

PHYSIOTHERAPISTS IN PRIMARY HEALTH CARE

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WHAT IS A PHYSIOTHERAPIST?

Physiotherapists¹ are highly skilled...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 system²

Only individuals registered with the College of Physiotherapists of Ontario can call themselves physiotherapists or physical therapists³. Only physiotherapists complete university degrees in physiotherapy as the entry level educational requirement for the profession. Though others may suggest that they are providing physiotherapy services, this is not the same as receiving physiotherapy from a registered physiotherapist. As partners, registered physiotherapists and the College share the responsibility and accountability to self-regulate, ensuring that patients and clients receive the highest standard of safe, quality care from a qualified professional. Physiotherapists are accountable for meeting the legal, regulatory and professional standards of practice requirements for their practice including meeting standards for liability insurance coverage⁴. A registered physiotherapist may also direct and supervise trained physiotherapist assistants or support personnel in providing high-quality physiotherapy services.

A Physiotherapist (PT) supports individual and population wellness in their community by:

- Promoting physical activity and overall health;
- 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 SERVICES IN PRIMARY CARE

Physiotherapists have the skills and competencies to support individuals and populations across the continuum of care, including health promotion and illness prevention, self-management, treatment and rehabilitation. Physiotherapists can assess and treat individuals across the life-span who have illness, injury or disability affecting the neuro-musculoskeletal, cardiopulmonary, vascular, and neurological systems; they also promote

wellness and increased quality of life through education, specialized programming and a holistic approach to care.

Evidence in support of the many roles and benefits of physiotherapists in primary health care can be found at the end of this document.

The following examples are some of the roles and activities of physiotherapists in primary health care:

- Assessment, diagnosis, treatment including individualized exercise programs, self-management and education for patients with musculoskeletal complaints
- Assessment, diagnosis, treatment, education and management programs for incontinence and pelvic pain
- Assessment and treatment for those with neurological conditions such as stroke and Parkinson's
- System navigation assistance for those who need to access physiotherapy and other services in the community
- Mobility aides assessment and assistance in navigating funding options for devices
- Falls prevention programs including outreach programs in community
- Collaborative triaging for specialist care for musculoskeletal conditions
- Assessment and triaging for back pain including providing self-management program and education, referral to community-based treatment programs and identification of need for additional diagnostics, specialist referral
- Assessment, education, self-management programs and counseling for increased activity for those with obesity, pre-diabetes, diabetes, arthritis and other chronic diseases
- Facilitate linkages with community programs, assessment of appropriateness of programs for those with chronic conditions including pain management, providing counseling on safe participation for those with chronic conditions
- Pain management programs, counseling and education on self-management techniques for those with chronic pain issues.
- Assessment, individualized self-management programs and treatment for those with mobility and pain issues related to cancer including those in palliative phase
- Support and education for caregivers for assistance of those with chronic diseases including prevention of injury programs for caregivers
- Return to work programs
- Individualized self-management and lung health programs which teach patients skills to manage their acute periods and counseling for those with chronic cardiorespiratory conditions such as asthma, COPD and deconditioning after illness.
- Osteoporosis education and individualized self-management programs



Physiotherapists may also order certain diagnostics (e.g. x-rays, CAT scans, ultrasound, MRI, specific laboratory tests) through delegation or medical directives, provided that they are within the scope of practice of physiotherapy.

Physiotherapists with additional training may also perform the following authorized activities:

- treating a wound below the dermis
- assessing or rehabilitating pelvic musculature for the treatment of incontinence or pelvic pain
- administering a substance by inhalation
- acupuncture
- spinal manipulation
- tracheal suctioning

Physiotherapists who perform these authorized activities are rostered with the College of Physiotherapists of Ontario.

OTHER BENEFITS OF INTEGRATING PHYSIOTHERAPY SERVICES

As members of an integrated primary health care team physiotherapists can make a significant contribution to continuously improving the quality of the care experience, improving health in populations, managing per capita costs and improving team function. Recent research reports that many primary care providers support the integration of physiotherapists into primary care settings.⁵

In their summary of current literature which mostly focused on the integration of physiotherapy in primary health care setting, Cott et al., (July 2004) found that where this integration had occurred the results included:

- Increased levels of satisfaction with service by both the patients and the physicians,
- Decreased wait times,
- Increased cost effectiveness when compared to institutional care,
- Reduced rates of referral to specialists, and
- Improved outcomes for patients including quality of life measures.⁶

There is compelling evidence supporting physiotherapy as a cost-effective solution for addressing musculoskeletal conditions and chronic disease in primary health care. In North America 27.8% of patients presenting to a primary care physician have a chief symptom that is directly related to the musculoskeletal system.⁷ Given the extent of consultations of a musculoskeletal nature in primary care in Ontario and the proven effectiveness of physiotherapy interventions for acute and chronic physical conditions, physiotherapists are



well positioned to complement family physicians, nurse practitioners and their teams in managing the health needs of patients with chronic pain, chronic disease, acute or chronic musculoskeletal conditions and with community-based health and wellness promotion and disease prevention activities.

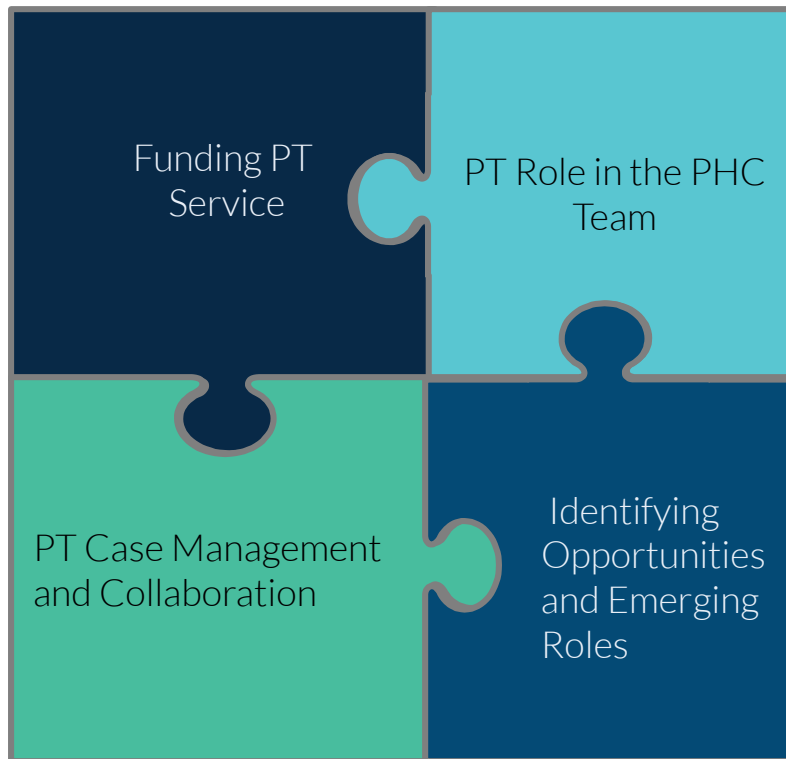
INTEGRATING PHYSIOTHERAPISTS INTO PRIMARY HEALTH CARE IN ONTARIO

In 2013 as part of the Ministry of Health and Long Term Care's commitment to improve access to community based, publicly funded physiotherapy services for Ontarians across the province, policy barriers were removed to allow physiotherapists to be funded in Family Health Teams (FHT), Aboriginal Health Access Centres (AHAC), and Nurse Practitioner-Led Clinics (NPLC) in Ontario. Interim funding was made available for these primary health care teams to apply for a physiotherapist position to enhance their delivery of specific programs to target populations, including lung health, cardiovascular health, healthy aging and others. Prior to this change, a small number of physiotherapists were already working in these settings under job titles such as health promotion educator. Due to a different funding structure, physiotherapists have been embedded in several Community Health Centres (CHC) for many years and as of 2012, there were 14 physiotherapists working in CHCs in Ontario.

There are many benefits of embedding physiotherapists directly into the team as an employee of the primary care organization, including: enhanced communication and a more cohesive team, the ability of the physiotherapist to take on more diverse and integrative roles, such as those necessary in the management of complex needs and chronic diseases, and high job satisfaction.⁸

Physiotherapists are responsive to a changing health care system and dynamic populations; they work collaboratively and interprofessionally to enhance efficiency and effectiveness in addressing the needs of the populations they serve.

The following framework for integrating Physiotherapist services is adapted from the model presented in Primary Health Care – A Resource Guide for Physical Therapists.⁹



Funding PT services

- Physiotherapists are now included on the list of professions that may be funded as employees in primary health care teams.

PT Role in Primary Health Care Teams

- Physiotherapists are generalists with specialist knowledge and skills in function and mobility.
- The wide range of roles for physiotherapists in primary health care teams is discussed in detail in earlier sections of this document. These roles include but are not limited to: screening and early detection, management of acute and chronic conditions, supporting patients in self-management, health promotion and prevention of illness and injury.

PT Case Management and Collaboration

- The coordination of patient care through the role of a case manager should be flexible and held by the team member who best fits the needs of the patient; a physiotherapist is an appropriate choice as case manager for patients with needs related to musculoskeletal complaints, function, and/or mobility.



Identifying Opportunities and Emerging Roles

- As primary health care models engage physiotherapists and aim to maximize the benefit of their unique knowledge, skills and judgment, emerging opportunities and areas of practice will be identified. It is important that team members understand the scope and boundaries of emerging roles, ensuring all members have access to all pertinent information, understanding of the intervention and its goals for the patient, the practice, and the health system.

HOW ARE PHYSIOTHERAPISTS TRAINED

Physiotherapists' unique contribution to health care stems from advanced understanding of the body and its systems, what keeps it moving well, and how to restore function and mobility. Physiotherapy interventions are founded upon and integrate “the best current research evidence with clinical experience and patient values.” Education of clients, caregivers, and other health professionals about injury prevention, ergonomics, fitness, health and wellness is a large focus of the physiotherapy profession.¹⁰

Physiotherapists have a Master's level university-based education that provides a foundation of modern science for the profession.

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

- biological sciences (e.g. human/functional anatomy, human physiology, pathology, pathokinesiology, with specific and focused training on the diagnosis of musculoskeletal conditions);
- 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.

LEARN MORE ABOUT HAVING A PHYSIOTHERAPIST ON YOUR TEAM

Contact the Ontario Physiotherapy Association

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EXAMPLES OF PHYSIOTHERAPISTS AND CHRONIC DISEASE MANAGEMENT AND PREVENTION

As the number of patients experiencing chronic and complex conditions increases, the role for patients as self-managers and active participants in care is growing. Physiotherapists are well positioned not only to facilitate and support patient self-management but to engage in the interprofessional, comprehensive care that will support the needs of these patients.

Physiotherapists are adaptable to the full range of healthcare delivery venues and have a presence across the entire continuum of care. Physiotherapists also readily integrate into interdisciplinary models of care and characteristically work closely with physicians and increasingly with nurse practitioners.

In addition to their expertise in the treatment of acute musculoskeletal, neurological, and cardiorespiratory conditions, physiotherapists has been noted as having an important role in the management of many chronic diseases and conditions and a role in the primary and secondary prevention of illness and injuries. Some examples are highlighted below.

DIABETES

The Canadian Diabetes Association estimated that in 2013, there were 1,386,000 Ontarians living with Diabetes¹¹. Physiotherapists educate patients on the benefits of regular physical activity and have the knowledge and training to prescribe individualized exercise plans that take into account any coexisting medical conditions such as heart disease, high blood pressure or stroke.¹² Physiotherapists also assist with management of the vascular or peripheral neuropathy complications that arise from diabetes dealing with foot disorders, balance difficulties and protective strategies to prevent further damage.

Children and adolescents with Type 1 diabetes may develop complications such as limited joint mobility and impaired growth in the late pubertal development.¹³ Physiotherapists are educated on the special precautions that need to be taken for children with Type 1 diabetes when participating in certain sports, along with other exercise considerations for healthy growth in children. Physiotherapists can also educate children and caregivers on the monitoring of their blood glucose levels when participating in physical activity.¹⁴

ARTHRITIS

According to the 2011/2012 Canadian Community Health Survey of, 18% of Ontarians reported having arthritis/rheumatism¹⁵. In the primary care pilot project called *Getting a Grip on Arthritis: A National Primary Health Care Community Initiative* physiotherapists were included in the provision of resources and development of tools for the education of providers and their patients around the resources available, how to exercise, medication and how to cope with arthritis and pain. The initiative had a significant impact on patient with 83% reporting increased ability in self-management of these chronic conditions.¹⁶ Poor management of these conditions can contribute to the need for extensive surgical interventions as the joints deteriorate as seen in the increasing numbers of hip and knee replacements done in Ontario. In a report for ACREU, the analysis of the best practice literature showed that; “There is conclusive evidence in the literature for the following rehabilitation interventions for persons with RA and OA: client education, exercise (aerobic and strengthening), joint protection instruction, and assistive devices.”¹⁷

CHRONIC MUSCULOSKELETAL CONDITIONS

In 2003 20.3% of the Ontario population reported having back problems (excluding arthritis and fibromyalgia) and 11.3% of the Ontario population reported having Repetitive Strain Injury.¹⁸ In industrial countries, musculoskeletal problems are the most common cause of chronic disability.¹⁹ Physiotherapy interventions were found to effectively reduce disability and pain for chronic musculoskeletal conditions such as chronic low back pain, hip and knee osteoarthritis and rheumatoid arthritis.²⁰

OBESITY

A rising number of Ontarians have an unhealthy body weight. These individuals often experience an increased risk for corresponding health concerns; some of which, such as joint problems, may create further barriers to weight management activities. Physiotherapists have a specialized knowledge of pathology and the body systems impacted by obesity, making physiotherapists ideally suited to identify activity and exercise strategies which are effective and safe for individuals and to coordinate comprehensive weight management programs for individuals and in the community.²¹

INCONTINENCE

According to the Agency for Health Care Policy and Research in the United States, one in four women between 30 and 59 years of age have experienced an episode of stress urinary incontinence. They note that over 50% of elderly persons either at home or in long term care have incontinence.²² Their evidence based guidelines for the treatment of these conditions lists pelvic muscle rehabilitation as the first on the list of recommended treatment approaches.²³ Physiotherapists can apply their knowledge and skills in



musculoskeletal treatment techniques with additional specialized training to provide pelvic floor rehabilitation and incontinence treatments.

FALLS

Falls are a major cause of injury and disability in older adults; just the fear of falling can reduce activity levels and result in increased problems with weakness and balance leading to more falls. According to a paper establishing evidence-based guidelines for falls prevention, approximately one third of those over 65 will fall annually and half of those will have repeat falls. The majority of accidental deaths in this age group are due to falls.²⁴ Screening all for risk factors such as balance impairments and lower extremity strength are important elements of a falls prevention program and a program of physiotherapy including exercise for women over 80 regardless of risk factor status is supported by the evidence.²⁵

ADDITIONAL EXAMPLES AND RESOURCES

Ontario Physiotherapy Association series of briefing notes and infographics related to frail elderly, stroke, CVD/CHF, COPD

Available at: http://www.opa.on.ca/about_phys_value.shtml. Accessed on 14/09/01

Soever, Leslie for the College of Physiotherapists of Alberta, Alberta Physiotherapy Association and the Canadian Physiotherapy Association, Discussion Paper: Primary Health Care and Physical Therapists - Moving the Profession's Agenda Forward.

Available at:

http://www.internetgroup.ca/clientnet_new/docs/publications_primaryhealthcare.pdf.

Accessed on 14/09/01

College of Physiotherapists of Alberta, Alberta Physiotherapy Association and the Canadian Physiotherapy Association: Primary Health Care – A Resource Guide for Physical Therapists Available at:

http://www.physiotherapyalberta.ca/files/primary_health_care_1.pdf. Accessed on 14/09/01

Canadian Physiotherapy Association: The Value of Physiotherapy in Specific Patient Populations (Information sheets that include Stroke, Cardiovascular, Low Back Pain, Paediatric Care)

Available at: <http://www.physiotherapy.ca/Advocacy/Legislation/The-Value-of-Physiotherapy>. Accessed on 14/09/01.

Canadian Physiotherapy Association Position Statement: Primary Health Care

Available at: http://www.physiotherapy.ca/getmedia/623371a0-4f99-4b25-bbc9-2c58db9a6072/Primary-Health-Care_en.pdf.aspx. Accessed on 14/10/10

EVIDENCE SUPPORTING THE ROLE OF PHYSIOTHERAPISTS IN PRIMARY HEALTH CARE

SUPPORT FOR THE ROLE OF PHYSIOTHERAPISTS IN PRIMARY HEALTH CARE

OPPORTUNITY	EVIDENCE
<p>System Effectiveness Research has shown that physiotherapy diagnosis and evidence-based treatments are effective and cost-efficient in treating a variety of physical health problems.</p>	<p>Strong evidence was found to support physiotherapy at the PHC level for the following conditions</p> <ul style="list-style-type: none"> • Arthritis^{26 27 28 29} • Coronary Heart Disease^{30 31} • Chronic Lung Disease^{31 34} • Incontinence^{31 34} • Diabetes^{31 34} • Osteoporosis^{31 34} • Fall prevention³² • Low back pain^{31 34} • Total hip and knee replacements³² • Urinary incontinence^{32 31}
<p>Other conditions where with supporting evidence for physiotherapy</p>	<ul style="list-style-type: none"> • Mental health³¹ • Physical inactivity (CPA, Physician Briefing) • Obesity in children and adults (CPA, Physician Briefing) • Case management/navigator role³¹
<p>Effectiveness of physiotherapy in primary health care settings</p>	<ul style="list-style-type: none"> • Decreased wait times for surgery, increased return to work, fewer emergency room visits, fewer imaging studies and increased patient satisfaction³² • Physiotherapist's monitoring of patient function through EMR in primary care can increase activity levels³³
<p>Physiotherapists in Program design for Obesity</p>	<ul style="list-style-type: none"> • Strategies to manage childhood obesity; target family and child. Physiotherapists have skills to design effective programs.³⁴
<p>Reduced Use of Other Health Services</p>	<ul style="list-style-type: none"> • Rehabilitation services provided to 137 patients with chronic disease, who were high users of the health-care system and had received at least four visits to their family physician in the preceding year.



	<p>Cost savings from reduced hospitalization were \$490 per program graduate. Total cost savings during the study were \$65,000.</p> <ul style="list-style-type: none">• Ontario MOHLTC supported demonstration project at Stonechurch Health Centre, Hamilton, Ontario
Reduced Use of Other Health Services	<ul style="list-style-type: none">• Stanford University which is renowned for their Model for Chronic Disease Management found rehab program resulted in reduced use of health services saving \$780/patient.³⁵
Reduced Use of Other Health Services	<ul style="list-style-type: none">• The costs of providing 30 to 60 minutes of self-care education plus at least two follow-up calls for people with knee OA were offset within one-year by decreased frequency and cost of physician primary care visits.³⁶• 85% of UK general practitioners responding to a survey reported inappropriate prescription of non-steroidal anti-inflammatory drugs would be reduced if more resources were provided for physiotherapy services.³⁷• Use of PT expertise in assessing MSK pathology resulted in equal or better patient outcomes and reduced use of other more costly health resources³⁸
Cost Effective Methods of Delivery	<ul style="list-style-type: none">• Cost-effective rehabilitation treatments include self-care education, group exercise, walking programs, strength training, hydrotherapy, splinting, adaptive equipment, postural training, and home adaptation.³⁹
PT Roles and Models for integrating PT into primary health care	<ul style="list-style-type: none">• PTs assume many roles within primary health teams that maintain an evidence based approach to health care delivery and collaborative interprofessional care.⁴⁰• Imbedding PTs into a primary health care teams is ideal. Considerations for the most optimal health care delivery model for different communities and populations served is needed.⁴¹

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- ¹ Physiotherapist and related words are official marks used with permission by registered physiotherapists.
- ² Canadian Physiotherapy Association. 2012 *Description of Physiotherapy in Canada*. Accessed 25/9/2014 at: [http://www.physiotherapy.ca/getmedia/e3f53048-d8e0-416b-9c9d-38277c0e6643/DoPEN\(final\).pdf.aspx](http://www.physiotherapy.ca/getmedia/e3f53048-d8e0-416b-9c9d-38277c0e6643/DoPEN(final).pdf.aspx)
- ³ College of Physiotherapists of Ontario. *Protecting the Public*. Accessed 25/9/14 at: <http://www.collegept.org/Public/ProtectingthePublic>
- ⁴ Ibid
- ⁵ Cott CA, Mandoda S, Landry MD. Models of integrating physiotherapists into family health teams in Ontario, Canada: challenges and opportunities. *Physiotherapy Can*. 2011; 63(3):265-75.
- ⁶ Cott, C.A. et al, for ACREU, Adult Rehabilitation and Primary Health Care in Ontario, July 2004, p. 11.
- ⁷ Pinney S, Regan W. D. Educating Medical Students About Musculoskeletal Problems Are Community Needs Reflected in the Curricula of Canadian Medical Schools? *The Journal of Bone & Joint Surgery JBJS.ORG* Volume 83-A · Number 9 · September 2001 p1317-1320
- ⁸ Cott CA, Mandoda S, Landry MD. Models of integrating physiotherapists into family health teams in Ontario, Canada: challenges and opportunities. *Physiotherapy Can*. 2011; 63(3):265-75.
- ⁹ College of Physiotherapists of Alberta, Alberta Physiotherapy Association and the Canadian Physiotherapy Association: Primary Health Care – A Resource Guide for Physical Therapists Available at: http://www.physiotherapyalberta.ca/files/primary_health_care_1.pdf. Accessed on 14/09/01
- ¹⁰ Accreditation Council for Canadian Academic Programs, Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association, Canadian Universities Physical Therapy Academic Council. *Essential Competency Profile for Physiotherapists in Canada*, Toronto: Authors: 2004.
- ¹¹ Canadian Diabetes Association. *At the Tipping Point: Diabetes in Ontario*. Accessed October 10, 2014 at: http://archive.diabetes.ca/documents/get-involved/Diab_Prog_Report-ON_6.pdf
- ¹² Australian Physiotherapy Association, Position Statement Physiotherapy and Diabetes, March 2006, http://apa.advsol.com.au/independent/documents/position_statements/public/PhysiotherapyandDiabetes.pdf
- ¹³ International Society for Pediatric and Adolescent Diabetes, Consensus Guidelines 2000, <http://www.diabetesguidelines.com/health/dwk/pro/guidelines/ispad/ispad.asp>
- ¹⁴ Australian Physiotherapy Association, Positions Statement Physiotherapy and Diabetes, March 2006.
- ¹⁵ Statistics Canada. 2011/2012 Canadian Community Health Survey
- ¹⁶ Health Canada, Initiative Fact Sheet, Getting a Grip on Arthritis: A National Primary Health Care Community Initiative, November 2006.
- ¹⁷ Cott, C. et al, for ACREU, A Client-Centred Health Service Model of Primary Health Care and Rehabilitation for Arthritis, April 2005, p. 21.
- ¹⁸ Canadian Community Health Survey, cycle 2.1, 2003
- ¹⁹ Herbert, R.D. et al, *British Medical Journal*, Vol. 323, 6 October, 2001, p. 788.
- ²⁰ Ibid
- ²¹ Canadian Physiotherapy Association, Physician Briefings for Physicians – Obesity, May 2008
- ²² Agency for Health Care Policy and Research, <http://www.ahrq.gov/clinic/uiovervw.htm>, September 2008
- ²³ Ibid
- ²⁴ Moreland et al, Evidence-Based Guidelines for the Secondary Prevention of Falls in Older Adults, *Gerontology*, 2003:49:93-116.
- ²⁵ Ibid.
- ²⁶ Cott, C. et al, for ACREU, A Client-Centred Health Service Model of Primary Health Care and Rehabilitation for Arthritis, April 2005.
- ²⁷ Fricke, M., for Manitoba Branch of the Canadian Physiotherapy Association and the College of Physiotherapist of Manitoba, *Physiotherapy and Primary Health Care: Evolving Opportunities*, 2005.
- ²⁸ MacKay, C., Devitt, R., Soever, L. and Badley, E.M., for ACREU, *An Exploration of Comprehensive Interdisciplinary Models for Arthritis*, 2005.



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- ²⁹ Roddy, E., Zhang, W., Doherty, M., Arden, N.K., Barlow, J., Birrell, F., et al, Evidence-based Recommendations for the Role of Exercise in the Management of Osteoarthritis of the Hip or Knee – The Move Consensus, *Rheumatology*, 2005, 44(1), 67-73.
- ³⁰ Restall, G., Leclair, L., Fricke, M. (2005). Integration of Occupational Therapy and Physiotherapy Services in Primary Health Care in Winnipeg. School of Medical Rehabilitation, University of Manitoba. Accessed May 2013.
- ³¹ Lacima, R.M., and Pera, M., Combined Fecal and Urinary Incontinence – An Update, *Current Opinions in Obstetric Gynecology*; 2003, 15:405-10.
- ³² Richardson J, Letts L, Wishart L, Stewart DA, Law M, Wojkowski S. Rehabilitation in Primary Care: National and International Examples and Training Requirements. Ontario, Canada; 2006
- ³³ Richardson et al. *BMC Family Practice* 2013, **13**:29 <http://www.biomedcentral.com/1471-2296/13/29>
- ³⁴ Dr. Nick Kates, Provincial Lead, Quality Management Collaborative for Ontario's Family Health Team Accelerating Primary Care, 2008 Conference, Alberta
- ³⁵ Stanford School of Medicine: Chronic Disease Self-Management Program. Information available at: <http://patienteducation.stanford.edu/programs/cdsmp.html>. Accessed on 14/09/01.
- ³⁶ Cott, C. et al, for ACREU, A Client-Centred Health Service Model of Primary Health Care and Rehabilitation for Arthritis, April 2005 p. 20.
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- ³⁸ Moore, J. Goss, D. Baxter, R., Deberardino, T., Mansfield, L., Fellows, D., Taylor, D., Clinical Diagnostic Accuracy and Magnetic Imaging of Patients Referred by Physical Therapists, Orthopaedic Surgeons and Non-Orthopaedic Providers, *Journal of Orthopaedic Sports Physical Therapy*, 35-67-71, 2005.
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- ⁴⁰ Dufour SP, Lucy SD, Belle Brown J. Understanding Physiotherapists' Roles in Ontario Primary Health Care Teams. *Physiotherapy Can.* 2014;66(3):234-242
- ⁴¹ Cott CA, Mandoda S, Landry MD. Models of integrating physiotherapists into family health teams in Ontario, Canada: challenges and opportunities. *Physiotherapy Can.* 2011; 63(3):265-75