

COVID-19 Quick Canadian Physiotherapist Survey: Summary of the third (June 12-June 15 2020) pan-Canadian survey of physiotherapists' experiences with COVID-19

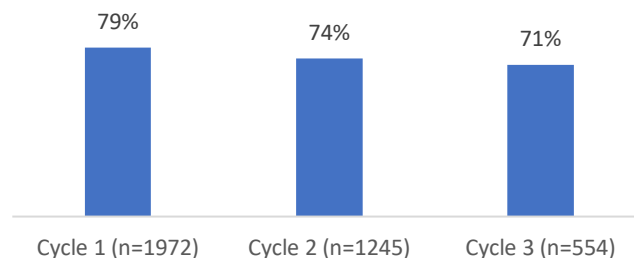
On Friday June 12, BC-Primary Health Care Research Network launched the Cycle 3 of the bi-weekly COVID-19 Quick Canadian Physiotherapist Survey. An email invitation to participate was distributed to physiotherapists through provincial professional associations, as well as via Twitter, and personal networks. The survey remained open until June 15 at 11:59pm PST.

Sample: 554 physiotherapists responded from across Canada. Every province was represented and one territory, with the greatest participation from British Columbia (50%), Ontario (21%), and Quebec (14%). The majority (75%) of physiotherapists reported working in private practice with 37% being clinic owners. Public practice physiotherapists made up 23% of the sample. Over three quarters (81%) of respondents identified as women, one quarter (26%) reported working in a rural setting, 17% worked in a hospital, 54% reported working as part of an interdisciplinary team, and 31% reported that more than half of their patients spoke English or French as a second language.

Main results: Virtual care as part of a hybrid model of physiotherapy practice

- 71% of physiotherapists are offering virtual care
- Of physiotherapists offering virtual care, 61% are providing mostly in-person care with some virtual care, 8% are providing both modes equally, and 24% are providing mostly or exclusively virtual care.

Percentage of physiotherapists providing virtual care



Juggling the provision of both modified in-person care and virtual care while managing easing, yet still ongoing stress

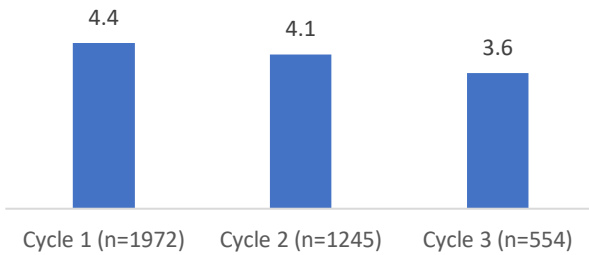
With the gradual easing of physical restrictions in many Canadian provinces, community-based physiotherapists are increasingly providing modified in-person care while also offering offer virtual care.

- Physiotherapists are currently treating an average of 41% of their normal patient caseload either in-person or virtually (varying from 17% in Manitoba to 62% in Quebec)
- Physiotherapists rated the current level of strain on their practice related to COVID-19 as 3.6 on a scale from 1=no impact; 5=high impact.
- Sources of stress include concern about the health of patients who have not had COVID-19 (19%); the future of their own practice (18%), patients who struggle to use virtual care (18%), and a lack of PPE or need to re-use PPE (12%).

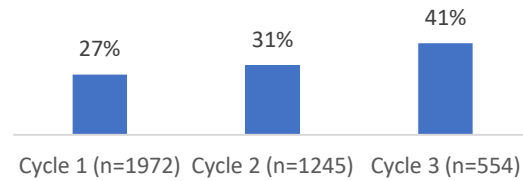
Physiotherapists feel highly valued by patients, yet not by provincial and federal governments

- 78% of physiotherapists feel valued by their patients
- 33% of physiotherapists feel valued by other health professionals
- 19% and 11% of physiotherapists feel valued by provincial and federal governments, respectively.

Physiotherapists level of strain on their practice
(1=no impact; 5=high impact)



Percentage of normal pre-COVID-19 caseload physiotherapists are currently managing



Physiotherapists are continuing to have an active role in the containment and management of COVID-19. Among hospital-based physiotherapists:

- 26% are providing direct care of patients with hospitalized COVID-19
- 37% are providing direct care of patients with or without COVID-19 in a long-term care facility

Policy Recommendations

As the pandemic evolves, physiotherapists are showing resiliency with patient caseloads gradually increasing and levels of stress slowly reducing. COVID-19 forced the rapid implementation of virtual care creating challenges, yet also new opportunities. Physiotherapists have adapted their practice to deliver both modified in-person and virtual care. Physiotherapists feel tremendously valued by Canadian patients, yet less so by other stakeholders. Ongoing support and guidance across levels of government, professional associations, and health care leaders, particularly with regard to virtual care, is critical to support the profession as it continues to navigate these challenging times.

Physiotherapists perspectives on virtual care

Advantages of virtual care

“[Virtual health] allows continuity of care - during Covid, but even moving forward if a patient is mildly ill, travelling, unable to get childcare, unable to get a ride etc.” PT 222

“Telehealth [virtual care] promotes higher adherence to home exercise program and understanding its value.” PT 419

“[Virtual care] has allowed physiotherapists to be able to work during lockdowns. Improve their communication, observation skills, motivational interviewing. For the patients, less hassle to come to the clinic, stay home in own environment, take a bigger roll in own rehab, goal setting and execution of the plan.” PT 167

Disadvantages of virtual care

“The inability to assess strength, joint mobility (manual therapy), hands on treatment. Patients don’t get the benefit of these treatment strategies.” PT 311

“Some patients have zero access [to virtual health] for technological reasons (e.g. can’t afford technology, older, or to want to learn how to use it).” PT 201

“[Virtual health] can affect rapport and trust. And patients may feel they are not getting full assessment/treatment through virtual.” PT 87

