



**ONTARIO  
PHYSIOTHERAPY  
ASSOCIATION**

Health Workforce Regulatory Oversight Branch  
Nursing and Professional Practice Division  
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**RE: CONSULTATION ON PROPOSED CHANGES TO SCOPES OF PRACTICE  
FOR SEVERAL REGULATED HEALTH PROFESSIONS TO SUPPORT  
GREATER ACCESS TO DIAGNOSTIC IMAGING**

October 30, 2025

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## SUMMARY

Bringing forward the regulations necessary to enable physiotherapists to order specified diagnostic tests (x-rays, MRIs, diagnostic sonography) brings the profession closer to completing the scope of practice changes that were recommended by the Health Professions Regulatory Council in 2006<sup>1</sup> and passed into law through Bill 179 Regulated Health Professions Statute Law Amendments Act, 2009<sup>2</sup>. This Act resulted in changes to enable the full legislated scope of practice of the profession under the *Physiotherapy Act, 1991* including the addition of the authority to assess, and **diagnose** diseases or disorders associated with physical dysfunction, injury or pain. More controlled acts have been added to the authorized acts for the profession, most notably the authority to "**communicate a diagnosis**" and "**order forms of energy**", which were to enable physiotherapists to order the tests required for diagnoses they make within scope. Alongside the changes to the Physiotherapy Act, the Healing Arts Radiation Protection (HARP) Act was amended in 2009 to enable physiotherapists to prescribe x-rays and that amendment was proclaimed effective April 1, 2018, subject to proclamation of the necessary regulations. With implementation of these remaining regulations that are the subject of this consultation, Ontarians in Ontario will benefit from physiotherapists working up to their full scope of practice.

It is very likely that no other profession's scope of practice changes have been the subject of more scrutiny, analysis and public consultation, extending over the last two decades. HPRAC's detailed review included an extensive public consultation. The statutory amendments were debated by the Legislature and examined carefully by Standing Committee before being passed by the Legislature in 2009. Since then, the Ontario Physiotherapy Association (OPA) and the College of Physiotherapists of Ontario (CPO) have made multiple submissions to the Ministry in response to requests by the Ministry to complete the regulations that are the subject of this consultation. Those submissions triggered further consultations with stakeholders and other interested parties.

The benefits of these scope changes to the health care system and the people of Ontario can be summarized as follows. They will:

- Contribute to the efficiency and effectiveness of Ontario's healthcare delivery system without adding additional costs.
- Facilitate timely and accurate diagnoses, the timely development of treatment plans and initiation of treatment of physiotherapists' patients.

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<sup>1</sup> HPRAC Regulation of Health Professions in Ontario– New Directions (2006) Retrieved October 2025 from <https://archive.org/details/31761118944396/>

<sup>2</sup> <https://www.ola.org/en/legislative-business/bills/parliament-39/session-1/bill-179>

- Improve the patient experience and patient satisfaction, by avoiding unnecessary circular referrals for diagnostic tests, particularly for seniors and residents of remote and other underserved areas of the province.
- Allow physiotherapists to practise to their competencies, thus making physiotherapy an attractive career choice and making Ontario a more attractive practice venue for out-of-province and foreign-trained physiotherapists, thereby helping to alleviate the very serious and persistent HHR challenges within the physiotherapy profession.<sup>3</sup>
- Optimize the physiotherapy scope of practice in Ontario in closer alignment with the physiotherapy scopes of practice in other Canadian provinces and comparable jurisdictions.

To be clear, experience in extended practice venues in Ontario and other jurisdictions where physiotherapists already perform these functions has demonstrated that physiotherapists:

- have the knowledge skill and judgment to utilize these authorities safely, economically and effectively
- having the ability to order these diagnostic tests DOES NOT increase the total utilization of those tests
- ordering these diagnostic tests actually contributes to interprofessional collaboration.

The College of Physiotherapists of Ontario has already put in place the infrastructure (e.g. public registry, Standards of Practice) necessary to ensure that the implementation of these regulations will serve and protect public safety and the public interest.

## SUBMISSION

The Ontario Physiotherapy Association has advocated on behalf of the profession since 2009 for the remaining regulations needed to implement scope of practice enabling the authority to order diagnostic imaging. These scope changes were recommended in 2006 by HPRAC after an extensive review and the subsequent amendments to the HARP Act to enable physiotherapists to prescribe x-rays were proclaimed effective April 1, 2016.

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<sup>3</sup> Caring for Canadians: Canada's Future Health Workforce-The Canadian Health Workforce Education, Training and Distribution Study", Health Canada, January 30, 2025, ISBN 978-0-660-74277-9

The importance of enacting these changes and advancing now has never been greater to ensure people in Ontario have access to the right healthcare, at the right place and at the right time. Physiotherapy scope of practice is already established in legislation as it relates to ordering diagnostic imaging and laboratory tests. Today, the profession in Ontario awaits the regulations to support the implementation of these authorities. Ontario can make significant progress on improving access to care and health outcomes for patients as physiotherapists increasingly deliver 'first contact' care.

The implementation of this scope of practice change enables patients to access care with fewer health system contact visits and promotes increased coordination of care among multiple providers. With the ability to order relevant diagnostic tests physiotherapists will ease pressures on the health system, especially in primary care, orthopaedic specialty and emergency department settings.<sup>4</sup> These changes will directly lead to an improved patient experience of healthcare system navigation, reduced wait times, faster recovery from illness and injury, and improved management of chronic disease. Physiotherapists in all healthcare settings play a pivotal role in putting into practice the Ontario government's objective: "Delivering more care in the community frees up more space in hospitals and doctors' offices."<sup>5</sup>

In general, the current government's plan details how three pillars will improve patient centred care for everyone in Ontario, as detailed in "Your Health: A Plan for Connected and Convenient Care:"<sup>6</sup>

1. The right care in the right place
2. Faster access to care
3. Hiring more health care workers

Minister Jones rightly asserts that health care is too hard and slow for people to access, and that the status quo is not working. The completion of physiotherapists' scope of practice changes will directly advance the goals of faster access to care, and reduced wait times for many patients supporting earlier interventions and a pathway to recovery.

In keeping with the mandate of the Primary Care Action Team, physiotherapists will be better equipped to work with patients with musculoskeletal concerns from the point of first contact with the healthcare system and through their treatment journey.

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<sup>4</sup> Blondin J et al, *Patients presenting with musculoskeletal disorders in the emergency department* (Musculoskeletal Care, 2024)

<sup>5</sup> MOH, *Your Health: A Plan for Connected and Convenient Care*

<sup>6</sup> Ontario Ministry of Health, *Your Health: A Plan for Connected and Convenient Care* (MOH, 2023)

First contact roles for physiotherapists are an effective way to increase capacity of primary care teams, and these roles have demonstrated effectiveness in improving patient outcomes and reducing costs, especially as approximately 20-30% of primary care visits are for musculoskeletal concerns.<sup>7</sup>

Based on clinical experience with physiotherapy in primary care settings and suggested attachment rates for physicians, OPA estimates that a physiotherapist can increase attachment rates of primary care teams by approximately 425 patients on average.

Ontario's plan for connected and convenient care declares that by following the best evidence and the successes in other jurisdictions, our healthcare system can continue to improve on delivery to the people of Ontario. Although Ontario was the first province to expand the physiotherapist scope of practice in legislation to include ordering diagnostic imaging, four other provinces have now jumped ahead of Ontario by implementing this authority for physiotherapists – Alberta, Quebec, Nova Scotia and PEI.

The authority to order diagnostic imaging has been successfully implemented in these jurisdictions. There has been no indication of significantly increased utilization of diagnostic imaging, and there is confidence that regulatory requirements related to training, education and quality assurance have been appropriate and effective.

## THE RIGHT CARE IN THE RIGHT PLACE

- Enabling physiotherapists to order needed diagnostic imaging will ensure patients experience earlier diagnoses, faster access to required interventions, and a faster return to their roles in family, homes and work.
- Patients will be able to access the diagnostics required directly through their physiotherapist, rather than engaging an additional provider, who may have limited involvement in the care plan of the patient. By reducing visits to physicians or nurse practitioners solely for obtaining orders for diagnostic tests, the demand and burden on these providers will be reduced and have increased availability for patients who require their medical expertise.

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<sup>7</sup> MacKay C, Canizares M, Davis AM & Badley EM. Health care utilization for musculoskeletal disorders. *Arthritis Care & Research*. 2010; 62(2): 161-169. Retrieved October 2025 from <https://doi.org/10.1002%2Facr.20064>

## FASTER ACCESS TO CARE

- Patients will immediately have faster access to care because in many cases they will need to only access one provider, a physiotherapist.
  - By reducing visits to order diagnostic tests, family physicians will have greater availability for other patients and tasks.
- Patients will experience reduced wait times to see orthopaedic surgeons and other specialists as the physiotherapist will be better equipped to streamline the pathway.
  - Physiotherapists will be able to order the most appropriate diagnostic tests, with in-depth knowledge of the specific tests needed by the specialist, particularly in orthopaedics, which also reduces repeated testing.
  - Direct access to test results facilitates the best-case management by physiotherapists, and allows for more effective communication regarding needed referrals, then carried out by physician partners.
- Fewer patients will need to access urgent care centres or emergency departments for diagnostic imaging requisitions, which reduces wait times for others.
- As ordering diagnostic tests will enhance communication and coordination with other healthcare providers, the resulting reduced administrative load – direct access to test results by physiotherapists, follow-up with the right provider facilitated by physiotherapists – will improve system efficiencies, resulting in more time spent by all providers on direct patient care.

## HIRING MORE HEALTH CARE WORKERS

- Ontario's strategy to build health human resources includes enabling regulated healthcare professionals to work to their full scope of practice. By implementing ordering diagnostic imaging and laboratory tests for physiotherapists, Ontario can ensure a more fulfilled and sustainable physiotherapy workforce.
- In addition to hiring more health care providers it is critical that Ontario fully utilizes the professionals in the workforce by enabling the full scope of practice of each.
- With the recent announcement that the government will introduce "as of right" legislation particularly to support labour mobility, especially for health care workers, working at full scope is a critical component in optimizing the workforce, attracting new talent to Ontario and retaining the talent that we have.

Scope of practice expansion is a pillar of the Ministry of Health's ten-year capacity plan to address health human resource challenges in Ontario, and Dr. Karima Velji, Chief of Nursing and Assistant Deputy Minister of Health, has clearly articulated how working to the top of scope by all health professionals will increase our health system's capacity.

*Physiotherapists provide treatment to patients across their lifespans, from pre-natal to palliative, working within a broad clinical presentation and need and recognized for their expertise in musculoskeletal (MSK), neurological, cardiorespiratory and multi-system disorders.*

#### Physiotherapy in Primary Care - Across the lifespan

	Musculoskeletal
	COPD, Chronic Heart Failure
	Parkinson's, MS, Long Covid
	Diabetes
	Osteoarthritis, Rheumatoid Arthritis
	Pelvic Floor Disorders
	Vestibular Conditions and Concussions
	Deconditioning
	Falls Risk

## GENERAL CONSULTATION QUESTIONS

1. **What impact(s) on specific populations might this scope of practice change have?**  
**Examples of specific populations may include rural and Northern Ontarians, women, gender diverse individuals, seniors, residents in long-term care homes or retirement residences, persons with disabilities, low-income individuals/families, individuals with mental health disorders, Indigenous peoples and other racialized communities.**

The implementation of the authority for physiotherapists to order diagnostic imaging will have a significant impact on the ability of patients to access timely, comprehensive and integrated health care. This change will have a significant and positive impact on those with barriers to accessing care, and particularly those in geographically remote, or socioeconomically disadvantaged communities. Examples include:

- **Individuals without a family physician (FP)/nurse practitioner (NP):** The implemented scope of practice will improve access to care and prevent the overuse of emergency departments and walk-in clinics, by removing the need for individuals to first see a physician or nurse practitioner for diagnostic imaging required to support their MSK diagnosis and treatment.
- **Patients with limited access to family physicians/nurse practitioners:** Many patients face long wait times to schedule an appointment with their family physician or nurse practitioner for MSK conditions. Implementing scope changes for physiotherapists will reduce the demand for family physicians/NPs for visits related to MSK and related diagnostic imaging and enable faster access to care.
- **Residents of rural, remote, and Northern & Indigenous communities:** In areas where there is not a family physician or nurse practitioner, physiotherapists will support patients who otherwise would require significant travel time to obtain an assessment for MSK related conditions and requisitions for diagnostic imaging to confirm diagnosis and treatment.
- **Individuals with disabilities, mobility issues or seniors:** Reducing the need for additional health care visits will support access to care for individuals where transportation, caregiver and/or navigation support are required.
- **Residents of long-term care homes:** With variable staffing across long-term care homes, this increase in scope will improve access to the required level of care for residents. It is often the case with physiotherapists who assess individuals' post-fall or with a significant functional decline; the ability to order imaging will prevent the need to contact the physician prior to initiating a referral.

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## 2. How might these proposed scope changes improve access, convenience, or address efficiency within the healthcare system?

These proposed scope changes will significantly improve attachment to care, access to care, and convenience of care for patients, and will increase efficiency within the healthcare system.





Currently, if a patient is seeing a physiotherapist who identifies the need for diagnostic imaging, there are several barriers or delays to accessing the required investigations. This delays an accurate diagnosis and required treatment, both of which can significantly impact health outcomes.

The difficulties faced by patients in obtaining diagnostic tests relevant to making the physiotherapy diagnosis are numerous and frequently encountered.

These difficulties are strongly related to inequitable access to healthcare services, the burden borne by the patient in these circumstances, the lack of access by physiotherapists to centralized systems for reporting of tests completed, and a lack of knowledge by other healthcare professionals about the scope and knowledge of physiotherapists.

Physiotherapists can be accessed directly by patients in Ontario. Since a physician referral is not required, this significantly improves access to care, in particular for those with no family physician. With implementation of scope of practice changes to enable physiotherapists to order diagnostic tests, there will be improved access to required care, and a more seamless patient experience. Implementation will also reduce the number of contact points needed with the health system and will reduce utilization of walk-in clinics or emergency departments.

## OUR CONSULTATION

*No one will have to wait to go back to their doctor or find a doctor to make the requisition for the image. I am one of those people who have been waiting months and months for proper images so I can get the proper care to fix the problem. If my physiotherapist could've just ordered the images, we could've started this process months and months ago, but here I sit, waiting for another image to rule out something else. – **Public Consultation, Anonymous***

*I live in Thunder Bay where a significant number of my patients do not have a primary care provider (physician or nurse practitioner). Although ordering diagnostic tests such as X-rays and MRI would not be something I would need to do frequently, as we need to be conscious of ordering such tests judiciously, it would prevent me from needing to send my patients to a walk in clinic or the emergency department in order to get referrals for such tests. – **Christopher, W., Physiotherapist***

*I often recommend people go back to their doctor to ask about imaging, if I were trained and this scope of practice change were in effect, we could all skip the 'go back to your doctor' step. It would allow us to pivot care or redirect to appropriate health professionals sooner. – **Physiotherapist, Anonymous***

- For Ontarians in this situation, estimated to be **2.5 million people** in 2023,<sup>8</sup> predicted to grow to **4.4 million people** by 2026 without a family doctor.<sup>9</sup>
- Many people without a family doctor also face precarious employment, low socioeconomic status, are racialized individuals, and demonstrate poor overall health.<sup>10</sup>
- The current pathway to obtain diagnostic tests when identified by a physiotherapist places significant burden and responsibility on patients, requiring them to arrange to see a physician, either their own family physician or through emergency or a walk-in.
- Although physiotherapists are recognized experts in musculoskeletal, neurological, cardiorespiratory and multi-system disorders, requests for diagnostic imaging can be declined by the patient's physician, which can delay or prevent required treatment or interventions.
- As physiotherapists do not have access to central reporting systems for diagnostic test results, such as Connecting Ontario, there are often further delays in accessing tests results once they are completed. The current pathway relies on the ordering health care provider to share results, which increases administrative burden on providers, or relies on the patient to share the results, which also increases the burden unnecessarily borne by people in Ontario accessing care.

These challenges often result in unnecessary delays or inaccuracies (incorrect or delayed diagnosis) in the patient's care plan. The healthcare system is also further taxed by the administrative work by nurse practitioners and physicians to ensure that the request for diagnostic testing and results is communicated appropriately.

To understand the extent of these challenges, a survey of 1070 physiotherapists in 2024 reported that **74% experienced difficulties obtaining diagnostic imaging or laboratory test results when needed to assist in formulating a physiotherapy diagnosis or treatment plan.** Multiple difficulties were reported by respondents, including 82% of physiotherapists reporting experiences where tests were completed, but reports were never received by the physiotherapist.<sup>11</sup>

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<sup>8</sup> Ontario College of Family Physicians, [New data shows there are now 2.5 million Ontarians without a family doctor](#) (OCCFP, 2024)

<sup>9</sup> Ontario Medical Association, [Every Ontarian needs a doctor](#) (OMA, 2024)

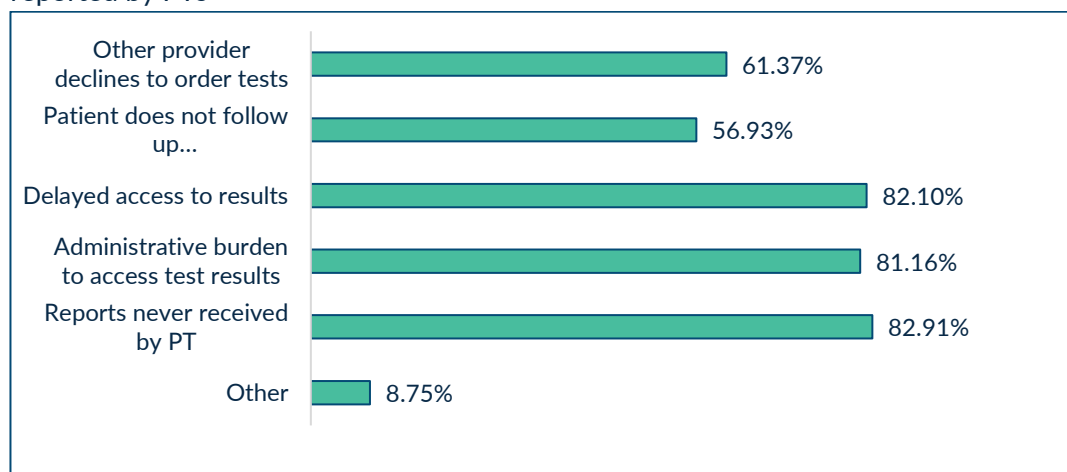
<sup>10</sup> Duong D, Vogel L, *National survey highlights worsening primary care access* (CMAJ, 2023)

<sup>11</sup> OPA, *Survey on Scope 2024*

Such challenges impact the patient in many ways, such as delayed treatment (reported by 84% of respondents), inaccurate diagnosis (62%), incomplete care plans (83%), and some people needing to be referred to other healthcare providers (31%).<sup>12</sup>

When other providers decline to order diagnostic imaging recommended by physiotherapists, some factors that may impact this decision include when tests have already been completed and not communicated to the physiotherapist, and challenges in communicating the scope and expertise of physiotherapists. See Figure 1 below for additional details on the difficulties encountered.

**FIGURE 1:** Current difficulties obtaining diagnostic imaging or laboratory test results reported by PTs<sup>13</sup>



**Figure 2** details how the pathway to access diagnostic imaging changes for patients once scope changes are implemented for physiotherapists.

- Note that this pathway addresses the barriers outlined above and significantly improves efficiency by eliminating several steps compared to the current pathway.
- Note that in this process, there are no differences between patients with or without a primary care physician or nurse practitioner, unlike the current reality where people may be diverted to emergency departments or walk-in clinics to get needed healthcare.

<sup>12</sup> OPA, *Survey on Scope 2024*

<sup>13</sup> OPA, *Survey on Scope 2024*

**FIGURE 2: Proposed Pathway to Diagnostic Testing via Physiotherapist Identification:**  
With implementation of scope changes for PTs

Pre-Assessment	PT reviews available patient records including any existing imaging results related to the PT assessment.
PT Assessment	PT conducts a comprehensive assessment including a thorough patient history and review of already completed diagnostic tests.
Need for Diagnostics Determined	PT identifies any need for diagnostic imaging when a condition is within the PT scope, which may happen at the PT assessment, or following a period of intervention.
Diagnostics Are Indicated	The physiotherapist communicates to the patient and the primary care FP/NP (with consent), when there is one, about the need for diagnostic tests to ensure continuity of communication. The physiotherapist orders the diagnostic test indicated, and provides the requisition to the patient directly, or forwards it to a testing site.
Patient Sees FP/ NP, or Attends Walk-In or Urgent Care	<b>This step is eliminated.</b>
FP/NP Gives Requisition	<b>This step is eliminated.</b>
Diagnostics Performed	The patient goes to the diagnostic imaging clinic or laboratory testing site to have the tests performed by the appropriate clinician.
Results Interpreted	Radiologists interpret the results of diagnostic imaging and write a report.
Results Communicated to Patient & Ordering Clinician	The report is sent to the ordering clinician and sometimes directly to the patient. In this case, <i>the physiotherapist is the ordering clinician</i> . When there are findings that cannot be addressed by the ordering clinician, that clinician manages pathways for the patient to receive appropriate referrals or follow-ups.
Getting Results to the PT	<b>This step is eliminated.</b>

**When the physiotherapist identifies a need for diagnostic testing within their scope of practice and expertise, and can order it directly, the pathway for the patient is more streamlined, health system contacts are reduced, and coordinated communication is enabled.** As determined by HPRAC in 2008 and ultimately included in Bill 179, physiotherapists ordering the appropriate diagnostic testing, within scope, promotes ease of access to care, and direct, clear lines between patient and the health professional most responsible for the assessment and treatment of the condition for which the test is needed.

**3. Do these proposals pose any risks to safety and public protection? If so, what are these and what solutions are there to mitigate any risk?**

Physiotherapists in extended practice in Ontario and in other jurisdictions have demonstrated that they have the knowledge, skill and judgment to order and utilize diagnostic tests safely and effectively and, in doing so, to collaborate within a patient's circle of care to avoid duplication or otherwise unnecessary ordering of tests. There is the potential that patients may see physiotherapists as a pathway to access and order tests that may be either unnecessary or inappropriate. Physiotherapists will be required by College Standards of Practice to effectively manage patients' expectations in this regard.

The College of Physiotherapists of Ontario has a roster process to identify physiotherapists who have met specific requirements to perform certain controlled acts and other authorities, such as ordering diagnostic tests. This roster is publicly accessible on the College's website [<https://portal.collegept.org/en-US/public-register/#>], allowing patients and others in the healthcare system to verify the authorized practices of individual physiotherapists. The College has guidelines and will administer regular Quality Assurance audits to ensure diagnostics are ordered only when clinically justified.

To be added to the roster, physiotherapists must complete education or training that meets the College's standards, demonstrating the necessary knowledge, skills, and competence for the specific activity. Once the requirements are fulfilled, the physiotherapist can apply to be added to the roster. This process ensures that only those who have proven their competence are authorized to expand their practice safely, maintaining high standards of patient care. However, patient education related to appropriateness will be necessary as well. Physiotherapists may be exposed to increased public complaints when physiotherapists demur for entirely legitimate reasons from ordering tests that patients want.

Over ordering or duplicate ordering are risks whenever additional professions have the authority to order, but these risks can be mitigated through appropriate education and improved communication through access to test results (provincial repositories) by physiotherapists. The risk of physiotherapists over ordering diagnostic imaging is low, as research has demonstrated high concordance between specialist physicians and physiotherapists trained in ordering imaging.

As with any provider, including physicians, ordering diagnostic tests, there is the risk that urgent findings are not actioned in a timely manner, potentially resulting in patient harm.

The College has developed clear protocols to ensure proper communication and referral pathways to mitigate this risk, and physiotherapists are aware of their responsibilities in this matter and actively fulfill them. Such protocols include the responsibility of the physiotherapists as the ordering provider, the clear pathway for communication of findings, and the rostering and quality assurance programs already established by the College of Physiotherapists of Ontario. The risks will be controlled and mitigated by establishing a clear pathway for physiotherapists to ensure timely follow-up with other providers as needed. The College plans to manage these risks through well-defined communication protocols, training requirements based on established competencies, testing only within the PTs scope of practice and adherence to best-practice testing guidelines

Professional liability insurance is offered across Canada and covers physiotherapists in provinces where ordering diagnostic tests by physiotherapists is already authorized.

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#### **4. What are anticipated costs and/or savings to patients and/or the health system if these proposals were to proceed?**

The potential savings and impact for patients is related to their timely access to care. The main savings to patients include:

- **Time saved:**
  - reduced number of visits to healthcare providers and the associated travel time
  - quicker time to get a diagnosis or appropriate plan of care, including initiating treatment or referral to a specialist or other provider
  - redirecting patients from the emergency department to the community for care
- **Costs saved:**
  - potential earlier return to function for patients, including care of self, family and earlier return to work
  - potential savings for employers with improved time to return to work
  - reduced expenses related to travel to eliminated healthcare visits
  - efficient use of physician services and the use regulated health professionals working at their full scope in a complementary and integrated way

Many of the cost savings for the Government of Ontario and Ministry of Health stem from increasing optimization of health human resources as regulated health professionals work to their full scope, increased system efficiencies, reduced redundant visits to other providers, reduced specialist referrals, and reduced numbers of inappropriate or unnecessary diagnostic imaging tests.

The 2024 survey conducted by OPA demonstrates that 66% of physiotherapist respondents redirect patients to other providers to request diagnostic imaging 1-20 times in 6 months, and laboratory tests 1-20 times in 6 months.<sup>14</sup> These figures indicate a significant number of redundant visits to other providers to facilitate that order.

One area of service delivery where scope of practice implementation has resulted in reduced costs through system efficiency, while achieving improved outcomes for patients is the programs delivered by the Workplace Safety and Insurance Board (WSIB). The WSIB improved their community-based programs and episodes of care, 50-60% of which are delivered by physiotherapists, in 2023 with the goal of reducing red tape, and to keep patients out of physician- and hospital-based care when appropriate.

The new WSIB programs of care show reduced rates of injured workers who need access to hospital and physician services, 30% faster access to care, and that 94% of people who complete a musculoskeletal program of care sustain their return to work. Each of these improved outcomes contributes to substantial cost savings for WSIB program delivery.

The WSIB and the Ministry of Health's Community Physiotherapy Clinic Program both removed the requirement for physician (or Nurse Practitioner) referral to commence physiotherapy diagnosis and treatment. This confirms health system confidence in physiotherapists as primary care practitioners, able to manage conditions independently safely, effectively and efficiently.

Implementation of scope of practice changes for physiotherapists would further enhance these outcomes as physiotherapists who identify the need for diagnostic imaging would be able to order them directly, without delay or interruption of the patient's treatment plan, and without additional visits to other providers to have the tests ordered.

International research has demonstrated that physiotherapists with expertise in neuromusculoskeletal disorders, and with a scope of practice that includes diagnostic testing, **significantly reduce rates of referral to specialist care and health care costs.**

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<sup>14</sup> OPA, *Survey on Scope 2024*

Cost-effectiveness analyses account for the uncertainty associated with the effects of the interventions being compared.

- Models of care where physiotherapists order diagnostic testing was shown by a systematic review to reduce healthcare costs by an estimated 27-49% (study by Danish researchers but included any jurisdiction).<sup>15</sup> Another cost-effectiveness study of the Swedish healthcare system showed a savings of 24.43 Euros per person, per episode of care.<sup>16</sup>
- Research on physiotherapists as first contact providers in primary care settings demonstrates decreased costs compared to usual management by a family physician.<sup>17 18</sup>
- Research on physiotherapists as first contact providers in emergency departments demonstrates reduced repeat visits to the ED for the similar concerns.<sup>19</sup> Currently underway in Quebec is research on the cost-effectiveness of first-contact physiotherapists in emergency departments.<sup>20</sup>

When physiotherapists can order diagnostic imaging patients may not have to seek appointments with other providers (primary care, urgent care, walk-in clinics) just to get a requisition for the diagnostic test.

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<sup>15</sup> Trøstrup et al, *Effect of extended scope physiotherapists assessments in orthopaedic diagnostic setting* (Physiotherapy, 2020)

<sup>16</sup> Koeleman MJ. *Analysis of the Cost-Effectiveness of an Extended Scope Specialist* (2023)

<sup>17</sup> Bornhöft L et al, *More cost-effective management of patients with musculoskeletal disorders in primary care* (BMC Musculoskeletal Disorders, 2019)

<sup>18</sup> Denninger TR et al, *The influence of patient choice of first provider on costs and outcomes* (J Orthop Sports Phys Ther, 2017)

<sup>19</sup> Gagnon R et al, *Direct-access physiotherapy to help manage patients with musculoskeletal disorders in an emergency department* (Academic Emergency Medicine, 2021)

<sup>20</sup> Gagnon R et al, *Integration of primary contact physiotherapy in the emergency department* (PLoS ONE, 2023)