

2012

Description of Physiotherapy

in Canada

research diagnosis

assessment

client-centred services planning



Canadian
Physiotherapy
Association

The heart of the physiotherapy profession...

is understanding how and why movement and function take place. Physiotherapists¹ are highly skilled and autonomous health professionals who provide **safe, quality client-centred physiotherapy through a commitment to service availability, accessibility and excellence**. The profession is shaped by scientific evidence and the education and competencies of the physiotherapists delivering the services. Physiotherapy is grounded in the belief that, to be effective, its services must respond to the changing needs of populations and our health system.

The Canadian Physiotherapy Association (CPA) provides leadership and representation for physiotherapists, physiotherapist assistants and the physiotherapy² profession in Canada. An established description of practice enhances the understanding of the unique and essential role of physiotherapy in the Canadian health care system by the public, health system leaders and other health professionals. The purpose of this description of physiotherapy in Canada is to define what physiotherapy is, the methods physiotherapists use, and the purpose for physiotherapists' action.³ It is complementary to other documents that ground and guide physiotherapy practice such as the Essential Competency Profile for Physiotherapists in Canada (ACCPAP, Alliance, CPA & CCPUP, 2009) and the Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian University Programs (CCPUP, CPA, Alliance & ACCPAP, 2009). A glossary of key terms used in this description is provided at the end of the document.

¹ Physiotherapist and related words are official marks used with permission by registered physiotherapists.

² In this document, the terms physiotherapy and physical therapy are considered synonymous, as are physiotherapist and physical therapist.

³ The reader is advised that there may be provincial regulation or legislation that defines scope and guides practice in specific areas. Readers should contact the relevant provincial regulatory body for details.

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A number of overarching assumptions provide the foundation for the content of this description:

- The profession of **physiotherapy** is committed to client-centered services that respect the autonomy and dignity of the recipient. Physiotherapists are bound by ethical principles to act with integrity, accountability and judgement in the best interests of the client. Physiotherapists act within the profession's scope and the professional's own competency.
- **Physiotherapy** is a recognized health profession that evolves through integrating critical appraisal of new knowledge with research, education and practice.
- A **physiotherapist's** practice may involve clients of all ages in a variety of settings providing health services in many contexts from wellness, health promotion and prevention, acute care and rehabilitation, to disability and disease management.
- **Physiotherapists** exercise independent professional judgement in unique, complex and uncertain situations. Their services are designed to achieve optimal health outcomes and utilize resources efficiently and safely.
- **Physiotherapists** act as members and leaders of health teams and have a responsibility to both respect the roles of team members and to initiate intervention in their own area of expertise.

Summary Statement

Physiotherapy is a primary care, autonomous, client-focused health profession dedicated to improving quality of life by:

- Promoting optimal mobility, physical activity and overall health and wellness;
- Preventing disease, injury, and disability;
- Managing acute and chronic conditions, activity limitations, and participation restrictions;
- Improving and maintaining optimal functional independence and physical performance;
- Rehabilitating injury and the effects of disease or disability with therapeutic exercise programs and other interventions; and
- Educating and planning maintenance and support programs to prevent re-occurrence, re-injury or functional decline.

Physiotherapy is anchored in movement sciences and aims to enhance or restore function of multiple body systems. The profession is committed to health, lifestyle and quality of life. This holistic approach incorporates a broad range of physical and physiological therapeutic interventions and aids.

Physiotherapy services are those that are performed by physiotherapists or any other trained individuals working under a physiotherapist's direction and supervision.

Primary Functions

Physiotherapists utilize diagnostic and assessment procedures and tools in order to develop and implement preventive and therapeutic courses of intervention. They apply a collaborative and reasoned approach to help clients achieve their health goals, in particular focusing on the musculoskeletal, neurological, cardiorespiratory and multi-systems. Within these systems, physiotherapists practice

in areas that include paediatrics, geriatrics, oncology, women’s health, pain, critical care, wound care, occupational health and sports medicine.

Physiotherapists analyze the impact of injury, disease, disorders, or lifestyle on movement and function. Their unique contribution to health care is to promote, restore and prolong physical independence by enhancing a client’s functional capacity. Physiotherapists encourage clients to assume responsibility for their health and participate in team approaches to health service delivery.

Table 1

Physiotherapy Interventions

Physiotherapy interventions include, but are by no means limited to, the following broad categories:

- Education, consultation, health promotion and prevention services.
- Personalized therapeutic exercise including testing and conditioning, neurotherapeutic approaches to improve strength, range of motion, and function.
- Soft tissue and manual therapy techniques; including massage, spinal and peripheral joint mobilization and manipulation.
- Physical, electrotherapeutic and mechanical agents; and acupuncture.
- Cardiorespiratory techniques including airway clearance methods.
- Skin and wound care.
- Management of incontinence including pelvic floor re-education.
- Functional activity and tolerance testing and training.
- Work and occupational re-training and return to work planning.
- Prescription, fabrication and application of assistive, adaptive, supportive and protective devices and equipment.
- Environmental change, focusing on removing barriers to function.

Physiotherapy encompasses, but is not limited to:

Assessment of clients with actual or potential impairments, pain, functional limitations, disabilities or other health-related conditions using detailed history-taking, as well as specific tests and measures for screening, establishing a diagnosis and monitoring.

Analysis of assessment findings to identify the nature and extent of the client's impairments, activity limitations, and participation restrictions within the context of the client's needs.

Diagnosis resulting from assessment findings and clinical reasoning to determine abilities, functional needs and potential for change.

Planning an intervention strategy that is consistent with the client's goals, general health status, functional needs, and assessment findings and that incorporates the application of selected approaches and techniques supported by the best evidence available.

Implementing selected interventions safely to relieve pain; achieve and maintain mobility, health and fitness, functional independence and physical performance; and manage the identified impairments, disabilities and limits to participation (See Table 1).

Evaluation of health status through use of appropriate measurable outcomes as a baseline for monitoring or to determine the result, impact or effectiveness of physiotherapy intervention.

Education of the profession, other health professionals, the public and clients and their families with the intention of transferring knowledge and skills and developing understanding, independence and competence.

Consultation that provides professional advice and solutions addressing a wide range of health service and health status issues.

Research that encompasses the application of critical inquiry, as well as participation in or assessment of findings from research activities.

Service management related to planning, directing, organizing and monitoring service delivery and effective utilization of resources.

Communication with clients, team members and others to achieve collaboration and service coordination.

Advocacy on behalf of clients and the profession to enhance individual and community health including health and wellness promotion and disease prevention.

Lifelong learning to continuously develop knowledge and skills for the purpose of improving client outcomes and physiotherapy practice.

Practice Settings

Physiotherapists work in private and public settings providing client and/or population health interventions as well as management, educational, research and consultation services. This broad range of settings may include but is not limited to the following:

- Child-development centres
- Community health centres
- Government/health planning agencies
- Health clubs/Fitness centres
- Hospices
- Hospitals
- Individual homes/home care
- Insurance companies
- Nursing Homes/long term care facilities
- Occupational health centres
- Outpatient/ambulatory care clinics
- Physiotherapy clinics/practices/private offices
- Prisons
- Public settings for health promotion
- Rehabilitation Centres
- Research facilities
- Seniors centres/residences
- Schools/universities/colleges
- Sporting events/field settings
- Sports medicine clinics
- Work sites/companies

Physiotherapists have a university-based education that provides a foundation of modern science for the profession. Entry-level physiotherapy education takes place in one of fourteen university programs across Canada, and is at a professional, course-based Master's level. Many programs also offer Clinical Master's and/or thesis-based Master's and Doctorate programs in rehabilitation or physiotherapy-related disciplines. Post-graduate certifications relevant to the profession are also available at many universities. All university physiotherapy education programs are accredited with Physiotherapy Education Accreditation Canada (PEAC).

The entry-level educational curriculum includes, but is not limited to, the study of:

biological sciences (e.g. human anatomy, human physiology, pathology, pathokinesiology); applied sciences (e.g. human development, biomechanics and exercise physiology); clinical sciences (e.g. physical and functional pharmacology); scientific inquiry (e.g. research, statistics, literature reviews) and professionalism and ethics (e.g. health policy, legislation and regulation, interdisciplinary practice, management). Psychosocial sciences (e.g. psychology, sociology, cultural anthropology) are also foundational to a physiotherapist's education, and are often studied prior to or concurrently with the entry-level physiotherapy program.

In addition, professional practice or clinical education forms an integral part of the curriculum. Students participate in a minimum of 1,025 supervised professional practice hours, carried out in a variety of settings. The combination of clinical and academic education provides opportunities to integrate knowledge, skills and behaviours required for practice and leads to the development of entry-level physiotherapists who act with authority, competence and leadership.

Physiotherapists keep abreast of information to ensure that the best evidence available guides and supports practice. The range and appropriateness of the intervention techniques and approaches used may change over time due to emerging evidence, service demands, technology, and practice settings. By monitoring the development of physical and physiological approaches and the expansion of alternative therapies, such approaches are incorporated into practice and considered complementary therapies when sufficient scientific evidence is available.

Physiotherapy is the art and science underlying movement and function, whereby physiotherapists make clinical judgements and apply their skills to develop a client's functional abilities. Physiotherapists have the opportunity to develop expanded skills and advanced competence through experience, additional post-graduate education and training, continuing professional development and research. Historically, physiotherapists with advanced clinical skills, professional judgement and clinical reasoning were delegated advanced practice activities such as ordering x-rays and blood tests, and screening for orthopaedic surgery. However, the face of physiotherapy across Canada is changing in response to changes in population health and demands of the health system. Canada is seeing an evolution of the physiotherapy profession, in which previously-designated advanced practice activities become adopted within the legislative scope of practice, in turn allowing for a broadening of the physiotherapist's role.

The profession now also formally recognizes the clinical specialist in physiotherapy. A clinical specialist in physiotherapy practices at an advanced clinical level within a recognized physiotherapy specialty area, such as women's health, pain or oncology. Clinical specialty practice in physiotherapy has emerged as an indication of the profession's maturity and advancement, and benefits the public and profession by promoting higher standards of physiotherapy.

The physiotherapy profession is a self-regulated and recognized health profession in Canada. Physiotherapists are primary care practitioners whereby clients may directly access their services. Practice has evolved to a high level of professional autonomy that is supported by legislation in all jurisdictions in Canada.

Physiotherapy is exclusively performed by a physiotherapist or another trained individual working under a physiotherapist's direction and supervision. CPA emphasizes that an assessment or evaluation – unless provided by a physiotherapist – is not physiotherapy, nor should it be represented or funded as such. Although the titles physiotherapist and physical therapist, including their abbreviations and equivalents in other languages, are protected titles under all provincial and territorial legislation, the practice terms are not. CPA believes that the practice terms physiotherapy and physical therapy should receive legislative protection in all Canadian jurisdictions and be reserved for use by the regulated physiotherapy professional. Protection of title and clarity of professional activity is considered important for the protection of the public.

Glossary

Alternative therapies

often used to describe independent healing approaches and techniques used in place of conventional treatments or mainstream medicine.

Assessment

includes, but is not limited to, examination of joint integrity and mobility, gait and balance, muscle performance, motor function, cardiorespiratory function, pain, neuromotor and sensorimotor development, posture, cardiovascular and work capacity, cognition and mental status, skin condition, accessibility and environmental review. (ACCPAP, Alliance, CPA, & CCPUP, 2009)

Autonomous

exercising the ability to make one's own judgements; free from the control of others.

Client

may be a person, family, group, community or organization receiving professional services, products or information. A client may also be a patient. (Adapted from the College of Physiotherapists of Ontario, 1996)

Client-centred practice

a (health care) service wherein the client's goals, expectations, needs and abilities are the focus of all interventions.

Competencies

(see *Essential Competencies*)

Complementary therapies

often used to describe approaches and techniques that are used along with conventional therapy and practice.

Diagnosis

a process that arises from examination and evaluation and represents the outcome of the process of clinical reasoning; may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/disabilities, or syndromes; diagnosis is both a process and a label. The diagnostic process performed by the physiotherapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physiotherapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (World Confederation for Physical Therapy, 2007)

Disability

an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. (World Health Organization, accessed September 2011)

Essential Competencies

the repertoire of measurable knowledge, skills and attitudes required by a physiotherapist at the beginning of and throughout his or her professional career. (ACCPAP, Alliance, CPA, & CCPUP, 2009)

Evaluation

the process of determining the result, impact or effectiveness of physiotherapist management in relation to the client's needs, goals and outcomes established with the client.

Evidence-informed practice

takes the best current research evidence into account along with the integration of clinical expertise and client values in the decision-making process. (ACCPAP, Alliance, CPA, & CCPUP, 2009)

Health

a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. It is the extent to which an individual or group is able, on the one hand to realize aspirations and satisfy needs, and on the other hand, to change and cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capabilities. (World Health Organization, 1998)

Health promotion

the combination of educational and environmental supports for actions and conditions of living conducive to health; the process of enabling people to increase control over, and to improve, their health. (World Health Organization, 1998)

Impairment

problems in body function or structure as a significant deviation or loss; are the manifestation of an underlying pathology; can be temporary or permanent, progressive, regressive or static, intermittent or continuous, slight through to severe. (World Health Organization, 2001)

Movement sciences

reflect the integration of biomechanics, ergonomics, motor control, learning, and exercise. Physiotherapists apply movement sciences through preventative and rehabilitative strategies and exercise prescription to promote health, activity and participation across a continuum of ages and abilities in the context of personal and environments factors. (adapted from CCPUP, CPA, Alliance, & ACCPAP 2009)

Occupation

refers to everything that people do during the course of everyday life; occupation gives meaning to life, is an important determinant of health, well-being, and justice, organizes behaviour, develops and changes over a lifetime, shapes and is shaped by environments, and has therapeutic potential. (Canadian Association of Occupational Therapists, accessed September 2011)

Outcome

a characteristic or construct that is expected to change as a result of the provision of a strategy, intervention, or program. A successful outcome includes improved or maintained physical function when possible, the slowing of functional decline where status quo cannot be maintained, and/or the outcome is considered meaningful to the client. (Finch *et al.*, 2002)

Physiotherapist

used interchangeably with physical therapist to describe the primary health service practitioner licensed or registered to use that title. The titles physiotherapist and physical therapist, including their abbreviations and equivalents in other languages, are protected titles under provincial and territorial legislation.

Physiotherapy intervention

the purposeful interaction of the physiotherapist with the client, and, when appropriate, with other individuals involved in client care, using various physiotherapy procedures and techniques to produce changes in the client's condition and to meet established client-centred goals and health outcomes. (adapted from American Physical Therapy Association, 2001)

Planning [physiotherapy intervention]

the process of developing the most appropriate (intervention) strategy for a client based on the assessment findings, analysis and interpretation, the client's needs, goals and desired outcomes. (adapted from College of Physiotherapists of Ontario, 1996)

Prevention

encompasses health promotion activities that encourage healthy living and limit the initial onset of both mental and physical illness and disease; embraces early detection efforts, such as screening at-risk populations, as well as strategies for appropriate management of existing illnesses, diseases and related complications. (adapted from Centers for Disease Control and Prevention, 2009)

Prognosis

a broad statement that predicts a patient's likely status, or degree of change, at some time in the future; at the level of the individual, a prognosis provides the practitioner and patient with critical information, including the patient's expected future health status, likely response to intervention, and likely duration of treatment. (Beattie PF and Nelson RM, 2007)

Rehabilitation

a goal-orientated and time-limited process aimed at enabling an impaired person to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides (the person) with the tools they need to attain independence and self-determination. (adapted from World Health Organization, accessed September 2011)

Scope of Practice

a profession's scope of practice encompasses the services its practitioners are educated, competent and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners. The actual scope of practice of individual practitioners is influenced by their continuing professional education, the settings in which they practice, the requirements of the workplace, and the needs of their patients or clients. (Alliance, CPA & CUPAC, 1998)

Therapeutic exercise

the prescription of activities to correct an impairment, improve function and support wellness; designed to improve physical tolerances and endurance, increase strength, improve cardiorespiratory fitness, improve balance and coordination, increase flexibility, enlarge range of motion, promote relaxation, or otherwise increase a person's exercise performance and functional capacity.

Wellness

an active process through which people become aware of, and make choices toward, a more successful existence; a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being. (adapted from National Institute of Wellness, accessed September 2011)

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