals the forecasted age breakdown of employment supported by continuing care delivered in both private and collective dwellings in all categories and in the rehabilitation category. Once again,



The Conference Board of Canada

there is expected to be a greater need for PTs and PTAs among older seniors in 2035. When breaking down the physiotherapy results by province, it is apparent that the rate of increase between 2014 and 2035 is expected to be sizable across all regions, ranging from 155 per cent in Saskatchewan to 235 per cent in Alberta. (See Table 19.)

**Table 18**  
**Physiotherapist and Physiotherapist Assistant Employment Supported by Continuing Care Delivered in All Categories, by Age Group, 2035**

	All RUGs Classifications		Rehabilitation	
	Physiotherapists	Physiotherapist assistants*	Physiotherapists	Physiotherapist assistants*
65 and over	11,126	1,350	10,580	1,290
65 to 69	1,156	54	1,089	51
70 to 74	1,832	116	1,732	111
75 to 79	2,141	202	2,046	202
80 to 84	2,535	304	2,423	291
85 and over	3,461	674	3,290	643

Source: The Conference Board of Canada.

**Table 19**  
**Employment Supported by Continuing Care Support of Seniors, by Province, 2035**

	Physiotherapists	Physiotherapist assistants*
Newfoundland and Labrador	201	24
Prince Edward Island	64	8
Nova Scotia	364	44
New Brunswick	312	38
Quebec	2,514	305
Ontario	4,736	575
Manitoba	517	63
Saskatchewan	267	32
Alberta	1,013	123
British Columbia	1,488	181

Source: The Conference Board of Canada.

---

With the unemployment rate of PTs at a very low 0.3 per cent, the supply of PTs is unlikely to meet rising demand.

The aging of Canada's population is likely to have a significant impact on Canada's health care system. As a provider of rehabilitation and mobility services, PTs are in a unique position to focus their practice on the expected bulge in Canada's senior population.

## Policy and Practice Implications

The findings from this briefing, together with the insights from earlier work in the series, highlight several policy and practice implications for stakeholders, including governments, educators, professional associations, regulators, and insurers. These include the following:

### Addressing the Gap in the Demand for and Supply of Physiotherapy Services

Canada is facing growing needs for physiotherapy services associated with its aging population—services delivered by a mix of PTs and PTAs. In 2014, somewhere between 2.4 and 6.5 million Canadians over the age of 65 reported they have conditions that may require physiotherapy. The number of Canadians over the age of 65 who consulted a PT doubled between 2001 and 2014 (16.2 per cent of all visits in 2014). The aging of Canada's population is likely to further increase demand for physiotherapy services related to health conditions prevalent among seniors. Meanwhile, with the unemployment rate of PTs at a very low 0.3 per cent, and if past trends continue, the supply of PTs is unlikely to meet rising demand. This is a concern for rural and remote areas of Canada where access to physiotherapy services is constrained. Research has found that unmet needs for community-based physiotherapy are an issue in rural communities and among those with chronic conditions.<sup>63</sup>

Ultimately, meeting this demand will require collaborative efforts among educators, governments, health care service providers, and delivery organizations. Some opportunities to address the gap include ensuring adequate education and training placements (including in rural and

63 Wojkowski and others, "A Scoping Review of Need and Unmet Need."

remote settings, and for conditions and service needs prevalent among the senior population); attention to recruitment and retention practices for rural settings; leveraging existing technologies for service delivery; and fostering innovation in new technologies to improve access. Better data availability for PTAs is also needed. Knowing their employment situation, location of work, and areas of practice gives a better picture of the current supply constraints, and may help health system leaders plan for and address increases in the demand for physiotherapy services.

## Meeting Physiotherapy Needs of Seniors in Continuing Care Environments

In addition to supports for seniors following surgery or injury, maintenance of mobility, independence, and functionality are essential to helping seniors age in place. A basket of rehabilitation services is essential to support these needs. While the demand for physiotherapy services will be felt across all settings—from hospitals to outpatient and clinic environments—the aging of the population is also expected to have an impact on continuing care demands. This includes projections (based on status quo or current patterns) out to 2035 for a greater need for PTs and PTAs/PRTs to meet the needs of older seniors in continuing care settings and, in particular, home and community living environments.

As governments accelerate efforts to enhance home and community care and assist older Canadians to age in place,<sup>64</sup> this need could be even larger than suggested by the forecast. For example, some jurisdictions are accelerating efforts to support seniors in their homes through physiotherapy services, exercise classes, and falls prevention, and are leveraging both PTs and PTAs to deliver rehabilitative, restorative, and maintenance care.<sup>65</sup> Determining the best service delivery, provider, and funding models will be essential to meet future needs.<sup>66</sup> Ensuring an adequate supply of physiotherapy professionals across these settings will be critical. Recruitment and retention, funding, training, and education will be important considerations for governments,

64 Federal/Provincial/Territorial Ministers Responsible for Seniors, “Thinking About.”

65 Home Care Ontario and Ontario Physiotherapy Association, *Physiotherapist Assistants in Home Care*.

66 *Ibid.*, 4.

---

Optimizing the complement of rehabilitation professionals to meet the demand expected from the aging population will be essential.

educators, professional associations, and the organizations that deliver services in these environments. As a result, it becomes imperative to have better information on PTs and PTAs in Canada. Especially for PTAs, tracking their supply and roles in home and community care settings across the country would go a long way in health human resource planning.

## Enhancing Innovative Approaches to Service Delivery

Addressing the future rehabilitative and physiotherapy needs of Canada's seniors in the context of a constrained supply of PTs will require innovative approaches to service delivery. A focus on injury prevention and early intervention will be essential to address the health and functional decline that can lead to hospitalization among seniors. Research into evidence-based approaches is required. For example, redesign of outpatient programs, such as using group-based physiotherapy, is one area that has shown promise through research.<sup>67</sup> Better understanding of the demand for programs is another area that can help address access. A creative approach to management of waitlists for publicly funded programs and services has helped at least one jurisdiction address timeliness of service response.<sup>68</sup>

Optimizing the complement of rehabilitation professionals to meet the demand expected from the aging population will be essential. For example, research into leveraging PTs in emergency departments to address musculoskeletal needs has found some evidence of positive impacts at individual and health system levels.<sup>69,70</sup> The frail elderly are often a target population for this care.<sup>71</sup>

67 Wainwright and others, "The Group Experience."

68 Hoyles, "Using Your Waitlist."

69 Taylor and others, "Primary Contact Physiotherapy."

70 Kilner, "What Evidence Is There?"

71 Canadian Physiotherapy Association, *The Value of Physiotherapy*.

Emerging changes to the scope of practice of PTs and PTAs/PRTs, and the associated impacts and outcomes, will be important to monitor. For example, Ontario has announced that it is moving forward in assessing requests to expand the roles and responsibilities and scope of practice of a range of health professionals, including PTs.<sup>72</sup> The initiative is intended to improve access to care closer to home, and especially for those in rural and remote communities.

PTAs' qualifications and roles have also evolved<sup>73</sup> since the profession was introduced, and will undoubtedly continue to do so in the context of the demands imposed by an aging population.<sup>74</sup> The resource *Physiotherapist Assistants in Home Care*, developed by Home Care Ontario and the Ontario Physiotherapy Association, notes the important role of PTAs in new approaches to physiotherapy in home care settings and provides key insights and tools to ensure successful implementation of PTAs in home care.<sup>75</sup> Promising initiatives are emerging. For example, the TIDES program, a telehealth initiative, leverages PTAs to enhance access to rehabilitation services in rural and remote settings in British Columbia.<sup>76</sup> Given the constraints on PT supply in rural and remote settings, it will be important to monitor tele-rehabilitation services and roles of physiotherapy providers as they evolve, for the impact they have on individuals, physiotherapy providers, and health care systems.

Physiotherapy services are a key component of the health care supports required by Canada's seniors. As the population ages in the coming decades, demand for these services will grow. Meeting this demand in ways that foster the sustainability of health care systems and ensure timely delivery of evidence-based services is essential.

Rate this publication for a chance to win a prize!

[www.conferenceboard.ca/e-Library/abstract.aspx?did=9626](http://www.conferenceboard.ca/e-Library/abstract.aspx?did=9626)

72 Ontario Ministry of Health and Long-Term Care, "Province Taking Steps."

73 National Physiotherapy Advisory Group, *Essential Competency Profile for Physiotherapy Assistants*.

74 Because PTAs are not regulated, they do not have a scope of practice.

75 Home Care Ontario and Ontario Physiotherapy Association, *Physiotherapist Assistants in Home Care*.

76 Vancouver Coastal Health, "Sechelt-Based TIDES."

## AGING WELL

### Implications of an Aging Population for Physiotherapy in Canada

## Acknowledgements

This report was researched and written by Greg Sutherland of The Conference Board of Canada.

The author would like to thank Melissa Anderson, Director Advocacy, Professional Practice, and Advancement, Canadian Physiotherapy Association, for her guidance and support.

I am grateful to Catherine Arnold, Director, Physical Therapy, School of Rehabilitation Science, University of Saskatchewan; Amy Stacey, Past President, National Physiotherapist Assistant Assembly; Sandra Lamb, Board Member, Canadian Physiotherapy Association; Sarah Marshall, President, Canadian Physiotherapy Association; Dianne Millette, Registrar, College of Physical Therapists of British Columbia; Helen Johnson, Manager, Rehabilitation, Erie St. Clair LHIN, for their external reviews and Carole Stonebridge, Principal Research Associate, The Conference Board of Canada, for her internal review.

The Canadian Physiotherapy Association and the Canadian Alliance for Sustainable Health Care provided research funding.

## Disclaimer

The findings and conclusions of this report do not necessarily reflect the views of the investors or reviewers. Any errors or omissions in fact or interpretation remain the sole responsibility of The Conference Board of Canada.

## About The Canadian Alliance for Sustainable Health Care

The Canadian Alliance for Sustainable Health Care (CASHC) was created to provide Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets.

The work of the Alliance is to help Canadians better understand the conditions under which Canada's health care system is sustainable—financially and in a broader sense. These conditions include the financial aspects, institutional and private firm-level performance, and the volunteer sector. CASHC publishes evidence-based, accessible, and timely reports on key health and health care systems issues.

Research is arranged under these three major themes:

- Population Health
- The Structure of the Health Care System
- Workplace Health and Wellness

Launched in May 2011, CASHC actively engages private and public sector leaders from the health and health care sectors in developing its research agenda. Some 33 companies and organizations have invested in the initiative, providing invaluable financial, leadership, and expert support.

The Conference Board of Canada

For more information about CASHC, and to sign up to receive notification of new releases, visit the CASHC website at [www.conferenceboard.ca/CASHC](http://www.conferenceboard.ca/CASHC).

## **CASHC Member Organizations**

### **Lead Level**

Ontario Ministry of Health and Long-Term Care

### **Partner Level**

British Columbia Ministry of Health

Health Canada

LifeLabs Medical Laboratory Services

Mercer (Canada) Limited

The Great-West Life Assurance Company

### **Participant Level**

AbbVie Corporation

Canadian Association for Retired Persons (CARP)

Canadian Dental Association

Canadian Nurses Association

Centric Health

HealthPartners

Hoffmann-La Roche Limited

Innovative Medicines Canada

Neighbourhood Pharmacy Association of Canada

Pfizer Canada Inc.

Trillium Health Partners

Workplace Safety & Prevention Services

## APPENDIX A

# Bibliography

3D Analytics and Consulting. "The Practice of Physiotherapy in Canadian Extended Health Insurance: Fit, Relationships, Opportunities, & Challenges." PowerPoint presentation for the Canadian Physiotherapy Association, Ottawa, April 2015.

Aiken, A., M. Harrison, M. Atkinson, and J. Hope. "Easing the Burden for Joint Replacement Wait Times: The Role of the Expanded Practice Physiotherapist." *Healthcare Quarterly* 11, no. 2 (2008): 62–66.

Cameron, I., N. Fairhall, C. Langron, K. Lockwood, N. Monaghan, C. Aggar, C. Sherrington, S. Lord, and S. Kurrle. "A Multifactorial Interdisciplinary Intervention Reduces Frailty in Older People: Randomized Trial." *BMC Medicine* 11, no. 65 (2013): 11–65.

Canadian Frailty Network. "What Is Frailty?" 2013. Accessed March 5, 2018. [www.cfn-nce.ca/frailty-in-canada/](http://www.cfn-nce.ca/frailty-in-canada/).

Canadian Institute for Health Information. *Health Care in Canada, 2012—A Focus on Wait Times*. Ottawa: CIHI, 2012. Accessed April 15, 2018. [https://secure.cihi.ca/free\\_products/HCIC2012-FullReport-ENweb.pdf](https://secure.cihi.ca/free_products/HCIC2012-FullReport-ENweb.pdf).

—. *Physiotherapist Database Manual, Version 2.0*. Ottawa: CIHI, 2012.

—. *Factors Predicting Return Home From Inpatient Rehabilitation Following Hip Fracture Surgery*. July 2015. Accessed April 15, 2018. [https://secure.cihi.ca/free\\_products/NRS\\_Hips\\_2015\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/NRS_Hips_2015_EN_web.pdf).

—. *Hip and Knee Replacements in Canada: Canadian Joint Replacement Registry, 2015 Annual Report*. September 2015. Accessed April 15, 2018. [https://secure.cihi.ca/free\\_products/CJRR\\_2015\\_Annual\\_Report\\_EN.pdf](https://secure.cihi.ca/free_products/CJRR_2015_Annual_Report_EN.pdf).



- . “Physiotherapists, 2014.” 2015. Accessed June 29, 2016. <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC439>.
- . *Seniors in Transition: Exploring Pathways Across the Care Continuum*. Ottawa: CIHI, 2017.
- . Discharge Abstract Database Metadata (DAD). n.d. Accessed April 15, 2018. [www.cihi.ca/en/discharge-abstract-database-metadata](http://www.cihi.ca/en/discharge-abstract-database-metadata).
- . Health Workforce Database Metadata. n.d. Accessed April 15, 2018. [www.cihi.ca/en/health-workforce-database-metadata](http://www.cihi.ca/en/health-workforce-database-metadata).
- . Hospital Morbidity Database. n.d. Accessed April 15, 2018. [www.cihi.ca/en/hospital-morbidity-database](http://www.cihi.ca/en/hospital-morbidity-database).

Canadian Physiotherapy Association. “The Value of Physiotherapy: Emergency Department.” Ottawa: CPA, 2012. Accessed February 27, 2018. [https://physiotherapy.ca/sites/default/files/valuePT/cpa\\_valuепt\\_erdept-en.pdf](https://physiotherapy.ca/sites/default/files/valuePT/cpa_valuепt_erdept-en.pdf).

Dinh, Thy, Abhi Bhandari, Novella Martinello, and Jenny Santos. *The Role of Physiotherapy in Canada: Contributing to a Stronger Health Care System*. Ottawa: The Conference Board of Canada, 2017.

Federal/Provincial/Territorial Ministers Responsible for Seniors. “Thinking About Aging in Place.” 2012. Accessed March 2, 2018. [www.canada.ca/content/dam/esdc-edsc/documents/corporate/seniors/forum/place.pdf](http://www.canada.ca/content/dam/esdc-edsc/documents/corporate/seniors/forum/place.pdf).

Fries, James F. and Eliza F. Chakravarty. “Compression of Morbidity 1980–2011: A Focused Review of Paradigms and Process.” *Journal of Aging Research* 3 (2011): 1–10.

Government of Ontario. “Exercise and Falls Prevention Programs.” 2017. Accessed October 23, 2017. [www.ontario.ca/page/exercise-and-falls-prevention-programs#section-5](http://www.ontario.ca/page/exercise-and-falls-prevention-programs#section-5).

—. “Get Physiotherapy.” 2017. Accessed October 23, 2017. [www.ontario.ca/page/get-physiotherapy?\\_ga=2.210717461.1646107208.1508786273-2129055456.1425049514](http://www.ontario.ca/page/get-physiotherapy?_ga=2.210717461.1646107208.1508786273-2129055456.1425049514).

AGING WELL

Implications of an Aging Population for Physiotherapy in Canada

Hermus, G., C. Stonebridge, and K. Edenhoffer. *Future Care for Canadian Seniors: A Status Quo Forecast*. Ottawa: The Conference Board of Canada, 2015.

Home Care Ontario and Ontario Physiotherapy Association. *Physiotherapist Assistants in Home Care*. n.d. Accessed March 5, 2018. [www.homecareontario.ca/docs/default-source/position-papers/physiotherapist-assistants-in-home-care-final.pdf?sfvrsn=16](http://www.homecareontario.ca/docs/default-source/position-papers/physiotherapist-assistants-in-home-care-final.pdf?sfvrsn=16).

Hoover, M., M. Rotermann, C. Sanmartin, and J. Bernier. 2013. "Validation of an Index to Estimate the Prevalence of Frailty Among Community Dwelling Seniors." *Health Reports* (September 2013): 10–17.

Hoyles, C. "Using Your Waitlist to Measure Demand for Your Service? Think Again: Remove It!" Canadian Physiotherapy Association. Accessed November 10, 2017. <https://physiotherapy.ca/blog/using-your-waitlist-measure-demand-your-service-think-again-remove-it>.

Kilner, E. 2011. "What Evidence Is There That a Physiotherapy Service in the Emergency Department Improves Health Outcomes? A Systematic Review." *Journal of Health Services Research and Policy* 16, no. 1 (2011): 51–58.

Kojima, G. "Prevalence of Frailty in Nursing Homes: A Systematic Review and Meta-Analysis." *Journal of Post-Acute and Long-Term Medicine* 16 (2015): 940–45.

National Physiotherapy Advisory Group. *Essential Competency Profile for Physiotherapist Assistants in Canada*. NPAG, 2012.

Nicholls, K. "Staying on Your Feet—An SHR Falls Prevention, Balance and Education Program." *The Region Reporter*, February 25, 2015. Accessed March 1, 2018. <https://regionreporter.wordpress.com/2015/02/25/staying-on-your-feet-an-shr-falls-prevention-balance-and-education-program/>.

Ontario Ministry of Health and Long-Term Care. *Assess & Restore Guideline*. Toronto: Ontario Ministry of Health and Long-Term Care, 2014. Accessed March 5, 2018. [www.health.gov.on.ca/en/pro/programs/assessrestore/docs/ar\\_guideline.pdf](http://www.health.gov.on.ca/en/pro/programs/assessrestore/docs/ar_guideline.pdf).

—. “Province Taking Steps to Expand Health Care Professionals’ Roles and Responsibilities.” September 2017. Accessed November 9, 2017. [http://health.gov.on.ca/en/news/bulletin/2017/hb\\_20170918.aspx](http://health.gov.on.ca/en/news/bulletin/2017/hb_20170918.aspx).

Ontario Physiotherapy Association. *Physiotherapy in Primary Health Care*. Toronto: Ontario Physiotherapy Association, October 2017. Accessed February 15, 2018. <https://opa.on.ca/wp-content/uploads/Physiotherapists-Primary-Health-Care.pdf>.

Passalent, L. A., M. D. Landry, and C. A. Cott. “Wait Times for Publicly Funded Outpatient and Community Physiotherapy and Occupational Therapy Services: Implications for the Increasing Number of Persons With Chronic Conditions in Ontario, Canada.” *Physiotherapy Canada* 61, no. 1 (2009): 5–14.

Public Health Agency of Canada. *Seniors Falls in Canada: Second Report*. Ottawa: Public Health Agency of Canada, 2014. Accessed April 15, 2018. [www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/seniors-aines/publications/public/injury-blessure/seniors\\_falls-chutes\\_aines/assets/pdf/seniors\\_falls-chutes\\_aines-eng.pdf](http://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf).

Statistics Canada. Canadian Community Health Survey. Archived, Ottawa, 2003. Accessed February 15, 2016. [www5.statcan.gc.ca/olc-cel/olc?ObjId=82M0013X&ObjType=2&lang=en&Limit=1](http://www5.statcan.gc.ca/olc-cel/olc?ObjId=82M0013X&ObjType=2&lang=en&Limit=1).

—. Canadian Community Health Survey, Healthy Aging 2008–09. CD. Ottawa, May 12, 2010.

—. CANSIM table 051-0001. Estimates of Population, by Age Group and Sex for July 1, Canada, Provinces and Territories. Last modified September 27, 2017. Accessed April 15, 2018. [www5.statcan.gc.ca/cansim/a26?lang=eng&id=510001](http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=510001).

—. CANSIM table 285-0003. Job Vacancy and Wage Survey, Job Vacancies and Average Offered Hourly Wage by Economic Region and Detailed National Occupational Classification (NOC). Last modified April 12, 2018. Accessed April 15, 2018. [www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2850003&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid=](http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2850003&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid=)

AGING WELL

Implications of an Aging Population for Physiotherapy in Canada

—. Long-Term Care Facilities Survey LTCFS, 2011 and 2012. Archived, April 10, 2014.

Stewart, N. *Benefits Benchmarking 2015*. Ottawa: The Conference Board of Canada, 2015.

Sutherland, G. *The Market Profile of Physiotherapists in Canada*. Ottawa: The Conference Board of Canada, 2017.

Taylor, N., E. Norman, L. Roddy, C. Tang, A. Pagram, and K. Hearn. "Primary Contact Physiotherapy in Emergency Departments Can Reduce Length of Stay for Patients With Peripheral Musculoskeletal Injuries Compared With Secondary Contact Physiotherapy: A Prospective Non-Randomised Controlled Trial." *Physiotherapy* 97, no. 2 (2011): 107–14.

Vancouver Coastal Health. "Sechelt-Based TIDES Program Gets a Reboot." *VCH News*, January 24, 2018. Accessed February 28, 2018. <http://vchnews.ca/news-coastal/2018/01/24/sechelt-based-tides-program-gets-reboot/>.

Wainwright, Amy V., Deborah M. Kennedy, and Paul W. Stratford. "The Group Experience: Remodelling Outpatient Physiotherapy After Knee Replacement Surgery." *Physiotherapy Canada* 67, no. 4 (Fall 2015): 350–56.

Wojkowski, Sarah, Jenna Smith, Julie Richardson, Stephen Birch, and Michael Boyle. "A Scoping Review of Need and Unmet Need for Community-Based Physiotherapy in Canada." *Journal of Critical Reviews* 3, no. 4 (2016): 17–23.



## About The Conference Board of Canada

We are:

- The foremost independent, not-for-profit, applied research organization in Canada.
- Objective and non-partisan. We do not lobby for specific interests.
- Funded exclusively through the fees we charge for services to the private and public sectors.
- Experts in running conferences but also at conducting, publishing, and disseminating research; helping people network; developing individual leadership skills; and building organizational capacity.
- Specialists in economic trends, as well as organizational performance and public policy issues.
- Not a government department or agency, although we are often hired to provide services for all levels of government.
- Independent from, but affiliated with, The Conference Board, Inc. of New York, which serves nearly 2,000 companies in 60 nations and has offices in Brussels and Hong Kong.

## Insights. Understanding. Impact.

### **Aging Well: Implications of an Aging Population for Canada's Physiotherapists**

Greg Sutherland

To cite this briefing: Sutherland, Greg. *Aging Well: Implications of an Aging Population for Canada's Physiotherapists*. Ottawa: The Conference Board of Canada, 2018.

©2018 The Conference Board of Canada\*

Published in Canada | All rights reserved | Agreement No. 40063028 | \*Incorporated as AERIC Inc.

An accessible version of this document for the visually impaired is available upon request.

Accessibility Officer, The Conference Board of Canada

Tel.: 613-526-3280 or 1-866-711-2262 E-mail: [accessibility@conferenceboard.ca](mailto:accessibility@conferenceboard.ca)

®The Conference Board of Canada and the torch logo are registered trademarks of The Conference Board, Inc. Forecasts and research often involve numerous assumptions and data sources, and are subject to inherent risks and uncertainties. This information is not intended as specific investment, accounting, legal, or tax advice. The findings and conclusions of this report do not necessarily reflect the views of the external reviewers, advisors, or investors. Any errors or omissions in fact or interpretation remain the sole responsibility of The Conference Board of Canada.



The Conference Board  
of Canada

255 Smyth Road, Ottawa ON

K1H 8M7 Canada

Tel. 613-526-3280

Fax 613-526-4857

Inquiries 1-866-711-2262

[conferenceboard.ca](http://conferenceboard.ca)

