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WRITTEN SUBMISSION FOR THE DEPARTMENT OF FINANCE 2025–26 PRE-BUDGET CONSULTATION

2025

Canadian Physiotherapy Association
Association canadienne de physiothérapie

www.physiotherapy.ca

RECOMMENDATIONS

1. Implement Student Loan Relief for Physiotherapists by September 1st, 2025
2. Include Foot Orthoses for Patients with Diabetes in the Diabetes Device Fund for Devices and Supplies
3. Empower Physiotherapy Professionals with Scope of Practice Reforms
4. Comprehensive Support for Internationally Trained Physiotherapists, to Enable Safe and Efficient Care

HEALTHCARE NEEDS PHYSIOTHERAPY AT THE TABLE

One of the most pressing issues in Canadian healthcare today is the lack of access to timely and appropriate care, exacerbated by emergency room closures, backlogs in medical procedures, and labour shortages. Canada's primary healthcare system and providers continue to face system pressures and workforce challenges. Left unaddressed, these challenges will lead to more burnout of primary care providers and enhanced stress on the system.

However, confronting the challenges head-on presents an opportunity for system-wide transformation that empowers and utilizes the full skillset of other regulated healthcare providers. This shift has already begun to change the conversation around Canada's health workforce needs and how policymakers and providers can address them.

Where their unique skills are optimized, physiotherapy professionals have the capacity to support both patients and other primary health care providers. Their extensive training and evidence-informed approach ensures safe, effective, and equitable care. Evidence shows that increased access to physiotherapy can reduce the burden of illness by hundreds of millions of dollars each year.

The **Canadian Physiotherapy Association (CPA)** sees this every day. Our profession works with patients to treat a wide range of conditions affecting the musculoskeletal, neurological, and respiratory systems. This care helps patients move with more ease, live with less pain and increased stability, facilitating their return to good health.

Our profession works with primary care colleagues and collaborates with doctors, nurses and other specialized physicians, such as orthopaedic surgeons – within a collaborative, team-based care model. However, this is currently only a fraction of what is possible, and many of the solutions lie upstream of the healthcare facilities where treatment occurs.

$144 Million — Economic benefit of an expanded physiotherapy profession on the three diseases studied.

$236 Billion — Illness costs the Canadian economy per year.

$232 Million — The amount of money that physiotherapy is already saving the Canadian economy.[1]

Having received comprehensive training in assessment, diagnosis, and treatment of a wide range of conditions, physiotherapy professionals are first-contact providers, reducing the need for referrals from family physicians and expediting patient access to care. This expanded role not only enhances access but also contributes to significant cost savings.[2] **More than $144 million can be saved annually by expanding access to physiotherapy to treat osteoarthritis, back pain, and coronary heart disease alone.[3]**

Overcoming barriers such as regulatory constraints and funding policies is essential. Every recommendation in this submission seeks to optimize the role and expertise of physiotherapy professionals in Canada. **Our recommendations will improve equitable access to care and reduce wait times for patients.**

However, achieving this requires the inclusion of physiotherapy professionals in broader health workforce planning discussions alongside other primary care providers. The recent appointment of a distinguished physiotherapist to the National Senior's Council should be replicated at all tables where health workforce planning is being discussed. By empowering our existing healthcare professionals, we can ensure that our healthcare system is equipped with the knowledge and resources to address population needs, and the expertise required for sustainable health system decision-making.

RECOMMENDATION 1

Implement Student Loan Relief for Physiotherapists by September 1st, 2025

The CPA was pleased to see the inclusion of physiotherapists, along with other professions, in the 2024-25 Budget proposal to extend student loan relief to graduates practicing in rural and remote areas. Barriers to access are often geographic, as Canadians in rural and remote locations struggle to receive the same level of care as those in more densely populated areas. The CPA recognizes that the government is moving forward with regulations that enable this student loan forgiveness to take effect, with a target implementation date of fall 2025.

The CPA is supportive; however, we believe that a concrete deadline is necessary to provide certainty for physiotherapy students. **The CPA recommends that the government set a target deadline of September 1st for implementing the regulations.**

> We are delighted by the news of the CSFA expansion to physiotherapists and know that physiotherapy professionals are ready to embrace this opportunity. This is a monumental step toward ensuring Canadians have access to equitable, accessible, and timely physiotherapy care, no matter where they decide to reside, including underserved and remote communities."
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> Allison Stene
> CPA President, Board of Directors

RECOMMENDATION 2

Include Foot Orthoses for Patients with Diabetes in the Diabetes Device Fund for Devices and Supplies

Physiotherapy has a unique role in managing chronic conditions like diabetes. Physiotherapy professionals have expertise in exercise management and can help people living with diabetes stay active, which is a first-line treatment for diabetes management. A physiotherapist's involvement in the early assessment of individuals with diabetes increases care comprehensiveness and improves care outcomes.

Leveraging their strong understanding of movement and function, physiotherapists can help prevent and minimize complications associated with diabetes, including foot ulcers, by assessing the necessity for and supporting the use of devices like foot orthoses.

Foot orthoses

What are they?

Orthoses are devices (braces or splints) used to support the posture or alignment of certain body parts.

People with diabetes may wear foot orthoses in their shoes to decrease pressure under parts of the feet with, or at risk of, an ulcer.

In Canada, foot orthoses are fabricated and fitted by qualified professionals, such as Certified Orthotists, podiatrists, or pedorthists, but access to prescribers can be limited. Enabling physiotherapists to be listed as eligible prescribers of foot orthoses can help address this limited access.

Diabetes-related foot ulceration (DFU) can lead to disability, mortality, and significant healthcare costs. In Canada, nearly a quarter of the 5.8 million Canadians[4] living with diabetes will be affected by a DFU in their lifetime, with a 20% associated risk of limb amputation.[5,6]

Physiotherapists are key members of interprofessional diabetes teams who assess circulation, sensation, skin integrity, and foot and lower extremity biomechanics.[7] They can identify those at risk for DFU and those who would benefit from professionally fitted foot orthoses, which improve joint support and control, minimize foot deformity development and progression, distribute pressure and weight evenly, and increase comfort.[8,9] Orthoses aid in both healing and prevention of foot ulcers.

> Better patient outcomes depend on early detection and referrals for expert orthotic care. Working with Physiotherapists, Certified Orthotists play a critical role in preventing DFUs and reducing the risk of amputation."
>
> Allan Blyt, CPO(c)
>
> Certified Prosthetist Orthotist, Chair OPC Partnership & Advocacy Committee

The Diabetes Device Fund presents an opportunity to ensure equitable access to necessary supplies and devices for those living with diabetes. To optimize the accessibility of the fund and support early prevention of DFU, it is essential that physiotherapists are listed as eligible prescribers of professionally fitted foot orthoses. **While provincial partnerships may be necessary to deliver the Diabetes Device Fund, the federal government, as the creator of the fund, holds leverage over its design and scope.** It should not delegate decisions around coverage to the provinces but instead, adopt an evidence-informed approach to determining which devices are eligible upfront for coverage and be prescriptive.

We recommend including foot orthoses prescribed by physiotherapists in the Diabetes Device Fund to enhance treatment accessibility and reduce healthcare costs associated with DFU management and prevention. This inclusion not only improves patient quality of life but also significantly reduces healthcare spending. Further, we encourage the federal government to develop its own scope for eligible devices under the fund, rather than allowing for a province-by-province, ad hoc approach that could create barriers to equitable access. Utilize the evidence to make a direct requirement for the basket of supplies to the provinces.

RECOMMENDATION 3

Empower Physiotherapy Professionals with Scope of Practice Reforms

Adopting a comprehensive, pan-Canadian scope of practice for physiotherapy professionals, and addressing current limitations to scope in various jurisdictions, can significantly enhance the quality of care provided to Canadians.

The federal government, in collaboration with provinces, has made meaningful strides in recent years to expand the scope of practice for some health professionals. This work, initiated with the healthcare funding agreements of 2023, demonstrates that when the Canadian healthcare system leverages the full talents of healthcare workers, solutions to alleviate system pressures and barriers to access are readily available. The federal government should continue this momentum by focusing next on collaborating with provinces to ensure physiotherapists can practice to their full scope in all Canadian provinces.

Progress is already evident in select provinces. For example, Nova Scotia is updating health regulations to reflect the contemporary scope of practice for physiotherapists. Ontario has passed health legislation expanding the scope of practice for several healthcare professionals, and a recent Ontario Health draft recommendation supports publicly funding pelvic floor muscle training for people with incontinence and pelvic organ prolapse, citing evidence that physiotherapist-supervised interventions improve quality of life, function and generate cost savings. PEI has also announced a pilot offering free pelvic floor physiotherapy to Islanders that are under- or *uninsured*.

These are positive signs. If more provinces committed to regulatory modernization, they could expect to see a more resilient and flexible healthcare system with fewer bottlenecks, better treatment, and lower costs.

As a first step in harmonizing scope across the country, **we recommend that the federal government support and encourage provinces and territories to take action to enable physiotherapists to work to their full scope, including by allowing them to order diagnostic imaging.** Currently, physiotherapists can order diagnostic imaging in some provinces but not others. For example, ordering diagnostic imaging (x-rays) is within the scope of practice in the province of Quebec as an authorized act. In Ontario, the ability for physiotherapists to order diagnostic imaging is still pending the completion of regulatory changes.

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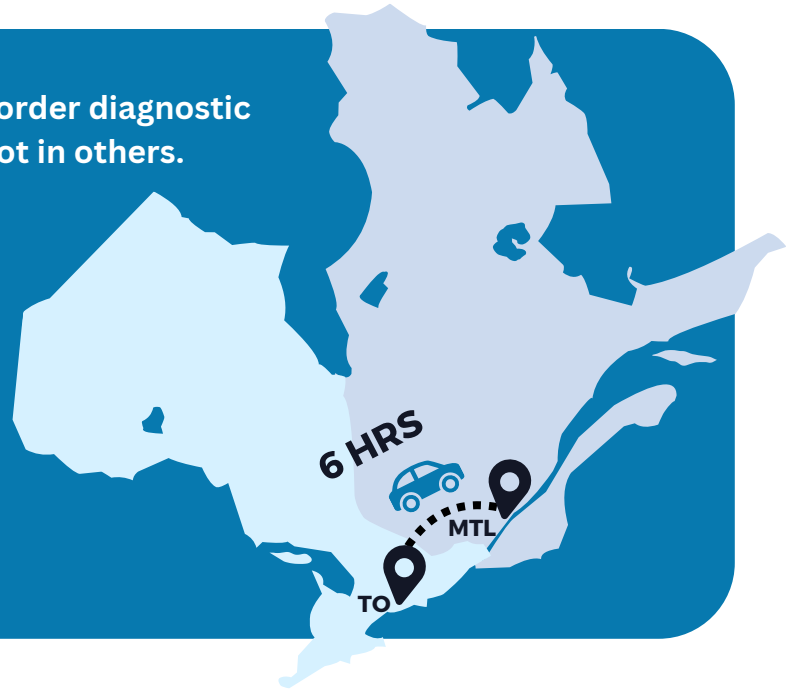

Empowering physiotherapists to order diagnostic imaging directly will reduce wait times and lead to quicker initiation of care for patients,[10,11] which can prevent further deterioration and result in better health outcomes for Canadians.[12,13] It can also help alleviate the current burden on physicians and other healthcare providers,[14] freeing them to focus their expertise on more complex cases.

Through extensive training, physiotherapists are well-equipped to make decisions about the need for diagnostic imaging based on their comprehensive assessments. To optimize Canada's healthcare system, they must be enabled to practice at their full potential.

RECOMMENDATION 4

Comprehensive Support for Internationally Trained Physiotherapists, to Enable Safe and Efficient Care

As the Canadian healthcare system remains under sustained pressure, the federal government has sought internationally trained healthcare providers through priority immigration streams. The Canadian Institute for Health Information reports that nearly 1 in 4 physiotherapists in Canada were educated internationally, with this trend continuing to grow. Over the past 5 years, the average annual growth rate of internationally educated physiotherapists (IEPTs) was 9.0%. Canada is a major beneficiary of IEPTs, who view our country as an attractive location to work, live and provide care to patients.

However, once in Canada, many internationally educated healthcare workers face barriers to licensure and sustainable work. IEPTs must first apply for their educational credentials to be reviewed, pass a language proficiency test, challenge a national competency exam, and then pass a provincial regulator test before registering in their province of practice.

> IEPTs play a vital role in enhancing Canadians' access to healthcare and wellbeing, yet many face significant challenges during the credentialing process across Canada. There is an urgent need to streamline this process to ensure their smooth integration into the physiotherapy workforce. Also, Bridging Programs are crucial in facilitating IEPTs' transition into the Canadian healthcare system, helping them navigate the challenges and integrate more effectively."
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> **Manuel Seminario Valle**
> IEPT (Peruvian, educated in Brazil)

This process results in delays between arrival and the ability to practice, which are burdensome and discourage IEPTs and contribute to the ongoing shortage of healthcare providers across the country. The long waiting periods to have their credentials evaluated also limit integration, preventing IEPTs from earning a salary commensurate with their training.

The federal government can help newly arrived IEPTs by taking two concrete actions:

1. Support the work already underway between the Canadian Alliance of Physiotherapy Regulators (CAPR) and provinces like British Columbia to develop fast-track credentialing pathways for qualifying IEPTs; and
2. Support new initiatives and existing Bridging Programs for IEPTs in Canada so that they can begin the integration process and start practicing as soon as possible.

The CAPR program with British Columbia is new but promising. It identifies countries where comparable eligibility and practice for physiotherapists, such as Australia, Hong Kong, Ireland, New Zealand, South Africa, the United Kingdom, and the USA. The pre-approved credentialling pathway is expected to reduce barriers to practice for those IEPTs, allowing them to begin supporting patients more quickly after arrival.

> Creating different pathways for internationally educated physiotherapists makes sense and will benefit both the individual physiotherapists and the Canadian health care system. CAPR wants to ensure qualified physiotherapists can enter the profession as quickly as possible. Once in practise, these physiotherapists will be able to provide care to Canadians."
>
> **Bob Haennel**
> Chief Executive Officer of CAPR

Financial support for existing and new Bridging Programs will help bridge the gap between immigration and entry into practice, ensuring that IEPTs are supported as they transition into the Canadian healthcare system and workforce.

Physiotherapy Bridging Programs are currently established in five universities across Canada – The University of Toronto, The University of Alberta, McGill University, L'Université de Montréal, and The University of British Columbia. These programs include virtual learning, in-class sessions, and clinical internships, allowing learners to remain in their chosen geographical area for work while building a professional network.

These programs are effective in preparing learners for licensing exams, adapting their expertise to the Canadian context, providing full scope clinical practice experiences, and integrating internationally educated colleagues into a meaningful network of healthcare professionals. Bridging Programs also significantly improve pass rates for licensure exams (84% pass rate after program completion compared to 57% pass rate for people who do not participate in bridging programs) and provide clinical experiences that improve the sustainability of IEPTs in the workforce.[15]

Given our current acute shortage of physiotherapy professionals, the need to recover from the pandemic, the aging population, our culturally diverse population, and the key role that physiotherapy plays in the rehabilitation of Canadians, it is critical to increase the scale and reach of Physiotherapy Bridging Programs. Increased access to these programs will improve the sustainability of internationally educated physiotherapists entering the Canadian health workforce.

About the Canadian Physiotherapy Association

The Canadian Physiotherapy Association (CPA) represents physiotherapy professionals, including registered physiotherapists, physiotherapist assistants, physiotherapy technologists and students across Canada. Physiotherapy professionals provide essential expertise, rehabilitative care, and treatment, enabling Canadians to live well and actively participate in all facets of their lives.

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CITATIONS

[1] Deloitte. (December 2023). Economic Impact of Physiotherapy in Canada. Retrieved online: PowerPoint Presentation (physiotherapy.ca)

[2] Ibid.

[3] Ibid. p. 44.

[4] Diabetes Canada. (2024). Diabetes in Canada; Estimated prevalence and cost of diabetes. Retrieved online: https://www.diabetes.ca/advocacy---policies/advocacy-reports/national-and-provincial-backgrounders/diabetes-in-canada

[5] Zamzam, A., McLaren, A. M., Ram, E., Syed, M. H., Rave, S., Lu, S. H., Al-Omran, M., & de Mestral, C. (2023). A novel Canadian multidisciplinary acute care pathway for people hospitalised with a diabetic foot ulcer. *International Wound Journal*. doi: 10.1111/iwj.14214

[6] Yazdanpanah, L., Shahbazian, H., Nazari, I., Arti, H. R., Ahmadi, F., Mohammadianinejad, S. E., Cheraghian, B., & Hesam, S. (2018). Incidence and Risk Factors of Diabetic Foot Ulcer: A Population-Based Diabetic Foot Cohort (ADFC Study)-Two-Year Follow-Up Study. *International journal of endocrinology, 2018*, 7631659 https://doi.org/10.1155/2018/7631659

[7] Proctor C. The Role of Physiotherapists and Kinesiologists in Physical Activity Interventions for Diabetes Management in Primary Care Settings: A Modified Delphi Study. [Winnipeg]: University of Manitoba; 2023.

[8] Zamzam, n 4

[9] Chang MC, Choo YJ, Park IS, Park MW, Kim DH. (2022). Orthotic approach to prevention and management of diabetic foot: A narrative review. *World Journal of Diabetes*, Nov 11;13(11):912. doi: 10.4239/wjd.v13.i11.912

[10] Gunnel Peterson, Marie PortstrÖm, Jens Frick, Extended roles in primary care when physiotherapist-initiated referral to X-ray can save time and reduce costs, *International Journal for Quality in Health Care*, Volume 33, Issue 3, 2021, mzab122, https://doi.org/10.1093/intqhc/mzab122

[11] College of Physiotherapists of Alberta. (September 29, 2022). Public Funding for Diagnostic Imaging Ordered by Physiotherapists. Retrieved online: https://www.cpta.ab.ca/news-and-updates/news/public-funding-for-diagnostic-imaging-ordered-by-physiotherapists/

[12] Sarah R Golding, Jo Jackson. (December 9, 2023). First contact physiotherapists: are they able to reduce the burden on rheumatology services? A critical review of the evidence base, *Rheumatology Advances in Practice*, Volume 8, Issue 1, 2024, rkad109, https://doi.org/10.1093/rap/rkad109

[13] Lewis AK, Harding KE, Snowdon DA, Taylor NF. (2018). Reducing wait time from referral to first visit for community outpatient services may contribute to better health outcomes: a systematic review. *BMC Health Serv Res*. 2018 Nov 20;18(1):869. doi: 10.1186/s12913-018-3669-6. PMID: 30458761; PMCID: PMC6245820.

[14] Gunnel, n 10

[15] University of Toronto Physical Therapy Department. (2025). Ontario Internationally Educated Physical Therapy Bridging Program. FAQ: OIEPB Program. Retrieved online: https://oiepb.utoronto.ca/faq/