



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie

Position Statement

Primary Health Care

Physiotherapists have an essential role in the delivery of responsive, accessible primary health care to Canadians and their communities. They have the knowledge and skills to actively participate in primary health care models that focus on health promotion, disease prevention and interventions that improve or maintain the health of Canadians.

BACKGROUND

Primary health care is the direct provision of first contact health care services and is responsive to the primary health care needs of the community. It involves access to health care professionals who provide the diagnosis and management of health conditions, injury prevention and health promotion.¹ Primary health care ensures continuity and coordination of care for patients across the lifespan from paediatrics to geriatrics, from prevention to acute care, and from rehabilitation to end-of-life care.

Primary health care delivery models are patient-centred, inter-professional and collaborative models of care. They promote the recognition and utilization of the complementary skills, competencies and expertise of the multidisciplinary team. Primary health care delivery models support communication and collaboration among team members.²

PHYSIOTHERAPISTS AND PRIMARY HEALTH CARE

Physiotherapists are self-regulated, first contact, primary health care professionals. They have established roles within the community and practice in a variety of health care settings including private clinics, hospitals, rehabilitation centres, community centres, in homes, and through community outreach teams. Physiotherapists collaborate with other health care professionals to set and achieve identified treatment goals for patients with acute or chronic conditions and to support patients who require end-of-life care.

Within a primary health care context, a physiotherapist's role is varied and continues to evolve. It includes diagnosis and treatment of acute and chronic conditions within the scope of practice, management of patients with chronic disease, education in disease self-management, case management, and participation in health promotion and injury prevention initiatives. Emerging roles include provision of education to and consultation with other health care professionals, and involvement in research and policy development.²

¹ Health Canada: What is primary health care? Available at: <http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php>. Accessed October 23, 2009.

² Canadian Health Services Research Foundation (CHSRF) Synthesis: Interprofessional collaboration and quality primary health care 2007. Available at: www.chsrf.ca. Accessed September 16, 2009.

Physiotherapists impact quality of life and the cost effectiveness of care by:

- Providing early assessment and intervention
- Improving exercise tolerance and helping maintain or restore optimal function
- Assisting in the prevention and treatment of pain
- Promoting fitness, health and wellness
- Improving client satisfaction in care, including education and guidance on maintenance or improvement in overall function

Early assessment and treatment by physiotherapists result in:

- Reduced volume of referrals to specialists^{3,4}
- Reduced wait times¹
- Increased likelihood that patients will achieve their treatment goals^{3,4}
- Reduced absenteeism from work (for musculoskeletal injuries)⁵
- Better outcomes for the patient^{1,2}
- Cost-effective care and efficient use of health human resources¹⁻⁴

CONCLUSION

The Canadian Physiotherapy Association (CPA) is a strong advocate for the evolving roles of the physiotherapist within primary health care. CPA promotes the role of the physiotherapist in primary health care delivery by encouraging physiotherapists to participate in local/provincial and national primary health care initiatives, in the development of multidisciplinary partnerships and in the expansion of the scope and range of the practice of physiotherapy.

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³ Holdsworth LK, Webster VS, McFayden AK. What are the costs to NHS Scotland of self-referral to physiotherapy? Results of a national trial. *Physiotherapy*. 2007;93:3-11.

⁴ Leemrijse C, Swinkles ICS, Veenhof C. Direct access to physical therapy in the Netherlands: results from the first year in community-based physical therapy. *Physical Therapy*. 2008;88(8):936-946.

⁵ Holdsworth LK, Webster VS, McFayden AK. Are patients who refer themselves to physiotherapy different from those referred by GPs? Results of a national trial. *Physiotherapy*. 2006;92:26-33.