









Physiotherapists in Canada, 2009

October 2010



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Established in 1994, CIHI is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country.

Our Vision

To help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that will enable health leaders to make better-informed decisions.

Table of Contents

About the Canadian Institute for Health Information	\
Acknowledgements	vi
Executive Summary	vii
About This Report	>
Want to Know More?	x
About the CIHI Physiotherapist Database	1
PTDB Data Providers	
CIHI's Definition of the Physiotherapist Workforce in Canada A Closer Look at the Employment Status of Registered Physiotherapists	
What Is a Physiotherapist?	
Chapter 1—Supply	9
Supply of Physiotherapists	
Chapter 2—Demographics	1.9
Demographic Characteristics of the Physiotherapist Workforce	
Gender	
Cross-Profession by Gender	
Age Distribution	19
Chapter 3—Geography	
Chapter 4—Education	25
Education	
Chapter 5—Employment	31
Employment	
Single Versus Multiple Employers	
Cross-Profession by Multiple Employers	
Full-Time/Part-Time Status	
Annual Hours	
Place of Employment	
Sector of Employment	
Area of Practice	
Languages Used at Work	47
Chapter 6—In Focus	49
New Graduates	
Area of Practice for New Graduates	
Internationally Educated Physiotherapists	54
Provincial/Territorial Highlights and Analyses	61
Methodological Notes	. 107
Deferences	404

Figures and Tables

The PIDB	Data Providers	1
Figure 1	Defining the CIHI PTDB Physiotherapist Workforce, 2009	5
Table 1	Total Number of Active Registered Physiotherapists by Employment Status, 2007 to 2009	6
Box	Supply of Physiotherapists, 2007 to 2009	11
Table 2	Physiotherapist Workforce by Count, Percentage and per 100,000 Population by Province or Territory of Registration, 2007 to 2009	12
Box	Health Professionals by Age	15
Box	Health Professionals by Average Age	15
Table 3	Physiotherapist Workforce by Gender and Province of Registration, 2009	16
Box	Health Professionals by Gender	17
Figure 2	Physiotherapist Workforce by Gender and 10-Year Age Groups, 2009	18
Table 4	Physiotherapist Workforce by 10-Year Age Groups and Average Age, Province or Territory of Registration, 2009	19
Box	Urban, Rural and Remote Distribution, 2009	23
Table 5	Count, Percentage and per 10,000 Population of Physiotherapists in Urban and Rural/Remote Regions, by Province or Territory of Registration, 2009	24
Box	Level of Education	27
Box	Age at Graduation	27
Figure 3	Physiotherapist Workforce by Education in and Outside of Physiotherapy, 2009	28
Table 6	Characteristics of Education Outside of Physiotherapy, 2009	29
Figure 4	Physiotherapist Workforce by Top Three Provinces of Graduation, Province or Territory of Registration, 2009	30
Box	Area of Practice	33
Figure 5	Physiotherapist Workforce by Number of Employers, Province or Territory of Registration, 2009	34
Box	Health Professionals by Multiple Employers	35
Table 7	Physiotherapist Workforce by Number of Employers and Gender, 2009	36
Table 8	Physiotherapist Workforce by Number of Employers and 10-Year Age Groups, 2009	36

Figure 6	Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status, Province or Territory of Registration, 2009	37
Figure 7	Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status and Gender, 2009	38
Figure 8	Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status and 10-Year Age Groups, 2009	39
Table 9	Physiotherapist Workforce by Usual Annual Worked Hours, Province or Territory of Registration, 2009	40
Figure 9	Physiotherapist Workforce by Place of Employment for Primary Employment, 2009	41
Table 10	Physiotherapist Workforce by Place of Employment for Primary Employment, Province or Territory of Registration, 2009	42
Figure 10	Physiotherapist Workforce by Place of Employment for Primary Employment and Gender, 2009	43
Box	Health Professionals by Place of Work—Hospital	44
Figure 11	Physiotherapist Workforce by Employment Sector for Primary and Secondary Employment, 2009	45
Figure 12	Physiotherapist Workforce by Area of Practice for Primary Employment, 2009	46
Figure 13	Physiotherapist Workforce by Canadian Official Languages in Which Service Could Be Provided, Province of Registration, 2009	47
Figure 14	Physiotherapist Workforce by Other Languages in Which Service Could Be Provided, 2009	48
Table 11	Number of Graduates of Accredited Programs in Physiotherapy by School of Graduation, Canada, 1999 to 2009	50
Figure 15	Percentage Distribution of New Graduates in the Physiotherapist Workforce by Average Age and Province or Territory of Registration, 2009	51
Figure 16	New Graduates in the Physiotherapist Workforce by Gender and Province or Territory of Registration, 2009	52
Figure 17	New Graduates in the Physiotherapist Workforce by Primary Employment Area of Practice, 2009	53

Figure 18	Physiotherapist Workforce by Country of Graduation for Basic Education in Physiotherapy, 2009	54
Figure 19	Internationally Educated Physiotherapists by Country of Graduation for Basic Education in Physiotherapy, 2009	55
Figure 20	Internationally Educated Physiotherapists by Top Four Countries of Graduation for Basic Education in Physiotherapy, 2007 to 2009	56
Figure 21	Top Four Countries of Graduation for Internationally Educated Physiotherapists by Year of Graduation, 2009	57
Figure 22	Internationally Educated Physiotherapists by Province or Territory of Registration, 2009	58
Figure 23	Internationally Educated Physiotherapists by 10-Year Age Groups, 2009	59
Figure 24	Internationally Educated Physiotherapists by Gender, 2009	60
Figure 25	Tracing Data Flow From Primary Data Collectors to CIHI	110
Table 12	PTDB Physiotherapist Workforce Counts by Province of Registration, 2009	111
Figure 26	The Process for Identifying Secondary Registrations	117
Table 13	Percentage of Physiotherapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2009	122
Table 14	Physiotherapist Records Where Data Was Not Collected by Data Element and Province or Territory of Registration, Canada, 2009	124

About the Canadian Institute for Health Information

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

For more information, visit our website at www.cihi.ca.

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- · College of Physiotherapists of New Brunswick
- · College of Physiotherapists of Ontario
- Newfoundland and Labrador College of Physiotherapists
- · Nova Scotia College of Physiotherapists
- · Ordre professionnel de la physiothérapie du Québec
- Prince Edward Island College of Physiotherapists
- · Saskatchewan College of Physical Therapists
- Yukon Government

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This report represents the work of CIHI staff within the Health Human Resources department. The core project team responsible for the development of this report includes

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Executive Summary

Highlights From Physiotherapists in Canada, 2009

Data for the 2009 physiotherapist workforce in Nova Scotia (except for aggregate data, where specified), the Northwest Territories and Nunavut was not available for this publication. Specific analyses may exclude some jurisdictions due to data quality concerns; therefore, caution should be exercised when interpreting results. All exclusions are detailed in the footnotes for this executive summary.

Supply

- The supply of registered physiotherapists in Canada grew by 5.4% between 2007 and 2009 (excluding the Northwest Territories and Nunavut), reaching 17,312.
- The per-population supply of physiotherapists in Canada was 51 per 100,000 population (excluding the Northwest Territories and Nunavut).

Demographics

- The majority of physiotherapists in 2009 were female (78.0%), which was virtually unchanged from 2007. Gender distribution varied slightly by province, with the highest percentage of male physiotherapists located in Newfoundland and Labrador (24.2%), followed by British Columbia (24.0%); the lowest percentage was in Prince Edward Island (16.7%), followed by Saskatchewan (19.6%).
- A comparison of various health professions indicates that physiotherapists had a higher proportion of women in their workforce (78.0%)ⁱ than pharmacists (59.2%)ⁱⁱ and physicians (34.7%),ⁱⁱⁱ but fewer than occupational therapists (92.0%),^{iv} regulated nurses (93.5%),^v medical laboratory technologists (85.1%)^{vi} and medical radiation technologists (81.7%).^{vii}
- About one-third (32%)ⁱ of physiotherapists were in their 30s.
- The average age of physiotherapists in Canada was 41.6. B.C. had the oldest physiotherapists on average (43.8), while the youngest were on the opposite coast in Newfoundland and Labrador (39.5).
- Physiotherapists tended to be younger than physicians (49.8),ⁱⁱⁱ nurses (44.8),^v pharmacists (43.6),ⁱⁱ medical laboratory technologists (44.6)^{vi} and medical radiation technologists (42.0),^{vii} but were older on average than their rehabilitation counterparts in occupational therapy (38.5).^{iv}

Education

- The majority of physiotherapists had a baccalaureate degree (78.4%).
 The remainder had a diploma (10.9%) or a master's degree (10.5%),
 while only 28 (0.2%) had a doctorate degree.
- In the most recent five-year period (2005 to 2009), more than half of physiotherapists graduated between age 25 and 29 (55.5%).

i. Excludes the Northwest Territories and Nunavut.

ii. Pharmacist Database, 2009, Canadian Institute for Health Information.

iii. Scott's Medical Database, 2008, Canadian Institute for Health Information.

iv. Occupational Therapist Database, 2009, Canadian Institute for Health Information.

v. Nursing Database, 2008, Canadian Institute for Health Information.

vi. Medical Laboratory Technologist Database, 2008, Canadian Institute for Health Information.

vii. Medical Radiation Technologist Database, 2008, Canadian Institute for Health Information.

viii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

- Almost one-quarter (23.1%) of physiotherapists had post-secondary education in fields outside of physiotherapy, which was largely obtained (79.2%) prior to studying physiotherapy.^{ix}
- Just more than 5% (5.1%) of physiotherapists were classified as new graduates, having a graduation year of 2008 or 2009.^x

Employment

- Most physiotherapists worked for a single employer (76.5%), while the remainder had at least two employers.^{ix}
- More than one-third of employed physiotherapists worked on a part-time basis at their primary job (35.9%), based on the jurisdictions included in the full-time/ part-time status analysis.xi
- Findings indicated that the physiotherapist workforce was employed almost equally in hospital settings (38.7%) and group or solo professional practice settings (40.3%), with community settings accounting for 13.8%. Correspondingly, 56.7% of physiotherapists worked in the public sector and 43.3% worked in the private sector.
- Almost half (42.0%) of physiotherapists worked in the area of musculoskeletal and integumentary systems, followed by general practice (28.4%) and other areas of direct service (7.8%).xiii
- More than one-quarter (26.7%) of physiotherapists had the ability to provide service in both official languages.xiv
- There were demographic differences in how physiotherapists worked, especially when it came to gender:
 - Male physiotherapists were almost twice as likely as female physiotherapists to work in group or solo professional practice settings (61.0%). Female physiotherapists mainly worked in hospitals (42.9%).
 - Female physiotherapists were more than twice as likely to report working part time (41.2%) as male physiotherapists (16.9%), based on the jurisdictions included in the full-time/part-time status analysis.xii

Geography and Mobility

- Most (92.3%) employers of physiotherapists were located in urban areas, while 4.2% were located in rural areas and 3.5% were located in remote areas.
- More than 10% (12.0%)^{ix} of practising physiotherapists were educated outside of Canada.

ix. Excludes Nova Scotia, Ontario and the territories.

x. Excludes the Northwest Territories and Nunavut.

xi. Excludes P.E.I., Nova Scotia, Quebec, the Northwest Territories and Nunavut.

xii. Excludes P.E.I., Nova Scotia, Saskatchewan, the Northwest Territories and Nunavut.

xiii. Excludes P.E.I., Nova Scotia, Ontario, the Northwest Territories and Nunavut.

xiv. Excludes New Brunswick and the territories.

About This Report

This is the third edition of *Physiotherapists in Canada*. It will provide the reader with the most recent statistics on the physiotherapist workforce, including information on demographic, geographic, educational and employment dimensions. Analyses are supplemented with detailed information about the data collection process, pertinent limitations of the current data and an explanation of the analytical methods.

This report is intended for use by all levels of government, as well as researchers, stakeholders and advocacy groups, private and public organizations, media and physiotherapists, as a source of data on the physiotherapist workforce in Canada. The information contained in this report is one of the key requirements for effective human resource planning in the health care sector.

In this report, CIHI presents information on the physiotherapist workforce and the physiotherapist profession as a distinct health provider group.

For 2009, this publication includes

- A data analysis section for 2007 to 2009 Physiotherapist Database information;
- · A section for provincial/territorial highlights, profiles and health region analyses; and
- · A comprehensive Methodological Notes section.

We hope that this report will prove to be a useful foundation for those involved in human resources planning for physiotherapists throughout Canada.

Want to Know More?

Highlights and the full text of *Physiotherapists in Canada, 2009* are available free of charge in English and French on the CIHI website at www.cihi.ca.

Other Physiotherapist Database (PTDB) documents that may be of interest:

- Data Dictionary
- Data Submission Specifications Manual
- Privacy Impact Assessment

For more information, please contact

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About the CIHI Physiotherapist Database

In order to determine the number of health professionals required in any jurisdiction, it is necessary to understand the current supply and how that supply is changing.

Since 2007, the Physiotherapist Database (PTDB) has collected information on the supply and distribution, demographics, geography, education and employment of physiotherapists in Canada.

PTDB Data Providers

The provincial regulatory authorities and the Yukon government participate in the PTDB and are the primary collectors of data compiled in the CIHI database.

All provincial or territorial regulatory authorities have participated since 2007; the Northwest Territories and Nunavut do not participate, as there are no regulatory authorities in those territories.

For 2008 only, the Yukon government was unable to participate in the PTDB.

For 2007 to 2009, Nova Scotia was unable to provide data to the PTDB. Aggregate data from the Nova Scotia College of Physiotherapists was inserted to provide an estimation of supply and gender only from 2007 to 2009. In 2009, it also supplied aggregate information on certain education and employment data elements.

The PTDB Data Providers									
Province	Data Provider	2007	2008	2009					
N.L.	Newfoundland and Labrador College of Physiotherapists	✓	✓	✓					
P.E.I.	Prince Edward Island College of Physiotherapists	✓	✓	✓					
N.S.	Nova Scotia College of Physiotherapists	+	+	+					
N.B.	College of Physiotherapists of New Brunswick	✓	✓	✓					
Que.	Ordre professionnel de la physiothérapie du Québec	✓	✓	✓					
Ont.	College of Physiotherapists of Ontario	✓	✓	✓					
Man.	College of Physiotherapists of Manitoba	✓	✓	✓					
Sask.	Saskatchewan College of Physical Therapists	✓	✓	✓					
Alta.	College of Physical Therapists of Alberta	✓	✓	✓					
B.C.	College of Physical Therapists of British Columbia	✓	✓	✓					
Y.T.	Yukon Government	✓	++	✓					

Notes

- + Nova Scotia was unable to provide record-level data to the Physiotherapist Database for 2007 to 2009.
- ++ The Yukon did not participate in the Physiotherapist Database for 2008 only.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Official registration with the provincial regulatory authorities requires the completion of a registration form on an annual basis, in either written or electronic format. Registration forms typically contain details with respect to personal information, education credentials and employment history. The collection of these specific pieces of information tends to be common across jurisdictions. Other information collected on the form may vary according to the bylaws and business needs of the respective provincial or territorial regulatory authorities.

The administrative data collected by provincial regulatory authorities and the Yukon government is well suited to informing health human resource planning and management in Canada. Collecting and collating this data provide a unique opportunity to examine aggregate information about physiotherapists registered in Canada, which is essential to identifying supply-based issues for future health human resources planning.

In consultation with provincial regulatory authorities, territorial governments and other stakeholders, CIHI developed a standardized set of data elements to capture supply-based information on the physiotherapist workforce in Canada. These data elements cover demographic, geographic and distribution characteristics, as well as education and employment details. From this consultation, a data dictionary containing specific information on the development process, data elements and associated values, as well as definitions and rationale for collection, was created.

The *Physiotherapist Database Data Dictionary* is available for download on the CIHI website at www.cihi.ca.

Under the agreement with CIHI, a portion of the administrative information collected by the provincial regulatory authorities and the Yukon government is submitted to CIHI on an annual basis. CIHI, the regulatory authorities and the Yukon government jointly review the new data and apply rigorous principles of data quality assurance. Once data quality assurance is complete, CIHI adds the new data to the PTDB for analysis and reporting. Over time, this information will provide a historical record of changes in the supply of the physiotherapist workforce on a year-to-year basis.

Note: CIHI figures on physiotherapists will not be the same as figures published by provincial regulatory authorities or by the Yukon government for the following reasons:

- a. Collection period—the statistics typically released by provincial regulatory authorities or the Yukon government include all registrations received during the 12-month registration period. In contrast, CIHI collects data as of September 1 of the data collection year. In consultation with provincial regulatory authorities and the Yukon government, this point-in-time data collection was established to ensure timely and comprehensive information in spite of the different registration periods.
- b. Reference population—for the PTDB, provincial regulatory authorities and the Yukon government (data providers) submit data for active and inactive registrations received during the registration year. Only active registrations are considered in the analysis done in this report, which represents the number of physiotherapists deemed eligible to work by the regulatory authority in that particular jurisdiction in that year. Specifically, active registration includes those registration categories that authorize a registrant, based on the assessment and issuance by a regulatory authority, to engage in professional practice, as defined by the relevant laws, regulations and/or policies associated with a specific jurisdiction.

- c. Exclusions from CIHI analysis—for the detailed analysis in this publication, CIHI removed registrants who are not employed in physiotherapy, whether they are unemployed or employed in a field other than physiotherapy, as well as those physiotherapists for whom information on the data element Employment Status is missing or *unknown*.
- **d.** Other exclusions from CIHI data—CIHI statistics do not necessarily include physiotherapists who are on leave (for example, maternity/paternity leave) as of September 1 of the data collection year.
- e. CIHI editing and processing—when a physiotherapist is registered with more than one provincial regulatory authority or territorial government, he or she is considered to be a secondary registration or an interprovincial duplicate; these are removed from the PTDB in order to avoid double-counting across jurisdictions and to more accurately reflect the primary jurisdiction of employment. More detailed information on the identification of secondary registrations can be found in the Methodological Notes section of this report.
- f. Data quality processes—some jurisdictions perform their data quality review at the end of their registration period. As CIHI receives the data in September of the data collection year, it is possible that some of the data quality activities of some jurisdictions have not yet been completed. As a result, at the time of data submission, a jurisdiction may have records for which the information is unknown for some data elements. Although every reasonable effort is made to acquire the information at the time of data submission, the correction may not be reflected in the CIHI database.
- g. The Province/Territory of Residence and the Province/Territory of Employment were not available for the Yukon for 2007; therefore, the 2007 total may include secondary registrations that could not be identified and removed using the secondary registration methodology that is based on location of employment and residence.

CIHI's Definition of the Physiotherapist Workforce in Canada

In this CIHI publication, "physiotherapist workforce" is defined as the total number of physiotherapists holding active registrations^{xvi} in Canada who are employed and are not considered secondary registrations^{xvii} or interprovincial duplicates. For more detailed information on the inclusion and exclusion criteria, please see the Methodological Notes.

For the 2009 physiotherapist workforce information submitted by Canadian provincial regulatory authorities, 168 (1.0%) secondary registrations were removed and 463 (2.5%) registrations were removed because the registrants were not employed in physiotherapy or their Employment Status was *unknown* (see Figure 1).

xvi. Active registrations: Provincial regulatory authorities provided data to CIHI for the PTDB for those physiotherapists who held an active membership for 2009. This includes those specific membership categories authorizing a member as eligible to work in the particular jurisdiction in the particular year.

xvii. Secondary registrations: This group includes physiotherapists who maintain provincial registration while living outside of Canada or whose Province of Residence and/or Province of Primary Employment is in a Canadian jurisdiction that is different from Province of Registration.

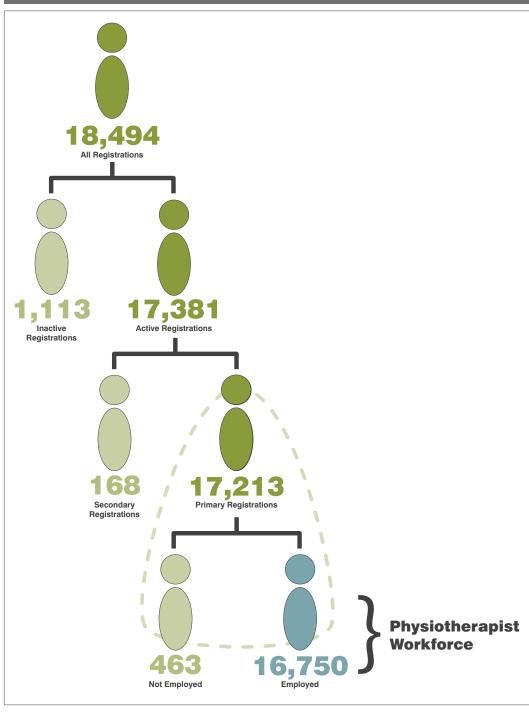


Figure 1: Defining the CIHI PTDB Physiotherapist Workforce, 2009

Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Total does not include Nova Scotia, the Northwest Territories or Nunavut.

Inactive records are also submitted to CIHI but are removed for the purposes of analysis in this report.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Physiotherapist Database, Canadian Institute for Health Information.

A Closer Look at the Employment Status of Registered Physiotherapists

In 2009, 17,213 primary registrations were submitted by the physiotherapist regulatory authorities in Canada. Almost all (97.3%, or 16,750) of the primary registrants were employed, only 1.2% (205) were unemployed and the Employment Status was missing for 0.4% (77) (see Table 1).

Table 1: Total Number of Active Registered Physiotherapists by Employment Status, 2007 to 2009

	20	07	20	008	2009		
	Count	Percent	Count	Percent	Count	Percent	
Employed in Physiotherapy	15,851	96.5	16,319	97.3	16,750	97.3	
Employed in Physiotherapy, on Leave	67	0.4	62	0.4	97	0.6	
Employed in Other Than Physiotherapy/Employed, Unspecified	30	0.2	67	0.4	84	0.5	
Unemployed	282	1.7	238	1.4	205	1.2	
Missing Values	195	1.2	92	0.5	77	0.4	
Total	16,425	100	16,778	100	17,213	100	

Notes

Nova Scotia data was not available.

Yukon data was not available for 2007 or 2008.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

For 2007, the number of employed registrants increased slightly due to enhancements made to the methodology for secondary registrations. Please refer to the Methodological Notes for more detailed information.

Total does not include Nova Scotia, the Northwest Territories or Nunavut.

Inactive records are also submitted to CIHI but are removed for the purposes of analysis in this report.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Physiotherapist Database, Canadian Institute for Health Information.

What Is a Physiotherapist?

Physiotherapists or physical therapists are regulated primary health care professionals who aim to prevent, assess and treat the impact of injury, disease and/or disorders in movement and function. They work on improving, restoring and maintaining functional independence and physical performance; preventing and managing pain, physical impairments, disabilities and limits to participation; and promoting fitness, health and wellness.

Physiotherapists often provide clinical services in partnership with clients, families, other health providers and individuals in the community. They are also involved in education, health care management, research and policy development¹ in a variety of settings. This includes private clinics, hospitals, rehabilitation centres, long-term care facilities, homes and workplaces, as well as industry, schools, government agencies, universities and research centres.

Responsibilities/Activities

Physiotherapists assess and treat individuals of all ages who have an illness, injury or disability affecting the musculoskeletal, cardio-respiratory and/or neurological systems. These can include fractures, spinal and joint conditions, cerebral palsy, work and sport injuries, chronic lung and/or heart disease, cancer and palliative care, and brain injuries and other neurological problems. Treatment plans can include a variety of options such as manual therapy, prescription of therapeutic exercise programs, use of therapeutic modalities, gait rehabilitation, balance/coordination re-training, and mobility and flexibility improvement.² They also help educate patients, caregivers and other health professionals regarding injury prevention, ergonomics, lifestyle, fitness, health and wellness.



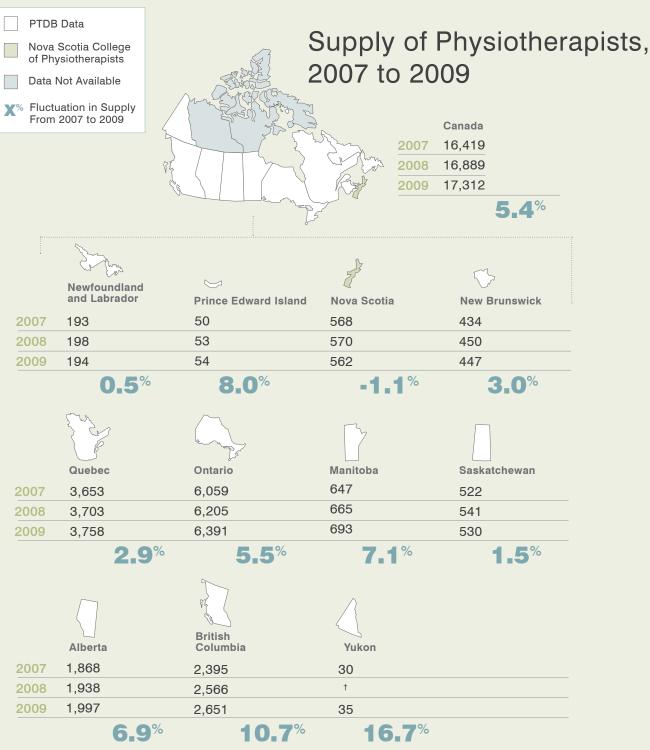


Chapter 1—Supply



How Many Physiotherapists Were There in Canada?

The supply of physiotherapists has steadily increased since 2007, from 16,419 to 17,312, which represents an increase of 5.4%. Of all the provinces, B.C. experienced the largest growth for both 2008 (7.1%) and 2009 (10.7%).



Notes

† Yukon data was not available for 2008.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories. Canada totals do not include the Northwest Territories or Nunavut.

For 2007, the number of physiotherapists increased slightly due to enhancements made to the methodology for secondary registrations.

The 2008 Canada total does not include the Yukon.

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists; 2007 and 2008 data includes full, defined and temporary registration types, as defined by the college, and 2009 data excludes inactive and non-practising registration types, as defined by the college.

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Nova Scotia College of Physiotherapists.

Supply of Physiotherapists

For the third year running, there continued to be around 51 physiotherapists for every 100,000 Canadians. That being said, there was pronounced and consistent variation in the physiotherapist-to-population ratio across the provinces and territories.

Table 2: Physiotherapist Workforce by Count, Percentage and per 100,000 Population by Province or Territory of Registration, 2007 to 2009

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Total
Count												
2007	193	50	568	434	3,653	6,059	647	522	1,868	2,395	30	16,419
2008	198	53	570	450	3,703	6,205	665	541	1,938	2,566	‡	16,889
2009	194	54	562	447	3,758	6,391	693	530	1,997	2,651	35	17,312
Percentag	ge Distrik	oution										
2007	1.2	0.3	3.5	2.6	22.2	36.9	3.9	3.2	11.4	14.6	0.2	100
2008	1.2	0.3	3.4	2.7	21.9	36.7	3.9	3.2	11.5	15.2	‡	100
2009	1.1	0.3	3.2	2.6	21.7	36.9	4.0	3.1	11.5	15.3	0.2	100
Supply pe	r 100,00	0 Popula	ation									
2007	38	36	61	58	47	47	54	52	53	55	†	50
2008	39	38	61	60	48	48	55	53	54	58	‡	51
2009	38	38	60	60	48	49	57	51	54	59	103	51

Notes

- † Per-population count was not calculated for the Yukon for 2007, as it was not possible to identify and remove secondary registrations.
- ‡ Yukon data was not available for 2008.

For 2007, the number of physiotherapists increased slightly due to enhancements made to the methodology for secondary registrations.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists; 2007 and 2008 data includes full, defined and temporary registration types, as defined by the college, and 2009 data excludes inactive and non-practising registration types, as defined by the college.

Population statistics are based on data from Statistics Canada (*Quarterly Demographic Estimates*, 23, 4 [March 25, 2010], catalogue no. 91-002-X).

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Nova Scotia College of Physiotherapists; Statistics Canada.



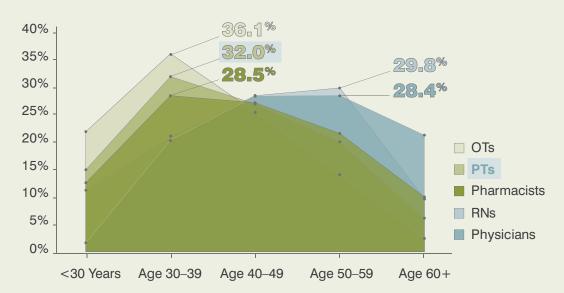
Chapter 2—Demographics



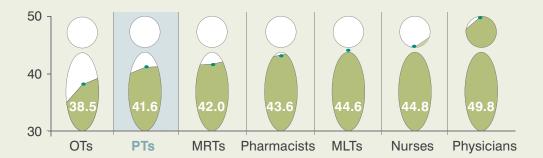
Workforce Age Gaps

Gaps appear in the age distributions of the health human resources workforce in Canada. While many in the nursing and physician workforces are in their 50s, many pharmacists, occupational therapists and physiotherapists are in their 30s. Imbalance in the age distribution of the health care providers in Canada may affect the future mix of new and experienced providers in the health workforce, as well as the net flow in or out of the workforce.

Health Professionals by Age



Health Professionals by Average Age



Notes

Physiotherapists (PTs)

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Year of Birth: total (5, <0.1%)

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

Manitoba Health provided aggregate data for Age for registrants in Manitoba.

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

For more information on the regulated nurse (2008), physician (2008), occupational therapist (2009), pharmacist (2009), medical laboratory technologist (2008) and medical radiation technologist (2008) databases, please see their respective annual reports at www.cihi.ca.

Health Personnel Database, Nursing Database, Occupational Therapist Database, Physiotherapist Database, Pharmacist Database, Medical Laboratory Technologist Database, Medical Radiation Technologist Database and Scott's Medical Database, Canadian Institute for Health Information; Manitoba Health; Nova Scotia College of Physiotherapists.

Demographic Characteristics of the Physiotherapist Workforce

The gender mix and age distribution of the physiotherapist workforce in Canada has remained stable since the development of the PTDB in 2007. This section highlights the demographic findings for the 2009 workforce.

Gender

Table 3: Physiotherapist Workforce by Gender and Province of Registration, 2009

	Fem	nale	M	ale	· Total
	Count	Percent	Count	Percent	lotai
N.L.	147	75.8	47	24.2	194
P.E.I.	45	83.3	9	16.7	54
N.S.	449	79.9	113	20.1	562
N.B.	357	79.9	90	20.1	447
Que.	2,933	78.0	825	22.0	3,758
Ont.	5,021	78.6	1,370	21.4	6,391
Man.	534	77.4	156	22.6	690
Sask.	426	80.4	104	19.6	530
Alta.	1,541	77.2	456	22.8	1,997
B.C.	2,016	76.0	635	24.0	2,651
Total	13,469	78.0	3,805	22.0	17,274

Notes

Yukon data was suppressed due to small cell sizes.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Total does not include the territories.

The results do not include data for which responses were unknown.

Percentage unknown for Gender: Manitoba (3, 0.4%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

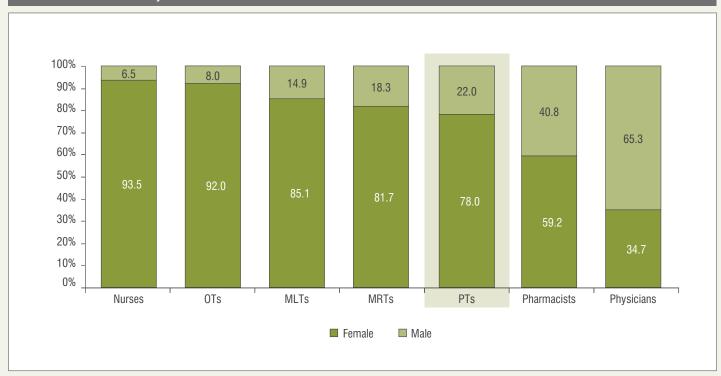
Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health; Nova Scotia College of Physiotherapists.

Cross-Profession by Gender

The gender split of the health care workforce varies greatly by profession.

Health Professionals by Gender



Notes

Physiotherapists (PTs)

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Gender: total (3, <0.1%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

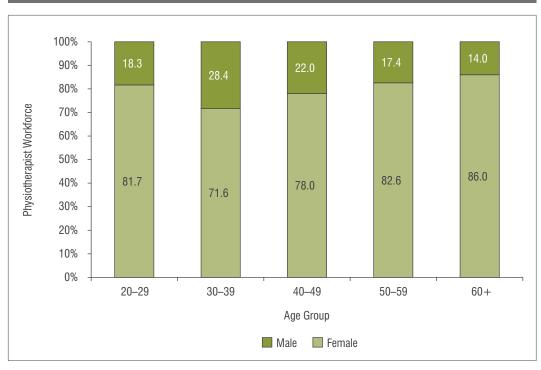
CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

For more information on the regulated nurse (2008), physician (2008), occupational therapist (2009), pharmacist (2009), medical laboratory technologist (2008) and medical radiation technologist (2008) databases, please see their respective annual reports at www.cihi.ca.

Sources

Nursing Database, Occupational Therapist Database, Physiotherapist Database, Pharmacist Database, Medical Laboratory Technologist Database, Medical Radiation Technologist Database, Scott's Medical Database and Health Personnel Database, Canadian Institute for Health Information; Manitoba Health; Nova Scotia College of Physiotherapists.



Physiotherapist Workforce by Gender and 10-Year Age Groups, 2009

Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage *unknown* for Gender: total (3, <0.1%).

Percentage unknown for Year of Birth: total (5, <0.1%).

Manitoba Health provided aggregate data for Gender and Age for registrants in Manitoba. CIHI data will differ from provincial and territorial data due to the CIHI collection, processing

and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Age Distribution

The age distribution of physiotherapists is slightly skewed toward younger age groups, with an average age of 41.6.

Table 4: Physiotherapist Workforce by 10-Year Age Groups and Average Age, Province or Territory of Registration, 2009

	20)–29	30	30-39		40-49 50+		40-49		Total	Average
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Total	Age	
N.L.	24	12.4	82	42.3	59	27.3	29	14.1	194	39.5	
P.E.I.	9	16.7	14	25.9	16	34.0	15	22.6	54	42.5	
N.S.	55	9.8	197	35.1	154	27.4	156	27.8	562	42.2	
N.B.	64	14.3	171	38.3	134	30.0	78	17.4	447	40.0	
Que.	829	22.1	1,028	27.4	1,146	30.5	755	20.1	3,758	39.7	
Ont.	778	12.2	2,219	34.7	1,663	26.0	1,731	27.1	6,391	42.1	
Man.	150	21.8	189	27.4	144	20.9	206	29.9	689	41.1	
Sask.	93	17.5	158	29.8	143	27.0	136	25.7	530	41.2	
Alta.	281	14.1	696	34.9	498	24.9	522	26.1	1,997	41.5	
B.C.	301	11.4	766	28.9	696	26.3	887	33.5	2,650	43.8	
Y.T.	5	14.3	10	28.6	14	40.0	6	17.1	35	41.4	
Total	2,589	15.0	5,530	32.0	4,667	27.0	4,521	26.1	17,307	41.6	

Notes

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Year of Birth: Manitoba (4, 0.6%), B.C. (1, <0.1%), total (5, <0.1%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

Manitoba Health provided aggregate data for Age for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health; Nova Scotia College of Physiotherapists.





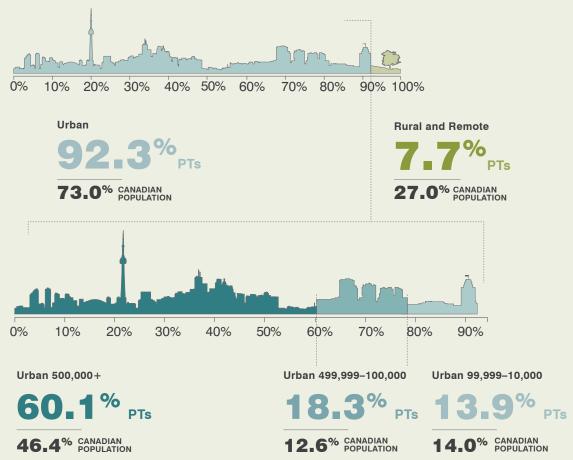
Chapter 3—Geography



Putting Physiotherapists on the Map

In 2009, many physiotherapists continued to work in urban areas. Almost two-thirds (60.1%) of physiotherapists were employed in areas with at least half a million people, where only 46.4% of the Canadian population resides. Conversely, only 7.7% of physiotherapists were employed in rural and remote areas of Canada, where 27% of the population resides.

Urban, Rural and Remote Distribution, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Not stated and unknown responses were removed from the above analysis and are not included in the total.

Not stated indicates that the Postal Code of Primary Employment was not provided.

Unknown indicates that the Postal Code of Primary Employment was provided but did not match the Postal Code Conversion File (PCCF) from Statistics Canada.

Percentage unknown for Postal Code of Primary Employment: total (82, 0.5%).

Percentage not stated for Postal Code of Primary Employment: total (365, 2.2%).

Postal Code of Primary Employment data was assigned to urban/rural/remote categories using the March 2009 release of Statistics Canada's PCCF.

The urban, rural and remote categories are based on a classification scheme developed by Statistics Canada. Urban/rural population statistics are based on 2006 census data from Statistics Canada (catalogue no. 97-550-XWE2006002, released July 12, 2007).

Please review the Methodological Notes for more comprehensive information.

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.

Geography

Based on the postal code of employment it is possible to determine where in Canada physiotherapists are employed and may provide physiotherapy services.

Table 5: Count, Percentage and per 10,000 Population of Physiotherapists in Urban and Rural/Remote Regions, by Province or Territory of Registration, 2009

		Urban		Rural and Remote Areas					
	Count	Percent	Per 10,000 Population	Count	Percent	Per 10,000 Population			
N.L.	**	**	8.4	**	**	0.9			
P.E.I.	**	**	9.4	*	*	0.5			
N.B.	340	76.9	11.4	102	23.1	2.4			
Que.	3,449	92.3	6.2	288	7.7	1.4			
Ont.	5,993	94.8	6.2	326	5.2	1.3			
Man.	603	89.2	8.4	73	10.8	1.7			
Sask.	417	89.9	8.1	47	10.1	1.0			
Alta.	1,722	90.2	7.2	187	9.8	2.1			
B.C.	2,277	91.9	7.0	201	8.1	2.4			
Y.T.	35	100.0	19.3	0	0.0	0.0			
Total	15,048	92.3	6.6	1,255	7.7	1.6			

Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Not stated and unknown responses were removed from the above analysis and are not included in the total. Not stated indicates that the Postal Code of Primary Employment was not provided.

Unknown indicates that the Postal Code of Primary Employment was provided but did not match the Postal Code Conversion File (PCCF) from Statistics Canada.

Percentage unknown: Newfoundland and Labrador (2, 1.0%), New Brunswick (5, 1.1%), Quebec (21, 0.6%),

Ontario (17, 0.3%), Manitoba (4, 0.6%), Alberta (5, 0.3%), B.C. (28, 1.1%), total (82, 0.5%).

Percentage not stated: Newfoundland and Labrador (3, 1.5%), Ontario (55, 0.9%), Manitoba (13, 1.9%),

Saskatchewan (66, 12.5%), Alberta (83, 4.2%), B.C. (145, 5.5%), total (365, 2.2%).

Postal Code of Primary Employment data was assigned to urban/rural/remote categories using the March 2009 release of Statistics Canada's PCCF.

The urban, rural and remote categories are based on a classification scheme developed by Statistics Canada. Urban/rural population statistics are based on 2006 census data from Statistics Canada (catalogue no. 97-550-XWE2006002, released July 12, 2007).

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.

^{*} Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

^{**} Value suppressed to ensure confidentiality; cell value is 5 or greater.



Chapter 4—Education



Raising the Bar

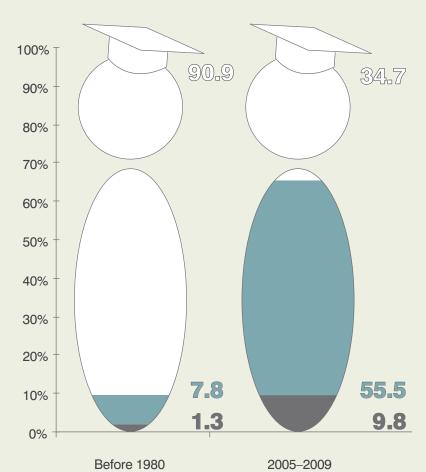
The effects of changes in the entry-topractice requirements for physiotherapy are becoming more apparent in the Canadian workforce. The number of physiotherapists in the workforce with master's degrees is steadily increasing, as is their age at graduation.

Level of Education



Age at Graduation

From Basic Education in PT



Notes

Nova Scotia data was not available for 2007 and 2008. Yukon data was not available for 2008.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories. Not shown in this figure: in 2007 there were 16 physiotherapists with a doctorate in physiotherapy (0.1%). In 2008, there were 25 physiotherapists with a doctorate in physiotherapy (0.2%). In 2009, there were 28 physiotherapists with a doctorate in physiotherapy (0.2%). The results do not include data for which responses were *unknown*. Percentage *unknown*: total 2007 (73, 0.5%), total 2008 (12, 0.1%), total 2009 (10, <0.1%).

For 2009, aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college. Current Level of Education in Physiotherapy is derived from the highest value reported for level of education in physiotherapy (Basic Level of Education in Physiotherapy and Post-Basic Level of Education in Physiotherapy 1, 2, 3).

Post-basic education data was not available from Quebec or Ontario; therefore, current education is based on basic education level only. Post-basic education data was not available for the Yukon for 2007; therefore, current education for 2007 is based on basic education level only.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Physiotherapist Database, Canadian Institute for Health Information; Nova Scotia College of Physiotherapists.

Notes

17-24

25 - 29

30 +

Nova Scotia data was not available.
Regulatory data was not available from the
Northwest Territories and Nunavut, as there
were no licensing authorities in these territories.
The results do not include data for which responses
were unknown.

Percentage *unknown* for Year of Graduation From Basic Education in Physiotherapy: total (9, 0.1%). Percentage *unknown* for Level of Basic Education in Physiotherapy: total (10, 0.1%).

Manitoba Health provided aggregate data for age groups for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

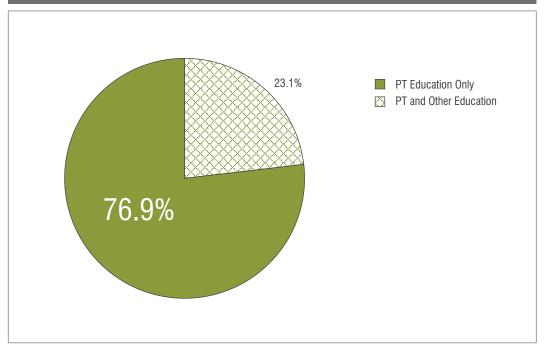
Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Education

Prior to entering practice, new physiotherapists must graduate with an entry-level master's degree from a physiotherapy education program at one of 14 accredited universities in Canada. Physiotherapists often have degrees in other disciplines in addition to their physiotherapy degree.

Figure 3: Physiotherapist Workforce by Education in and Outside of Physiotherapy, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from Ontario and the Yukon, as Education in Other Than Physiotherapy was not collected in these jurisdictions.

The results do not include data for which responses were unknown.

Percentage *unknown* for Level of Education in Other Than Physiotherapy: total (1, <0.1%).

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Table 6: Characteristics of Education Outside of Physiotherapy, 2009										
	Obtained Before Physiotherapy Education	Obtained During Physiotherapy Education	Obtained After Physiotherapy Education							
Percentage Distribution	79.2%	1.9%	19.0%	100%						
Level										
Diploma/Baccalaureate	93.7%	90.9%	22.5%							
Master's/Doctorate	6.3%	9.1%	77.5%							
Total	100%	100%	100%							
Top Fields of Study										
Biological, Biomedical and Physical Sciences	35.3%	41.7%	16.9%							
Kinesiology and Exercise Science	39.5%	27.8%	9.2%							
Health Professions and Related Clinical Sciences	0.0%	8.3%	15.8%							
Psychology	4.8%	0.0%	0.0%							
Education	4.6%	0.0%	0.0%							
Business, Management, Marketing and Related	0.0%	0.0%	12.7%							
Other Field of Study	15.7%	22.2%	45.4%							
Total	100%	100%	100%							
Years Between Completion of Education Outside	le Physiotherapy	and Physiotherap	y Education							
0–5	81.7%	_	26.0%							
6–10	15.1%	_	27.1%							
11–15	2.4%	_	20.0%							
16–20	0.5%	_	13.2%							
21 or More	0.3%	_	13.7%							
Total	100%	_	100%							

Data is not applicable or does not exist.

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from Ontario and the Yukon, as Education in Other Than Physiotherapy was not collected in these jurisdictions.

Findings based on Field of Study in Other Education do not include data from Quebec and Manitoba due to a high proportion of missing values.

The results do not include data for which responses were unknown.

Percentage unknown for Level of Education in Other Than Physiotherapy: total (1, <0.1%).

Percentage unknown for Year of Graduation for Education in Other Than Physiotherapy: total (23, 1.0%).

Percentage unknown for Field of Study of Education in Other Than Physiotherapy: total (9, 0.5%).

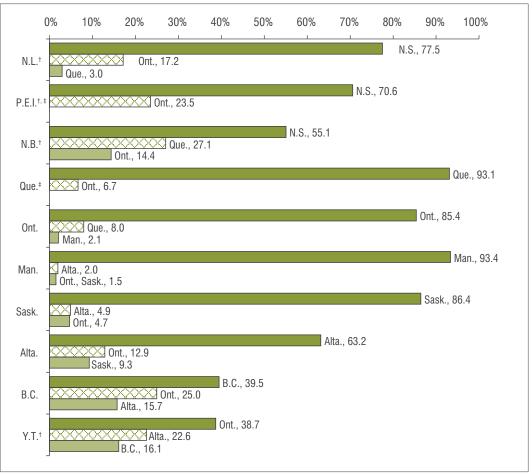
The data for before, during and after education in physiotherapy was derived from Year of Graduation From Basic Education in Physiotherapy and Year of Graduation From Highest Education in Other Than Physiotherapy, which was determined by comparing Level and Year of Graduation From Education in Other Than Physiotherapy 1, 2, 3.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Figure 4: Physiotherapist Workforce by Top Three Provinces of Graduation, Province or Territory of Registration, 2009



- † There was no university with a physiotherapy program in this province/territory.
- ‡ Only two provinces of graduation are presented for P.E.I. and Quebec due to small cell sizes.

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Province of Graduation for Basic Level of Education in Physiotherapy:

New Brunswick (19, 4.3%), Quebec (23, 0.6%), Ontario (2, <0.1%), Manitoba (2, 0.3%),

Saskatchewan (1, 0.2%), Alberta (7, 0.4%), B.C. (114, 4.3%), total (168, 1.0%).

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Physiotherapist Database, Canadian Institute for Health Information.

For the most part physiotherapists work in the same province or region where they graduated with their degree in physiotherapy.



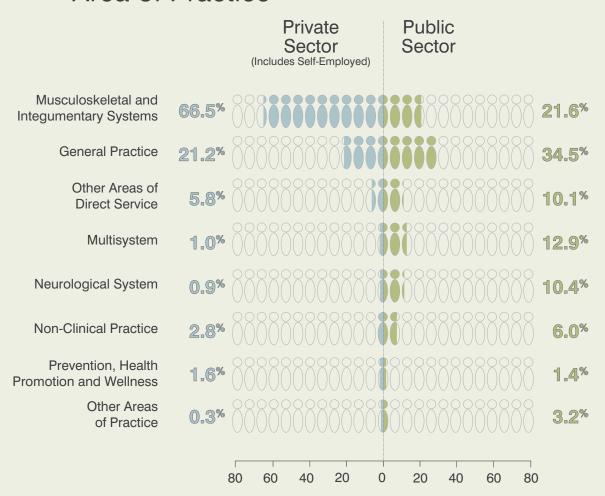
Chapter 5—Employment



Physiotherapist Services in the Private Versus Public Sectors

Two-thirds of physiotherapists working in the private sector work primarily in areas such as sports medicine and orthopedics (as well as other musculoskeletal and integumentary systems). Only 21.6% of physiotherapists working in the public sector provide these services. Physiotherapists in the public sector provide a wider range of services that are not commonly found in the private sector, such as neurological, cardiovascular and respiratory, multisystem and general practice areas.

Area of Practice



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories. Findings do not include data from P.E.I., as Employment Sector for Primary Employment and Primary Employment Area of Practice were not collected in this jurisdiction.

Findings do not include data from Saskatchewan due to a high proportion of missing values for Employment Sector for Primary Employment. Findings do not include data from Ontario due to a high proportion of missing values for Primary Employment Area of Practice.

The results do not include data for which responses were unknown.

Percentage unknown for Sector of Employment for Primary Employment: total (716, 4.4%).

Percentage unknown for Area of Practice for Primary Employment: total (728, 7.1%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Public sector is inclusive of employees working within government and government institutions, such as hospitals, schools and universities. Private sector is inclusive of employees working within privately owned facilities, organizations and businesses, and third-party insurers, self-employed private practitioners and owners of a business.

General practice is defined as providing services focused on a range of general physical health issues.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Other areas of practice includes cardiovascular and respiratory systems and other areas of practice.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

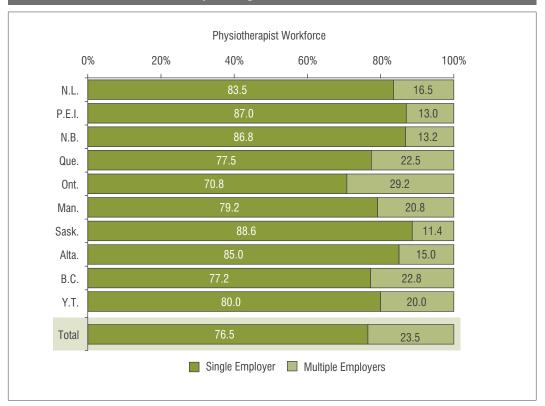
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Employment

The PTDB collects information on the employment characteristics of physiotherapists, including where they work, what they do and estimates of their workload activities, among other factors.

Single Versus Multiple Employers

Figure 5: Physiotherapist Workforce by Number of Employers, Province or Territory of Registration, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were *unknown*.

Percentage *unknown*: Manitoba (2, 0.3%), Saskatchewan (46, 8.7%), Alberta (4, 0.2%), B.C. (2, 0.1%), total (52, 0.3%).

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

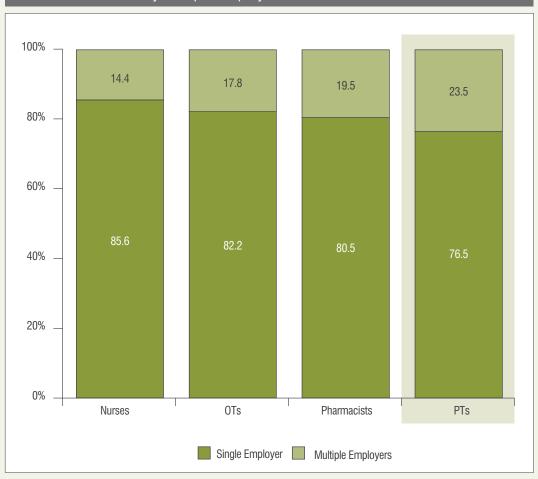
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Cross-Profession by Multiple Employers

Health care providers are similar in their likelihood of holding more than one job.

Health Professionals by Multiple Employers



Notes

Physiotherapists (PTs)

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for multiple employment status: total (54, 0.3%).

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

For more information on the regulated nurse (2008), occupational therapist (2009) and pharmacist (2009) databases, please see their respective annual reports at www.cihi.ca.

Sources

Nursing Database, Occupational Therapist Database, Physiotherapist Database and Pharmacist Database, Canadian Institute for Health Information.

Table 7: Physiotherapist Workforce by Number of Employers and Gender, 2009

	Single E	mployer	Multiple E	Multiple Employers			
	Count	Percent	Count	Percent	- Total		
Female	10,147	78.0	2,865	22.0	13,012		
Male	2,627	71.4	1,053	28.6	3,680		
Total	12,774	76.5	3,918	23.5	16,692		

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for multiple employment status: total (52, 0.3%).

Percentage unknown for Gender: total (3, <0.1%).

Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Table 8: Physiotherapist Workforce by Number of Employers and 10-Year Age Groups, 2009

	Single E	mployer	Multiple E	Total	
	Count	Percent	Count	Percent	Total
20-29	1,929	76.2	603	23.8	2,532
30-39	3,958	74.4	1,361	25.6	5,319
40-49	3,454	76.8	1,041	23.2	4,495
50-59	2,628	78.9	703	21.1	3,331
60+	804	79.3	210	20.7	1,014
Total	12,773	76.5	3,918	23.5	16,691

Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were *unknown*.

Percentage unknown for multiple employment status: total (52, 0.3%).

Percentage unknown for Year of Birth: total (5, <0.1%).

Manitoba Health provided aggregate data for Age for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

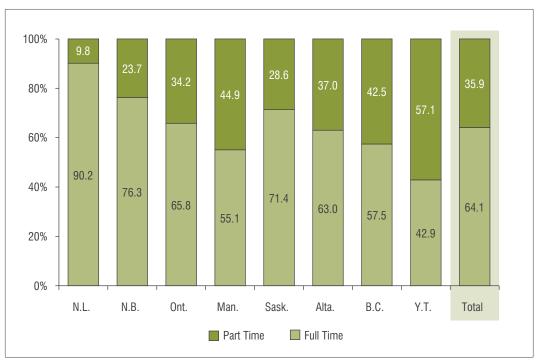
Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Full-Time/Part-Time Status

One-third of physiotherapists work part time in their primary employment.

Figure 6: Physiotherapist Workforce by Primary Employment Full-Time/ Part-Time Status, Province or Territory of Registration, 2009



Notes

Nova Scotia was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from P.E.I. and Quebec, as Primary Employment Full-Time/Part-Time Status was not collected in these jurisdictions.

The results do not include data for which responses were unknown.

Percentage unknown for Full-Time/Part-Time Status: Newfoundland and Labrador (1, 0.5%), Ontario (239, 3.7%), Manitoba (1, 0.1%), Saskatchewan (2, 0.4%), B.C. (336, 12.7%), total (579, 3.5%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

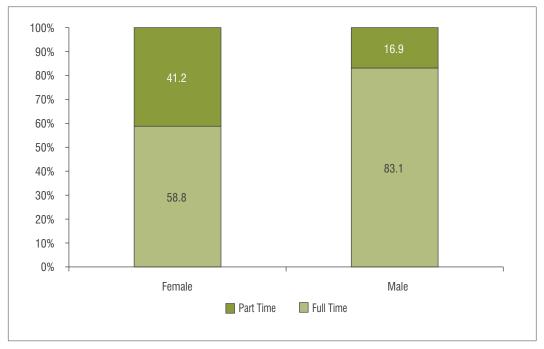
Full time—official status with employer is full time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

Part time—official status with employer is part time, or usual hours of work are fewer than 30 hours per week. CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Figure 7: Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status and Gender, 2009



Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from P.E.I. and Quebec, as Primary Employment Full-Time/Part-Time Status was not collected in these jurisdictions.

The results do not include data for which responses were unknown.

Percentage unknown for Full-Time/Part-Time Status: total (579, 3.5%).

Percentage unknown for Gender: total (3, <0.1%).

Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Full time—official status with employer is full time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

Part time—official status with employer is part time, or usual hours of work are fewer than 30 hours per week. CIHI data will differ from provincial and territorial data due to the CIHI collection, processing

and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health

In 2009, more female physiotherapists worked part time than male physiotherapists.

100% 18.5 90% 29.3 80% 41.6 44.4 49.0 70% 60% 50% 40% 81.5 70.7 30% 58.4 55.6 51.0 20% 10% 0% 20-29 30-39 40-49 50-59 60 +Part Time Full Time

Figure 8: Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status and 10-Year Age Groups, 2009

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from P.E.I. and Quebec, as Primary Employment Full-Time/Part-Time Status was not collected in these jurisdictions.

The results do not include data for which responses were *unknown*.

Percentage unknown for Full-Time/Part-Time Status: total (579, 3.5%).

Percentage unknown for Year of Birth: total (5, <0.1%).

Manitoba Health provided aggregate data for Age for registrants in Manitoba.

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Full time—official status with employer is full time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

Part time—official status with employer is part time, or usual hours of work are fewer than 30 hours per week.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Older physiotherapists are more likely to work part time than their younger counterparts.

Annual Hours

Almost one-third of physiotherapists work fewer than 1,249 hours in a year, which translates to fewer than 25 hours per week.

Table 9: Physiotherapist Workforce by Usual Annual Worked Hours, Province or Territory of Registration, 2009

	0-749		750-	750–1,249		1,250-1,749		1,750–1,999		2,000+	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
N.L.	20	12.1	13	7.9	73	44.2	37	22.4	22	13.3	
P.E.I.	*	*	6	11.3	*	*	**	**	**	**	
N.B.	62	13.9	74	16.6	127	28.5	140	31.4	43	9.6	
N.S.	76	13.6	79	14.1	184	32.9	137	24.5	84	15.0	
Ont.	840	14.3	955	16.3	1,708	29.1	1,477	25.2	886	15.1	
Man.	103	15.7	126	19.3	152	23.2	161	24.6	112	17.1	
Sask.	71	14.1	97	19.3	197	39.2	94	18.7	43	8.6	
Alta.	327	17.0	354	18.4	469	24.4	359	18.7	414	21.5	
B.C.	428	16.8	471	18.5	891	34.9	421	16.5	340	13.3	
Y.T.	**	**	11	33.3	**	**	*	*	*	*	
Total	1,939	15.2	2,186	17.1	3,813	29.9	2,855	22.4	1,960	15.4	

Notes

- * Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

 $Findings\ do\ not\ include\ data\ from\ Quebec,\ as\ Total\ Annual\ Worked\ Hours\ was\ not\ collected\ in\ this\ jurisdiction.$

The results do not include data for which responses were *unknown*.

Percentage *unknown* for Total Annual Worked Hours: Newfoundland and Labrador (29, 14.9%), Ontario (525, 8.2%), Manitoba (39, 5.6%), Saskatchewan (28, 5.3%), Yukon (2, 5.7%), total (623, 3.7%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

Based on a 50-week work year, 0 to 749 hours a year translates to 0 to 15 hours a week, 750 to 1,249 hours a year translates to 15 to 25 hours a week, 1,250 to 1,749 hours a year translates to 25 to 35 hours a week, 1,750 to 1,999 hours a year translates to 35 to 40 hours a week, and 2,000 or more hours a year translates to 40 or more hours a week.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

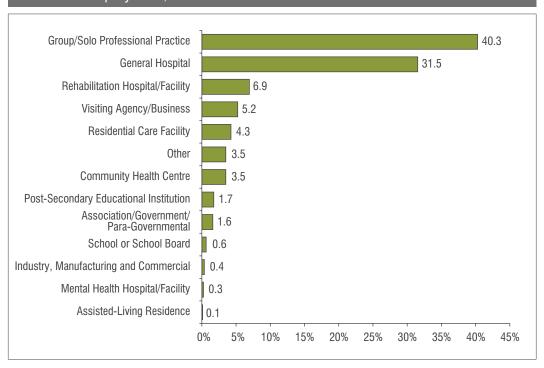
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Place of Employment

The primary place of employment is the site where service is delivered and the physiotherapist is engaged in his or her physiotherapy area of practice.

Figure 9: Physiotherapist Workforce by Place of Employment for Primary Employment, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were *unknown*.

Percentage unknown for Place of Employment for Primary Employment: total (302, 1.8%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Solo and group professional practice are grouped as some jurisdictions do not distinguish between solo and group professional practice when collecting data.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Table 10: Physiotherapist Workforce by Place of Employment for Primary Employment, Province or Territory of Registration, 2009

	Hospital		Comm	nunity	Profes Prac	sional ctice	Otl	Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
N.L.	101	52.1	**	**	82	42.3	*	*	194
P.E.I.	27	50.0	*	*	21	38.9	*	*	54
N.B.	212	47.4	64	14.3	154	34.5	17	3.8	447
Que.	1,583	42.3	482	12.9	1,512	40.4	167	4.5	3,744
Ont.	2,374	38.7	948	15.5	2,391	39.0	421	6.9	6,134
Man.	292	42.8	96	14.1	248	36.3	47	6.9	683
Sask.	215	44.4	68	14.0	173	35.7	28	5.8	484
Alta.	664	33.3	302	15.2	881	44.2	146	7.3	1,993
B.C.	869	33.2	272	10.4	1,126	43.0	354	13.5	2,621
Y.T.	11	31.4	11	31.4	13	37.1	0	0.0	35
Total	6,348	38.7	2,255	13.8	6,601	40.3	1,185	7.2	16,389

- * Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were *unknown*.

Percentage unknown for Place of Employment for Primary Employment: Quebec (14, 0.4%), Ontario (257, 4.0%), Manitoba (8, 1.2%), B.C. (23, 0.9%), total (302, 1.8%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Hospital includes general hospital, rehabilitation hospital/facility and mental health hospital/facility.

Community includes residential care facility, assisted-living residence, community health centre, visiting agency/business and school or school board.

Professional practice includes group professional practice/clinic and solo professional practice/business.

Other includes post-secondary educational institution, association/government/para-governmental, industry, manufacturing and commercial and other employer types not otherwise specified.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Physiotherapist Database, Canadian Institute for Health Information.

The majority of physiotherapists work either in private practice or in general hospitals.

70% 61.0 60% 50% 42.9 40% 34.5 30% 23.9 20% 15.0 9.2 7.6 10% 5.9 0% Female Male Hospital □ Community Professional Practice Other

Figure 10: Physiotherapist Workforce by Place of Employment for Primary Employment and Gender, 2009

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Place of Employment for Primary Employment: total (302, 1.8%).

Percentage unknown for Gender: (3, <0.1%).

Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Hospital includes general hospital, rehabilitation hospital/facility and mental health hospital/facility.

Community includes residential care facility, assisted-living residence, community health centre, visiting agency/business and school or school board.

Professional practice includes group professional practice/clinic and solo professional practice/business.

Other includes post-secondary educational institution, association/government/para-governmental, industry, manufacturing and commercial and other employer types not otherwise specified.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

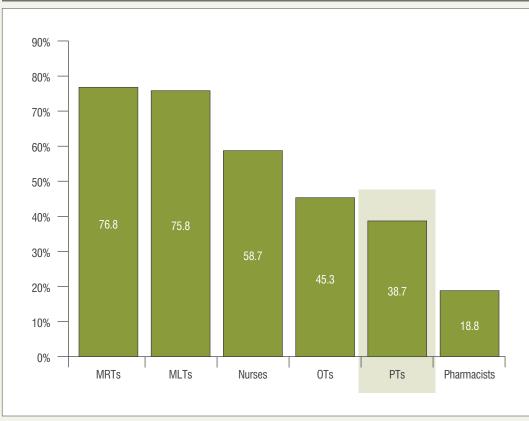
Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Male physiotherapists are far more likely to work in private practice and less likely to work in hospitals compared to female physiotherapists.

Cross-Profession by Hospital Place of Work

The proportion of the workforce employed by hospitals varies by occupation, depending on the level of involvement in community settings.

Health Professionals by Place of Work—Hospital



Notes

Physiotherapists (PTs)

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Place of Employment for Primary Employment: total (302, 1.8%).

Hospital includes general hospital, rehabilitation hospital/facility and mental health hospital/facility. CIHI data will differ from provincial and territorial data due to the CIHI collection, processing

CIHI data will differ from provincial and territorial data due to the CIHI collection and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of the PTDB data.

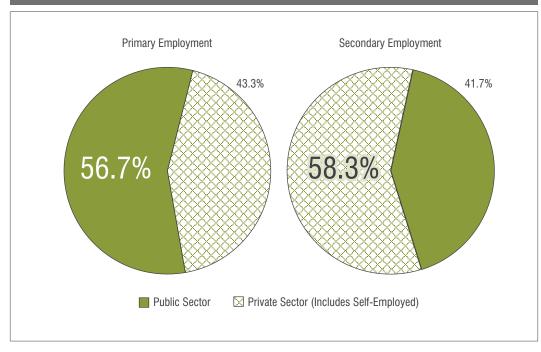
For more information on the regulated nurse (2008), occupational therapist (2009), pharmacist (2009), medical laboratory technologist (2008) and medical radiation technologist (2008) databases, please see their respective annual reports at www.cihi.ca.

Sources

Nursing Database, Occupational Therapist Database, Physiotherapist Database, Pharmacist Database, Medical Laboratory Technologist Database and Medical Radiation Technologist Database, Canadian Institute for Health Information.

Sector of Employment

Figure 11: Physiotherapist Workforce by Employment Sector for Primary and Secondary Employment, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from P.E.I., as Employment Sector for Primary and Secondary Employment was not collected in this jurisdiction.

Findings for Employment Sector for Primary Employment do not include data from Saskatchewan due to a high proportion of missing values.

Findings for Employment Sector for Secondary Employment do not include data from Ontario and Saskatchewan due to a high proportion of missing values.

The results do not include data for which responses were unknown.

Percentage unknown for Employment Sector for Primary Employment: total (716, 4.4%).

Percentage unknown for Employment Sector for Secondary Employment: total (45, 2.3%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Secondary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the second-highest number of usual weekly hours worked.

Public sector is inclusive of employees working within government and government institutions, such as hospitals, schools and universities.

Private sector is inclusive of employees working within privately owned facilities, organizations and businesses, and third-party insurers, self-employed private practitioners and owners of a business.

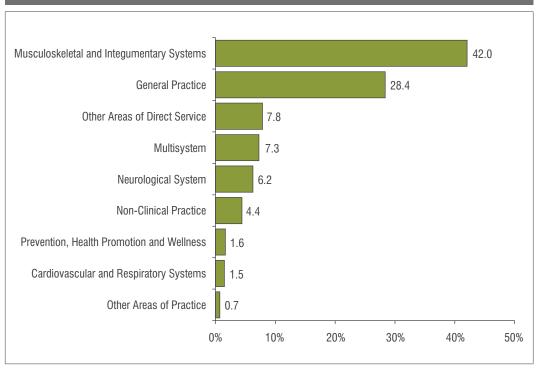
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Area of Practice

Figure 12: Physiotherapist Workforce by Area of Practice for Primary Employment, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from P.E.I., as Primary Employment Area of Practice was not collected in this jurisdiction.

Findings do not include data from Ontario due to a high proportion of missing values for Primary Employment Area of Practice.

The results do not include data for which responses were unknown.

Percentage unknown for Primary Employment Area of Practice: total (728, 7.1%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

General practice is defined as providing services focused on a range of general physical health issues.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

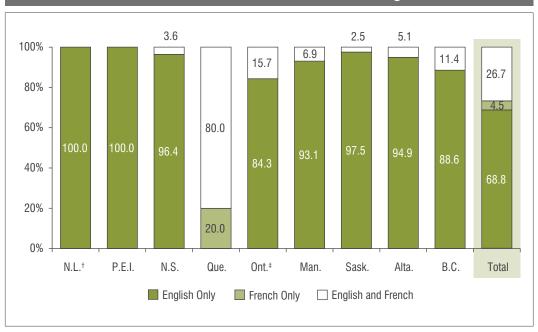
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Languages Used at Work

Canadian Official Languages

Figure 13: Physiotherapist Workforce by Canadian Official Languages in Which Service Could Be Provided, Province of Registration, 2009



Notes

- † English Only and English and French were grouped for Newfoundland and Labrador due to small cell sizes for English and French.
- ‡ English and French and French Only were grouped for Ontario due to small cell sizes for French Only. Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from the Yukon, as Canadian Official Languages—Ability to Provide Service was not collected in this jurisdiction.

Findings do not include data from New Brunswick due to a high proportion of missing values for Canadian Official Languages—Ability to Provide Service.

The results do not include data for which responses were *unknown*.

Percentage *unknown* for Canadian Official Languages—Ability to Provide Service: Quebec (4, 0.1%), Ontario (29, 0.5%), total (33, 0.2%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

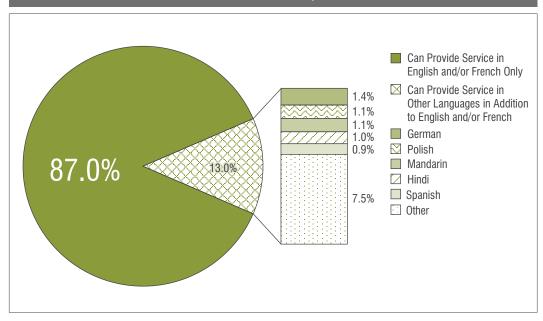
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Other Languages

Figure 14: Physiotherapist Workforce by Other Languages in Which Service Could Be Provided, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include data from New Brunswick, as Other Language—Ability to Provide Service was not collected in this jurisdiction.

Findings do not include data from Quebec due to a high proportion of missing values for Other Language—Ability to Provide Service.

The results do not include data for which responses were *unknown*.

Percentage unknown for Other Language—Ability to Provide Service: total (22, 1.4%).

Other Language—Ability to Provide Service 1, 2, 3 is collected by CIHI. This figure is based on Other Language—Ability to Provide Service 1 only.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source



Chapter 6—In Focus

New Graduates

Table 11: Number of Graduates of Accredited Programs in Physiotherapy by School of Graduation, Canada, 1999 to 2009

School	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
N.S.											
Dalhousie University	48	45	46	49	47	42	50	48	47	44	47
Que.	157	168	172	155	175	174	190	169	166	130	148
McGill University	56	52	53	52	50	52	50	57	53	48	54
Université de Montréal	48	58	53	57	79	64	87	54	57	32 [‡]	37
Université Laval	53	58	66	46	46	58	53	58	56	50	57
Ont.	253	255	278	282	315	215	270	331	297	268	324
McMaster University	59	59	56	50	50	52	47	52	55	54	68
Queen's University	38	39	39	45	42	42	51	93	55	47	48
University of Ottawa	35	36	63	62	47	21	45	60	55	45	78
University of Toronto	63	64	63	62	111	55 [†]	77	76	84	80	81
University of Western Ontario	58	57	57	63	65	45	50	50	48	42	49
Man.											
University of Manitoba	33	29	30	34	28	37	48	52	52	50	44
Sask.											
University of Saskatchewan	30	32	30	30	30	29	31	27	30	31	38
Alta.											
University of Alberta	63	61	67	63	69	68	65	75	76	76	75
B.C.											
University of British Columbia	36	32	41	34	36	38	34	42	40	40	37
Canada	620	622	664	647	700	603	688	744	708	639	713

Notes

This is a comprehensive list of schools offering physiotherapy programs.

Data for 1999 to 2005 came from the Health Personnel Database, which reports the graduates from accredited physiotherapy programs in Canada.

Data in this table should be used within the limitations noted in the Methodological Notes section of Canada's Health Care Providers, 1997 to 2006, A Reference Guide.

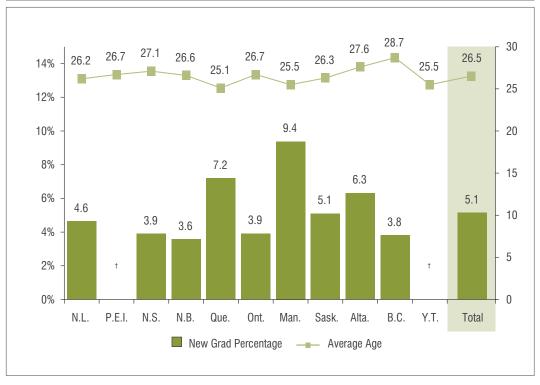
Sources

1999 to 2005: Health Personnel Database, Canadian Institute for Health Information; 2006 to 2009: individual schools' and universities' registrar's offices or administrations.

[†] University of Toronto experienced a decline in the number of graduates from 2003 to 2004 because there was a double cohort of graduates from the bachelor of science in physiotherapy and master's programs.

[‡] Program in transition from baccalaureate to professional master's.

Figure 15: Percentage Distribution of New Graduates in the Physiotherapist Workforce by Average Age and Province or Territory of Registration, 2009



† P.E.I. and Yukon data was suppressed due to small cell sizes.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Year of Graduation From Basic Education in Physiotherapy: Quebec (6, 0.2%), Ontario (2, <0.1%), B.C. (1, <0.1%), total (9, 0.1%).

Manitoba Health provided average age for new graduates for registrants in Manitoba.

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

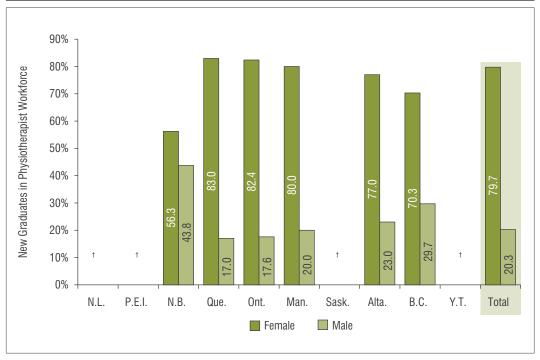
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health; Nova Scotia College of Physiotherapists.

Physiotherapists were considered new graduates if they graduated in 2008 or 2009.

Figure 16: New Graduates in the Physiotherapist Workforce by Gender and Province or Territory of Registration, 2009



† Newfoundland and Labrador, P.E.I., Saskatchewan and Yukon data was suppressed due to small cell sizes. Total includes only those provinces presented in the figure.

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage *unknown* for new graduates: Quebec (6, 0.2%), Ontario (2, <0.1%), B.C. (1, <0.1%), total (9, 0.1%). Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

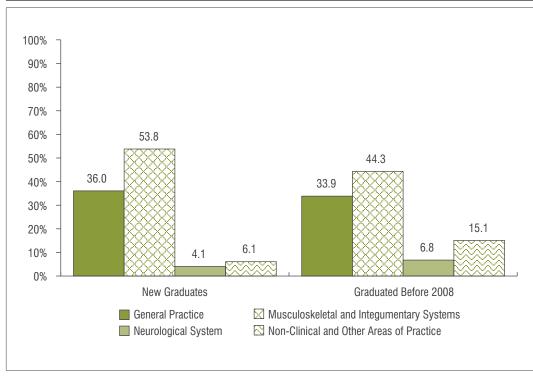
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.

Area of Practice for New Graduates

Figure 17: New Graduates in the Physiotherapist Workforce by Primary Employment Area of Practice, 2009



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings do not include P.E.I., as Area of Practice was not collected in this jurisdiction.

Findings do not include Quebec, Manitoba, B.C. and the Yukon due to a high proportion of missing values for Area of Practice for new graduates.

The results do not include data for which responses were unknown.

Percentage unknown for Primary Employment Area of Practice for new graduates: total (32, 7.5%).

Percentage unknown for new graduates: total (9, 0.1%).

Primary Employment—the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

General practice is defined as providing services focused on a range of general physical health issues.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

 ${\it Cardiovascular\ and\ respiratory\ systems\ include\ cardiology,\ respirology\ and\ critical\ care.}$

Multisystem includes amputations, oncology and palliative care.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

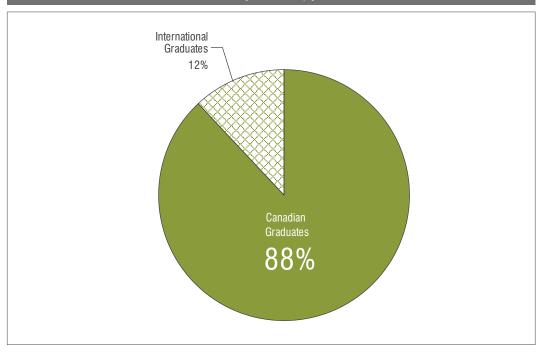
The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source

Internationally Educated Physiotherapists

Physiotherapists who graduated from a university outside of Canada for their basic education in physiotherapy are considered to be internationally educated.

Figure 18: Physiotherapist Workforce by Country of Graduation for Basic Education in Physiotherapy, 2009



Notes

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Country of Graduation: total (528, 3.0%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

0% 5% 10% 15% 20% 25% United Kingdom India **United States** Australia Poland South Africa 4.3 Netherlands **Philippines** 3.3 Iran Hong Kong 3.3 China 3.3 Ireland New Zealand Other

Figure 19: Internationally Educated Physiotherapists by Country of Graduation for Basic Education in Physiotherapy, 2009

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were *unknown*.

Percentage unknown for Country of Graduation: total (528, 3.2%).

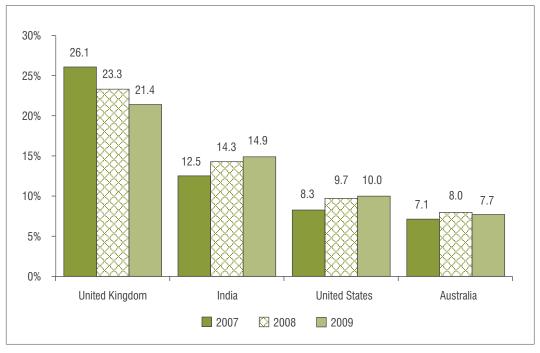
Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Figure 20: Internationally Educated Physiotherapists by Top Four Countries of Graduation for Basic Education in Physiotherapy, 2007 to 2009



Nova Scotia data was not available for 2007 and 2008.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

Findings for 2007 and 2008 do not include data from Quebec, as Country of Graduation for Basic Education in Physiotherapy was not collected in this jurisdiction for those data years.

The results do not include data for which responses were unknown.

Percentage unknown for Country of Graduation, 2007: total (452, 2.9%).

Percentage unknown for Country of Graduation, 2008: total (504, 3.1%).

Percentage unknown for Country of Graduation, 2009: total (528, 3.2%).

Aggregate data for Nova Scotia for 2009 was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

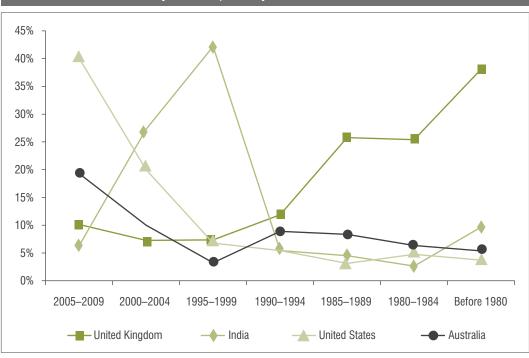


Figure 21: Top Four Countries of Graduation for Internationally Educated Physiotherapists by Year of Graduation, 2009

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were *unknown*.

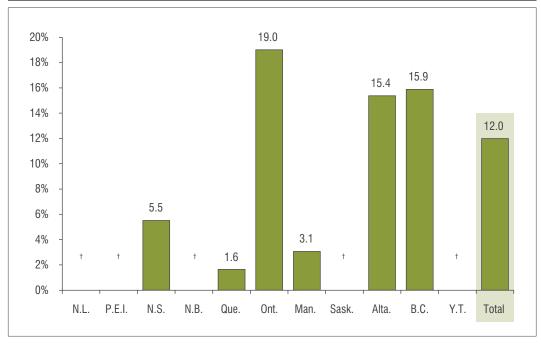
Percentage unknown for Country of Graduation: total (528, 3.2%).

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Source





† Newfoundland and Labrador, P.E.I., New Brunswick, Saskatchewan and Yukon data was suppressed due to small cell sizes.

Total includes only those provinces presented in the figure.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Country of Graduation: Newfoundland and Labrador (21, 10.8%),

New Brunswick (19, 4.3%), Quebec (34, 0.9%), Ontario (2, <0.1%), Manitoba (8, 1.2%),

Saskatchewan (78, 14.7%), B.C. (366, 13.8%), total (528, 3.2%).

Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and excludes inactive and non-practising registration types, as defined by the college.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

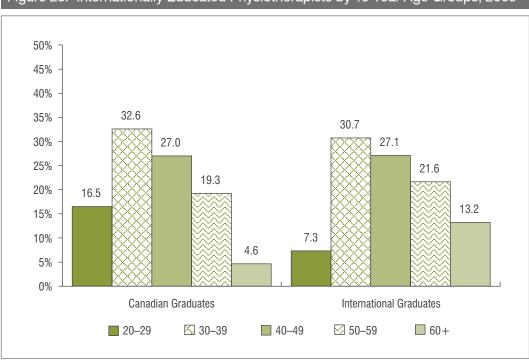


Figure 23: Internationally Educated Physiotherapists by 10-Year Age Groups, 2009

Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Year of Birth: total (5, <0.1%).

Percentage unknown for Country of Graduation: total (528, 3.2%).

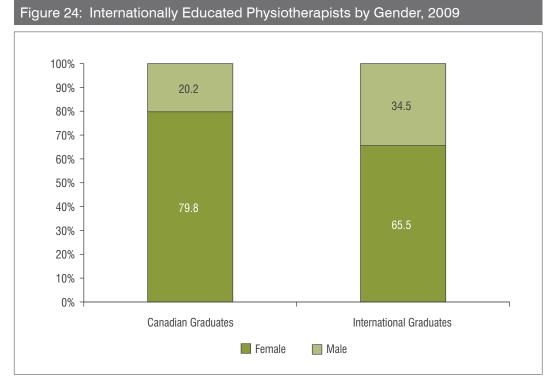
Manitoba Health provided aggregate data for Age for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

 $Physiotherapist\ Database,\ Canadian\ Institute\ for\ Health\ Information;\ Manitoba\ Health.$



Notes

Nova Scotia data was not available.

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.

The results do not include data for which responses were unknown.

Percentage unknown for Gender: total (3, <0.1%).

Percentage unknown for Country of Graduation: total (528, 3.2%).

Manitoba Health provided aggregate data for Gender for registrants in Manitoba.

CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of PTDB data.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Manitoba Health.



Provincial/Territorial Highlights and Analyses

2009 Highlights for Physiotherapists in Newfoundland and Labrador

Supply

- The supply of physiotherapists in Newfoundland and Labrador grew by 0.5% between 2007 and 2009, which was one of the lowest growth rates across the jurisdictions included in this analysis.
- Newfoundland and Labrador had a lower supply of physiotherapists per population, at 38 per 100,000 population, compared to the average of 51 for all jurisdictions included in this analysis.¹
- Newfoundland and Labrador had 194 employed physiotherapists.

Demographics

- The percentage of male physiotherapists in Newfoundland and Labrador was 24.2% in 2009, the highest of all the provinces.
- Physiotherapists in Newfoundland and Labrador had an average age of 39.5, which
 was the youngest among the jurisdictions in the report.
- Newfoundland and Labrador had the highest percentage of physiotherapists age 30 to 39 (42.3%) and the lowest percentage age 50 and older (14.1%) of all jurisdictions in the report.

Education

- Newfoundland and Labrador did not have a university with a physiotherapy program.
- In 2009, 4.6% of the Newfoundland and Labrador physiotherapist workforce were classified as new graduates (graduated in 2008 or 2009), slightly lower than the percentage for all jurisdictions included in this analysis (5.1%).

Excludes the Northwest Territories and Nunavut.

Employment

- Newfoundland and Labrador had the highest percentage of physiotherapists with full-time employment status for their primary job (90.2%).
- In Newfoundland and Labrador, 16.5% of the physiotherapist workforce indicated that they had multiple employers, which was less than the percentage for all jurisdictions included in this analysis (23.5%).
- Newfoundland and Labrador had the highest percentage of its physiotherapist workforce working in hospital settings (52.1%), compared to 38.7% for all jurisdictions included in this analysis.
- Most physiotherapists in Newfoundland and Labrador report working 1,250 to 1,749 hours a year (44.2%), which is much higher than the percentage for all jurisdictions included in this analysis (29.9%).

Geography and Mobility

 In Newfoundland and Labrador, most physiotherapists were located in urban areas.

i. Excludes the Northwest Territories and Nunavut.

ii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

iii. Excludes Quebec, the Northwest Territories and Nunavut.

2009 Newfoundland and Labrador Physiotherapist Workforce Provincial Profile

		Newfoundland and Labrador		20	009
		2008	2009	N.L.	Canada
PTs Employed in Physiotherapy		198	194	194	16,750
	Male	48	47	24.2%	22.0%
Gender ^{†,‡}	Female	150	147	75.8%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age [†]	Years	39.0	39.5		41.6
	<35	71	64	33.0%	31.0%
Age	35–49	99	101	52.1%	42.8%
Breakdown ^{†,‡}	50+	28	29	14.9%	26.2%
	Missing Values	0	0	0.0%	<0.1%
Full Time (Deat	Full Time	173	174	89.7%	61.0%
Full-Time/Part- Time Status [§]	Part Time	18	19	9.8%	34.1%
Time Status	Missing Values	7	1	0.5%	4.9%
	Permanent	176	176	90.7%	81.4%
	Temporary	**	10	5.2%	3.5%
Employment	Casual	*	0	0.0%	3.8%
Category [‡]	Employee, Unspecified	0	0	0.0%	0.5%
0 ,	Self-Employed	5	7	3.6%	4.8%
	Missing Values	7	1	0.5%	6.1%
	Hospital	105	101	52.1%	37.9%
	Community	11	**	**	13.5%
Place of	Professional Practice	70	82	42.3%	39.4%
Employment	Other	6	*	*	7.1%
	Missing Values	6	0	0.0%	2.2%
	General Practice	60	66	34.0%	26.0%
	Musculoskeletal and Integumentary Systems	83	83	42.8%	38.5%
	Neurological System	23	26	13.4%	5.7%
	Cardiovascular and Respiratory Systems	6	9	4.6%	1.3%
Area of	Multisystem	*	*	*	6.7%
Practice ^{‡‡}	Other Areas of Direct Service	*	*	*	7.2%
	Prevention, Health Promotion and Wellness	*	*	*	1.5%
	Non-Clinical Practice	11	5	2.6%	4.0%
	Other Areas of Practice	0	0	0.0%	0.7%
	Missing Values	8	0	0.0%	8.3%
Multiple	Single Employer	167	162	83.5%	76.3%
Employment	Multiple Employers	26	32	16.5%	23.4%
Status	Missing Values	5	0	0.0%	0.3%
	Diploma	14	13	6.7%	10.9%
Current	Baccalaureate	174	163	84.0%	78.4%
Education in	Master's	**	18	9.3%	10.5%
Physiotherapy [‡]	Doctorate	*	0	0.0%	0.2%
	Missing Values	0	0	0.0%	<0.1%
DI (Canadian-Trained	171	**	**	85.3%
Place of	Internationally Educated	27	*	*	11.6%
Graduation [‡]	Missing Values	0	21	10.8%	3.0%

2009 Newfoundland and Labrador Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimate	PT Count	Per 100,000 Population
1011	Eastern Regional Integrated Health Authority	298,407	135	45
1012	Central Regional Integrated Health Authority	93,961	20	21
1013	Western Regional Integrated Health Authority	78,512	25	32
1014	Labrador-Grenfell Regional Integrated Health Authority	37,015	9	24
	Missing Values	_	5	_

Notes

- Data is not applicable or does not exist.
- * Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- ‡ The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ‡‡ The total does not include P.E.I. and Ontario.

Missing Values

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: not collected means that the information is not collected by the data provider on the registration form or that a data provider cannot submit the information; unknown indicates that the information was not provided by the registrant; and not applicable states that the data element is not relevant to the situation of the registrant. For example, if a physiotherapist resides in the U.S., Province of Residence is not applicable.

Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

 ${\it Neurological system includes neurology and vestibular rehabilitation}.$

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

The population estimates used in this publication are from Statistics Canada, Demography Division, and are based on *Canadian Demographic Estimates*, 2007–2008, preliminary postcensal estimates of the population counted on July 1, 2008, Canada, provinces and territories.

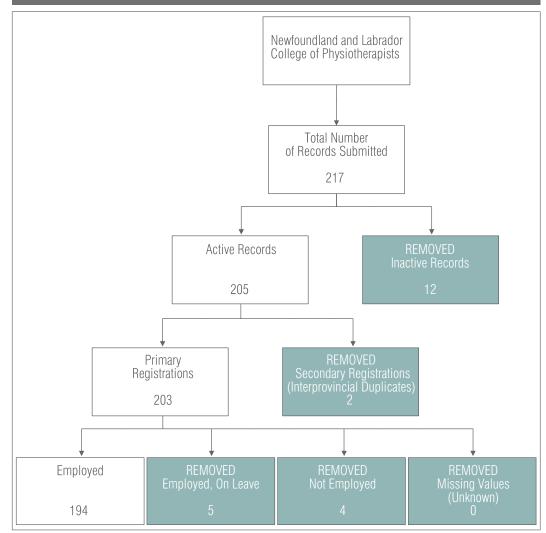
Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available by sending an email to ptdb@cihi.ca.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.

2009 Data Flow From the Newfoundland and Labrador College of Physiotherapists to CIHI



2009 Highlights for Physiotherapists in Prince Edward Island

Supply

- The supply of physiotherapists in P.E.I. grew by 8.0% between 2007 and 2009.
- P.E.I., along with Newfoundland and Labrador, had one of the lowest supply rates of physiotherapists per population, at 38 per 100,000 population, compared to the average of 51 for all jurisdictions included in this analysis.
- P.E.I. had 54 employed physiotherapists.

Demographics

- P.E.I. had the lowest percentage of male physiotherapists in its workforce (16.7%).
- Physiotherapists in P.E.I. had an average age of 42.5, which was older than the average (41.6) for all jurisdictions included in this analysis.
- After the Yukon (40.0%), P.E.I. had the highest percentage of physiotherapists between age 40 and 49 of all the jurisdictions (34.0%).

Education

- P.E.I. did not have a university with a physiotherapy program.
- The average age of new graduates in P.E.I. was 26.7.

Employment

- For all jurisdictions included in this analysis, female physiotherapists were more likely to report part-time status than male physiotherapists. P.E.I. data on part-time status was not available.
- More than one-tenth (13.0%) of the P.E.I. physiotherapist workforce indicated that they had multiple employers, which was less than the percentage for all jurisdictions included in this analysis (23.5%).
- Half of employed physiotherapists in P.E.I. worked in hospital settings (50.0%).

Geography and Mobility

 In Prince Edward Island, most physiotherapist employers were located in urban areas.

i. Excludes the Northwest Territories and Nunavut.

ii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 Prince Edward Island Physiotherapist Workforce Provincial Profile

		Prince Edward Island		20	09
		2008	2009	P.E.I.	Canada
PTs Employed in	Physiotherapy	53	54	54	16,750
	Male	9	9	16.7%	22.0%
Gender ^{†, ‡}	Female	44	45	83.3%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age [†]	Years	41.7	42.5		41.6
	<35	13	13	24.1%	31.0%
Age	35–49	28	26	48.1%	42.8%
Breakdown ^{†,‡}	50+	12	15	27.8%	26.2%
	Missing Values	0	0	0.0%	<0.1%
Full-Time/Part- Time Status§	Not Collected	_	_	_	_
	Permanent	34	35	64.8%	81.4%
	Temporary	*	*	*	3.5%
Employment	Casual	6	6	11.1%	3.8%
Category ^{††}	Employee, Unspecified	*	*	*	0.5%
	Self-Employed	7	7	13.0%	4.8%
	Missing Values	0	0	0.0%	6.1%
	Hospital	26	27	50.0%	37.9%
DI (Community	*	*	*	13.5%
Place of	Professional Practice	21	21	38.9%	39.4%
Employment	Other	*	*	*	7.1%
	Missing Values	0	0	0.0%	2.2%
Area of Practice ^{‡‡}	Not Collected	_	_	_	_
Multiple	Single Employer	46	47	87.0%	76.3%
Employment	Multiple Employers	7	7	13.0%	23.4%
Status [‡]	Missing Values	0	0	0.0%	0.3%
	Diploma	**	**	**	10.9%
Current	Baccalaureate	42	43	79.6%	78.4%
Education in	Master's	*	*	*	10.5%
Physiotherapy [‡]	Doctorate	0	0	0.0%	0.2%
2 4.0	Missing Values	0	0	0.0%	<0.1%
	Canadian-Trained	**	**	**	85.3%
Place of	Internationally Educated	*	*	*	11.6%
Graduation [‡]	Missing Values	0	0	0.0%	3.0%

2009 Prince Edward Island Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimate	PT Count	Per 100,000 Population
1101	Kings County	18,292	*	11–15
1102	Queens County	76,218	39	51
1103	Prince County	45,308	**	26-30
	Missing Values	_	0	_

Notes

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- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- ‡ The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ## The total does not include P.E.I. and Ontario.

Missing Values

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: not collected means that the information is not collected by the data provider on the registration form or that a data provider cannot submit the information; unknown indicates that the information was not provided by the registrant; and not applicable states that the data element is not relevant to the situation of the registrant. For example, if a physiotherapist resides in the U.S., Province of Residence is not applicable.

Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

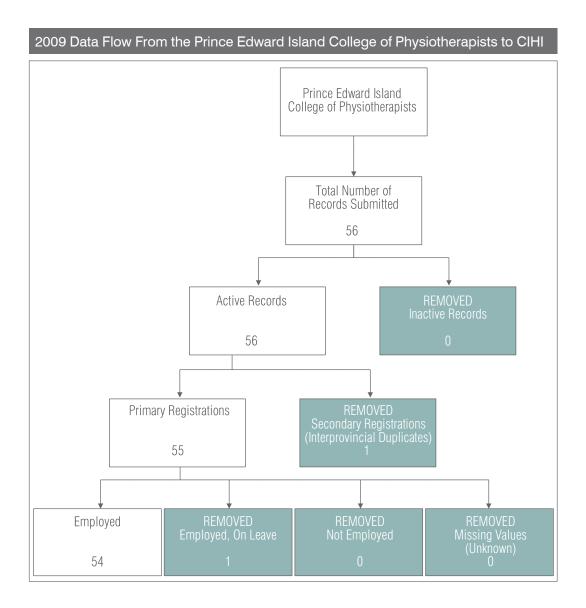
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Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available by sending an email to ptdb@cihi.ca.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in New Brunswick

Supply

- The supply of physiotherapists in New Brunswick grew by 3.0% between 2007 and 2009.
- New Brunswick had 447 employed physiotherapists, which amounted to 60 per 100,000 population, compared to the average of 51 for all jurisdictions included in this analysis.¹

Demographics

- New Brunswick had a slightly lower proportion of male physiotherapists (20.1%) than the average for all jurisdictions included in this analysis (22.0%).
- · Physiotherapists in New Brunswick had an average age of 40.0.

Education

- New Brunswick did not have a university with a physiotherapy program.
- New Brunswick had 3.6% of its physiotherapist workforce classified as new graduates (graduated in 2008 or 2009), which was lower than the percentage for all jurisdictions included in this analysis (5.1%).

Employment

- Almost one-quarter (23.7%) of physiotherapists in New Brunswick worked on a part-time basis at their primary jobs, compared to just more than one-third across all jurisdictions included in this analysis.
- More than one-tenth (13.2%) of the New Brunswick physiotherapist workforce indicated that they had multiple employers, which was less than the percentage for all jurisdictions included in this analysis (23.5%).
- Almost half of physiotherapists in New Brunswick (47.4%) worked in hospital settings, followed by professional practice settings (34.5%). The percentage working in professional practice settings was the lowest among the jurisdictions included in this analysis.
- Most physiotherapists in New Brunswick worked between 1,750 and 1,999 hours per year (31.4%).

Geography and Mobility

• New Brunswick had the highest percentage of physiotherapists located in rural and remote areas (23.1%) across all jurisdictions included in this analysis.

i. Excludes the Northwest Territories and Nunavut.

ii. Excludes P.E.I., Nova Scotia, Quebec, the Northwest Territories and Nunavut.

iii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 New Brunswick Physiotherapist Workforce Provincial Profile

		New Brunswick		2009	
		2008	2009	N.B.	Canada
PTs Employed in F	Physiotherapy	450	447	447	16,750
	Male	88	90	20.1%	22.0%
Gender ^{†, ‡}	Female	362	357	79.9%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age†	Years	39.3	40.0		41.6
	<35	154	138	30.9%	31.0%
Age	35–49	228	231	51.7%	42.8%
Breakdown ^{†,‡}	50+	68	78	17.4%	26.2%
	Missing Values	0	0	0.0%	<0.1%
Full-Time/Part-	Full Time	342	341	76.3%	61.0%
Time Status§	Part Time	108	106	23.7%	34.1%
Time Otatas	Missing Values	0	0	0.0%	4.9%
	Permanent	420	425	95.1%	81.4%
	Temporary	**	16	3.6%	3.5%
Employment	Casual		6	1.3%	3.8%
Category ^{††}	Employee, Unspecified	0	0	0.0%	0.5%
	Self-Employed	0	0	0.0%	4.8%
	Missing Values	0	0	0.0%	6.1%
	Hospital	213	212	47.4%	37.9%
	Community	68	64	14.3%	13.5%
Place of	Professional Practice	155	154	34.5%	39.4%
Employment	Other	14	17	3.8%	7.1%
	Not Collected	0	0	0.0%	0.0%
	Missing Values	0	0	0.0%	2.2%
	General Practice	427	417	93.3%	26.0%
	Musculoskeletal and Integumentary Systems	*	*	*	38.5%
	Neurological System	0	0	0.0%	5.7%
	Cardiovascular and Respiratory Systems	0	0	0.0%	1.3%
Area of	Multisystem	0	0	0.0%	6.7%
Practice ^{‡‡}	Other Areas of Direct Service Prevention. Health Promotion and Wellness	0	0	0.0%	7.2%
	Non-Clinical Practice	0	0	0.0%	1.5% 4.0%
	Other Areas of Practice	5	6	1.3%	0.7%
	Missing Values	13	17	3.8%	8.3%
Multiple	Single Employer	399	388	86.8%	76.3%
Employment	Multiple Employers	51	59	13.2%	23.4%
Status	Missing Values	0	0	0.0%	0.3%
	Diploma	34	32	7.2%	10.9%
Current	Baccalaureate	394	391	87.5%	78.4%
Education in	Master's	22	24	5.4%	10.5%
Physiotherapy [‡]	Doctorate	0	0	0.0%	0.2%
	Missing Values	0	0	0.0%	<0.1%
Di (Canadian-Trained	**	**	**	85.3%
Place of Graduation [‡]	Internationally Educated	*	*	*	11.6%
I-radiiation+	Missing Values	21	19	4.3%	3.0%

2009 New Brunswick Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
1301	Region 1	199,466	117	59
1302	Region 2	174,288	122	70
1303	Region 3	171,466	104	61
1304	Region 4	50,074	22	44
1305	Region 5	27,243	21	77
1306	Region 6	79,013	42	53
1307	Region 7	45,752	14	31
	Missing Values	_	5	_

Notes

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- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
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- †† The total does not include Quebec and Ontario.
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Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

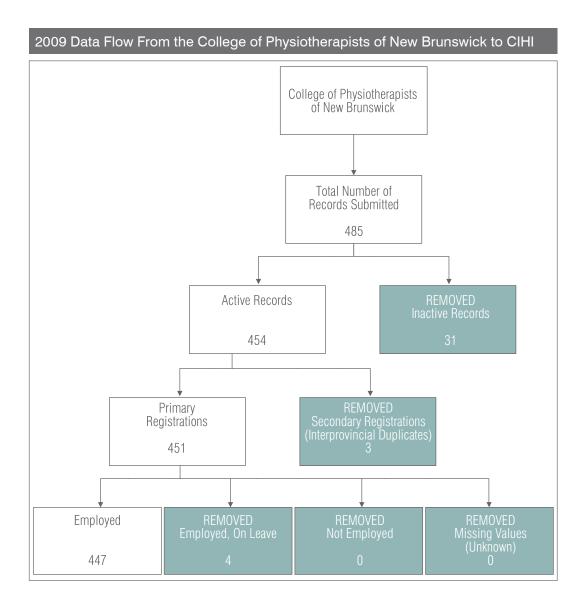
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Additional methodological information is available by sending an email to ptdb@cihi.ca.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in Quebec

Supply

- The supply of physiotherapists in Quebec grew by 2.9% between 2007 and 2009.
- Quebec had 3,758 employed physiotherapists, which amounted to 48 physiotherapists per 100,000 population.

Demographics

- The percentage of male physiotherapists in Quebec was 22.0%, which was the same as the percentage across all jurisdictions in this analysis (22.0%).
- Physiotherapists in Quebec had an average age of 39.7, which was younger than the average of 41.6 for all jurisdictions in this analysis.¹
- New graduates in Quebec were the youngest on average across jurisdictions, with an average age of 25.1.

Education

- Quebec had 7.2% of its physiotherapist workforce classified as new graduates (graduated in 2008 or 2009), which was higher than the percentage for all jurisdictions included in this analysis (5.1%).
- Only 1.6% of physiotherapists in Quebec indicated that they were internationally educated.

Employment

- For all jurisdictions included in this analysis, female physiotherapists were more likely to report part-time status than male physiotherapists. Quebec data on part-time status was not available.
- About one-fifth (22.5%) of the Quebec physiotherapist workforce indicated that they had multiple employers, which was close to the percentage for all jurisdictions included in this analysis (23.5%).
- Slightly more Quebec physiotherapists worked in hospitals (42.3%) than in professional practice settings (40.4%).
- Quebec had the highest percentage of physiotherapists who could provide service in both official languages (80.0%), as well as the highest percentage who could provide service in French only (20.0%).

Geography and Mobility

 Most (92.3%) physiotherapist employers in Quebec were located in urban areas, which was the same as the percentage for all jurisdictions included in this analysis (92.3%).

i. Excludes the Northwest Territories and Nunavut.

ii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 Quebec Physiotherapist Workforce Provincial Profile

		Quebec		2009	
		2008	2009	Que.	Canada
PTs Employed in	Physiotherapy	3,703	3,758	3,758	16,750
	Male	819	825	22.0%	22.0%
Gender ^{†,‡}	Female	2,884	2,933	78.0%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age [†]	Years	39.7	39.7		41.6
	<35	1,306	1,342	35.7%	31.0%
Age	35–49	1,669	1,661	44.2%	42.8%
Breakdown ^{†, ‡}	50+	728	755	20.1%	26.2%
	Missing Values	0	0	0.0%	<0.1%
Full-Time/Part- Time Status§	Not Collected	_	_	_	_
Employment Category ^{††}	Not Collected	_	_	_	_
	General Hospital	967	991	26.4%	30.9%
	Rehabilitation Hospital/Facility	564	578	15.4%	6.8%
	Mental Health Hospital/Facility	13	14	0.4%	0.2%
	Residential Care Facility	175	160	4.3%	4.2%
	Assisted-Living Residence	0	0	0.0%	0.1%
	Community Health Centre	253	279	7.4%	3.4%
Place of	Visiting Agency/Business	50	41	1.1%	5.1%
Employment	Group Professional Practice/Clinic	16	**	**	23.2%
,,	Solo Professional Practice/Business Post-Secondary Educational Institution	1,492	1,502	40.0%	16.2%
	School or School Board	103	106	2.8%	1.7%
	Association/Government/Para-Governmental	33	27		0.6%
	Industry, Manufacturing and Commercial	*	0	0.7% 0.0%	1.6% 0.4%
	Other	29	34	0.0%	3.4%
	Missing Values	5	14	0.9%	2.2%
	General Practice	399	370	9.8%	26.0%
	Musculoskeletal and Integumentary Systems	1,750	1,783	47.4%	38.5%
	Neurological System	203	184	4.9%	5.7%
	Cardiovascular and Respiratory Systems	0	0	0.0%	1.3%
Area of	Multisystem	642	638	17.0%	6.7%
Practice ^{‡‡}	Other Areas of Direct Service	359	357	9.5%	7.2%
	Prevention, Health Promotion and Wellness	47	44	1.2%	1.5%
	Non-Clinical Practice	26	36	1.0%	4.0%
	Other Areas of Practice	0	0	0.0%	0.7%
	Missing Values	277	346	9.2%	8.3%
Multiple	Single Employer	2,897	2,912	77.5%	76.3%
Employment	Multiple Employers	806	846	22.5%	23.4%
Status	Missing Values	0	0	0.0%	0.3%
	Diploma	41	30	0.8%	10.9%
Current Education in	Baccalaureate	3,649	3,704	98.6%	78.4%
	Master's	7	18	0.5%	10.5%
Physiotherapy [‡]	Doctorate	0	0	0.0%	0.2%
	Missing Values	6	6	0.2%	<0.1%
Place of	Canadian-Trained	_	3,663	97.5%	85.3%
Graduation [‡]	Internationally Educated	_	61	1.6%	11.6%
Graduation	Missing Values	_	34	0.9%	3.0%

2009 Quebec Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
2401	Bas-Saint-Laurent	202,068	104	51
2402	Saguenay-Lac-Saint-Jean	274,919	96	35
2403	Capitale-Nationale	680,074	468	69
2404	Mauricie et Centre-du-Québec	491,777	200	41
2405	Estrie	304,702	167	55
2406	Montréal	1,877,693	1,182	63
2407	Outaouais	351,964	163	46
2408	Abitibi-Témiscamingue	145,844	48	33
2409	Côte-Nord	96,060	31	32
2410	Nord-du-Québec	15,361	*	11–15
2411	Gaspésie-Îles-de-la-Madeleine	94,729	38	40
2412	Chaudière-Appalaches	402,019	144	36
2413	Laval	384,224	206	54
2414	Lanaudière	452,897	144	32
2415	Laurentides	535,395	193	36
2416	Montérégie	1,415,010	547	39
2417	Nunavik	11,171	0	0
2418	Terre-Cries-de-la-Baie-James	14,597	*	26–30
	Missing Values	_	21	_

Notes

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- † The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- ‡ The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ‡‡ The total does not include P.E.I. and Ontario.

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Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

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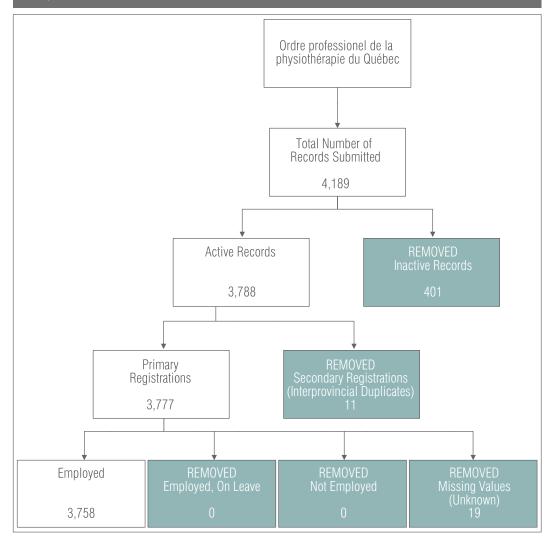
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Sources

 $Physiotherapist\ Database,\ Canadian\ Institute\ for\ Health\ Information;\ Statistics\ Canada.$

2009 Data Flow From the Ordre professionnel de la physiothérapie du Québec to CIHI



2009 Highlights for Physiotherapists in Ontario

Supply

- The supply of physiotherapists in Ontario grew by 5.5% between 2007 and 2009.
- Ontario had 6,391 employed physiotherapists, which amounted to 49 physiotherapists per 100,000 population.

Demographics

- Ontario had almost the same proportion of female physiotherapists (78.6%)
 as the percentage for all jurisdictions included in this analysis (78.0%).
- Physiotherapists in Ontario had an average age of 42.1, which was slightly older than the average of 41.6 for all jurisdictions included in this analysis.

Education

- Ontario had five university physiotherapy programs (University of Ottawa, Queen's University, McMaster University, University of Toronto and the University of Western Ontario) and produced more new physiotherapist graduates than any other jurisdiction.
- In 2009, 3.9% of the Ontario physiotherapist workforce were classified as new graduates (graduated in 2008 or 2009), slightly lower than the percentage for all jurisdictions included in this analysis (5.1%).
- Ontario had the highest percentage of international graduates (19.0%) of the jurisdictions in this report.

Employment

- Just more than one-third of employed physiotherapists in Ontario (34.2%) worked on a part-time basis at their primary jobs.
- Ontario had the highest percentage of employed physiotherapists with multiple employers (29.2%).
- Similar to the distribution for all jurisdictions included in this analysis, almost equal numbers of Ontario physiotherapists worked in hospitals (38.7%) and professional practice settings (39.0%).
- Most physiotherapists in Ontario reported working between 1,250 and 1,749 hours a year (29.1%), followed by 1,750 to 1,999 hours a year (25.2%).

Geography and Mobility

 Among the provinces, Ontario had the highest percentage (94.8%) of physiotherapist employers located in urban areas.

i. Excludes the Northwest Territories and Nunavut.

2009 Ontario Physiotherapist Workforce Provincial Profile

		Ontario		20	09
		2008	2009	Ont.	Canada
PTs Employed in	Physiotherapy	6,205	6,391	6,391	16,750
	Male	1,277	1,370	21.4%	22.0%
Gender ^{†,‡}	Female	4,928	5,021	78.6%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age [†]	Years	41.8	42.1		41.6
	<35	1,899	1,895	29.7%	31.0%
Age	35–49	2,687	2,765	43.3%	42.8%
Breakdown ^{†,‡}	50+ Missing Values	1,619	1,731	27.1%	26.2%
	-	3,922	4,050	0.0% 63.4%	<0.1% 61.0%
Full-Time/Part-	Full Time Part Time	2,073	2,102	32.9%	34.1%
Time Status§	Missing Values	210	239	3.7%	4.9%
-	Permanent	3,546	2,171	34.0%	81.4%
	Temporary	489	468	7.3%	3.5%
Employment	Casual	0	74	1.2%	3.8%
Category ^{††}	Employee, Unspecified	25	17	0.3%	0.5%
	Self-Employed	0	0	0.0%	4.8%
	Missing Values	2,145	3,661	57.3%	6.1%
	General Hospital	2,037	2,018	31.6%	30.9%
	Rehabilitation Hospital/Facility Mental Health Hospital/Facility	359 12	343 13	5.4% 0.2%	6.8% 0.2%
	Residential Care Facility	286	347	5.4%	4.2%
	Assisted-Living Residence	0	0	0.0%	0.1%
	Community Health Centre	30	27	0.4%	3.4%
Place of	Visiting Agency/Business	559	551	8.6%	5.1%
Employment	Group Professional Practice/Clinic Solo Professional Practice/Business	2,290	2,391	37.4%	23.2%
. ,	Post-Secondary Educational Institution	0 99	0 111	0.0% 1.7%	16.2% 1.7%
	School or School Board	22	23	0.4%	0.6%
	Association/Government/Para-Governmental	104	99	1.5%	1.6%
	Industry, Manufacturing and Commercial	52	55	0.9%	0.4%
	Other Missing Values	170	156	2.4%	3.4%
		185	257	4.0%	2.2%
	General Practice	1,256	1,220 2,480	19.1% 38.8%	26.0% 38.5%
	Musculoskeletal and Integumentary Systems Neurological System	2,506 334	312	4.9%	5.7%
	Cardiovascular and Respiratory Systems	158	139	2.2%	1.3%
Area of	Multisystem	25	26	0.4%	6.7%
Practice ^{‡‡}	Other Areas of Direct Service	216	216	3.4%	7.2%
	Prevention, Health Promotion and Wellness	12	15	0.2%	1.5%
	Non-Clinical Practice Other Areas of Practice	340 22	336 23	5.3% 0.4%	4.0% 0.7%
	Missing Values	1,336	1,624	25.4%	8.3%
Multiple	Single Employer	4,449	4,524	70.8%	76.3%
Employment	Multiple Employers	1,756	1,867	29.2%	23.4%
Status	Missing Values	0	0	0.0%	0.3%
	Diploma	1,088	1,053	16.5%	10.9%
Current	Baccalaureate	4,308	4,334	67.8%	78.4%
Education in	Master's	795	988	15.5%	10.5%
Physiotherapy [‡]	Doctorate Missing Values	10	13 3	0.2% <0.1%	0.2% <0.1%
	Canadian-Trained	5,076	5,174	81.0%	85.3%
Place of	Internationally Educated	1,127	1,215	19.0%	11.6%
Graduation [‡]	Missing Values	2	2	<0.1%	3.0%

2009 Ontario Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
3501	Erie St. Clair LHIN	649,348	197	30
3502	South West LHIN	943,973	502	53
3503	Waterloo Wellington LHIN	731,047	325	44
3504	Hamilton Niagara Haldimand Brant LHIN	1,382,010	658	48
3505	Central West LHIN	811,502	218	27
3506	Mississauga Halton LHIN	1,102,389	440	40
3507	Toronto Central LHIN	1,166,885	1,098	94
3508	Central LHIN	1,663,914	706	42
3509	Central East LHIN	1,518,836	514	34
3510	South East LHIN	487,003	248	51
3511	Champlain LHIN	1,216,684	834	69
3512	North Simcoe Muskoka LHIN	446,957	201	45
3513	North East LHIN	856,678	241	28
3514	North West LHIN	239,137	137	57
	Missing Values	_	72	_

Notes

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- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
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LHIN: local health intergration network.

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Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

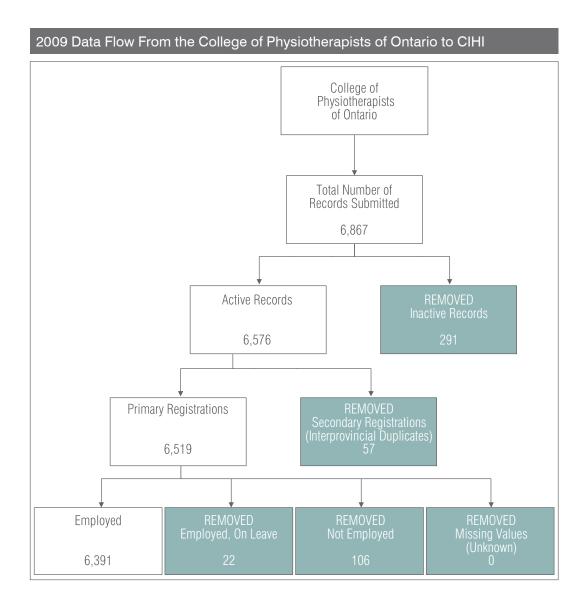
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Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in Manitoba

Supply

- The supply of physiotherapists in Manitoba grew by 7.1% between 2007 and 2009.
- Manitoba had 693 employed physiotherapists, which amounted to 57 physiotherapists per 100,000 population.

Demographics

- Manitoba had a slightly lower proportion of female physiotherapists (77.4%) than the percentage for all jurisdictions included in this analysis (78.0%).
- Physiotherapists in Manitoba had an average age of 41.1, which was slightly younger than the average of 41.6 for all jurisdictions included in this analysis.
- Manitoba had the second-highest percentage of physiotherapists (29.9%) older than 50, after B.C. (33.5%).

Education

- Manitoba had one university that offered a physiotherapy program; it produced 44 new graduates in 2009.
- Manitoba had 9.4% of its physiotherapist workforce classified as new graduates (graduated in 2008 or 2009), which was the highest percentage across all jurisdictions included in this analysis.
- Only 3.1% of Manitoba's physiotherapist workforce were internationally educated.

Employment

- Among the jurisdictions, Manitoba had the second-lowest percentage of its physiotherapist workforce (55.1%) reporting full-time employment status for primary employment, after the Yukon (42.9%).
- One-fifth (20.8%) of the Manitoba physiotherapist workforce indicated that they
 had multiple employers, which was close to the percentage for all jurisdictions
 included in this analysis (23.5%).
- Most of Manitoba's physiotherapists worked in hospitals (42.8%), followed by professional practice settings (36.3%).
- Most physiotherapists in Manitoba reported working between 1,750 and 1,999 hours a year (24.6%), followed by 1,250 to 1,749 hours a year (23.2%).

Geography and Mobility

 Most (89.2%) physiotherapist employers in Manitoba were located in urban areas, which was slightly less than the percentage for all jurisdictions included in this analysis (92.3%).ⁱⁱ

i. Excludes the Northwest Territories and Nunavut.

ii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 Manitoba Physiotherapist Workforce Provincial Profile

		Manitoba		2009	
		2008	2009	Man.	Canada
PTs Employed in F	Physiotherapy	665	693	693	16,750
	Male	151	156	22.5%	22.0%
Gender ^{†, ‡, §§}	Female	510	534	77.1%	78.0%
	Missing Values	4	3	0.4%	<0.1%
Average Age ^{†, §§}	Years	41.0	41.1		41.6
	<35	231	256	36.9%	31.0%
Age	35–49	236	227	32.8%	42.8%
Breakdown ^{†, ‡, §§}	50+ Missing Values	194	206	29.7%	26.2%
		377	380	0.6% 54.8%	<0.1% 61.0%
Full-Time/Part-	Full Time Part Time	287	310	44.7%	34.1%
Time Status§	Missing Values	1	3	0.4%	4.9%
	Permanent	459	483	69.7%	81.4%
	Temporary	36	32	4.6%	3.5%
Employment	Casual	20	25	3.6%	3.8%
Category ^{††}	Employee, Unspecified	10	16	2.3%	0.5%
	Self-Employed	139	135	19.5%	4.8%
	Missing Values	1	2	0.3%	6.1%
	General Hospital	279	292	42.1%	30.9%
	Rehabilitation Hospital/Facility Mental Health Hospital/Facility	0	0	0.0% 0.0%	6.8% 0.2%
	Residential Care Facility	26	24	3.5%	4.2%
	Assisted-Living Residence	0	0	0.0%	0.1%
	Community Health Centre	21	21	3.0%	3.4%
Place of	Visiting Agency/Business	24	27	3.9%	5.1%
Employment	Group Professional Practice/Clinic	6	8	1.2%	23.2%
' '	Solo Professional Practice/Business Post-Secondary Educational Institution	229	240	34.6%	16.2%
	School or School Board	25	24	3.5%	1.7% 0.6%
	Association/Government/Para-Governmental	27	25	3.6%	1.6%
	Industry, Manufacturing and Commercial	*	*	*	0.4%
	Other	18	16	2.3%	3.4%
	Missing Values	5	10	1.4%	2.2%
	General Practice	183 239	187 229	27.0% 33.0%	26.0% 38.5%
	Musculoskeletal and Integumentary Systems Neurological System	39	40	5.8%	5.7%
	Cardiovascular and Respiratory Systems	21	15	2.2%	1.3%
Area of	Multisystem	6	6	0.9%	6.7%
Practice ^{‡‡}	Other Areas of Direct Service	33	52	7.5%	7.2%
	Prevention, Health Promotion and Wellness	7	10	1.4%	1.5%
	Non-Clinical Practice Other Areas of Practice	46 22	53 28	7.6% 4.0%	4.0% 0.7%
	Missing Values	69	73	10.5%	8.3%
Multiple	Single Employer	524	547	78.9%	76.3%
Employment	Multiple Employers	140	144	20.8%	23.4%
Status	Missing Values	1	2	0.3%	0.3%
	Diploma	44	41	5.9%	10.9%
Current	Baccalaureate	612	636	91.8%	78.4%
Education in	Master's	**	**	**	10.5%
Physiotherapy [‡]	Doctorate Missing Values	*	*	* 0.0%	0.2%
	Missing Values	0	0	0.0%	<0.1%
	Canadian-Trained	637	664	95.8%	85.3%
Place of	Internationally Educated	21	21	3.0%	11.6%

2009 Manitoba Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
4610	Winnipeg	680,570	551	81
4615	Brandon	50,253	30	60
4620	North Eastman	42,480	13	31
4625	South Eastman	65,611	9	14
4630	Interlake	82,144	20	24
4640	Central	105,174	28	27
4645	Assiniboine	69,654	7	10
4660	Parkland	40,491	10	25
4670	NOR-MAN	23,178	5	22
4685	Burntwood/Churchill	48,404	*	6–10
	Missing Values	_	**	_

Notes

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- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ‡‡ The total does not include P.E.I. and Ontario.
- §§ Manitoba aggregate counts were provided by Manitoba Health.

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Area of Practice

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Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

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Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

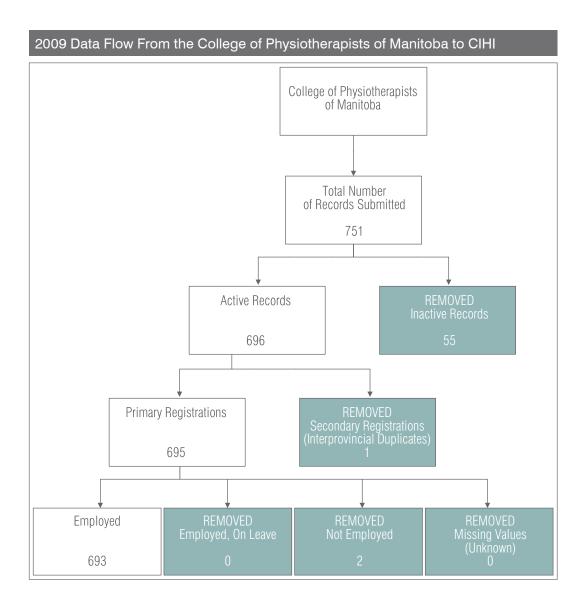
The population estimates used in this publication are from Statistics Canada, Demography Division, and are based on *Canadian Demographic Estimates*, 2007–2008, preliminary postcensal estimates of the population counted on July 1, 2008, Canada, provinces and territories.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available by sending an email to ptdb@cihi.ca.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in Saskatchewan

Supply

- The supply of physiotherapists in Saskatchewan grew by 1.5% between 2007 and 2009, which was one of the lowest growth rates for all jurisdictions included in this analysis.ⁱ
- Saskatchewan had 530 employed physiotherapists, which amounted to 51 physiotherapists per 100,000 population.

Demographics

- Saskatchewan had one of the lowest percentages of male physiotherapists (19.6%) for all jurisdictions included in this analysis (22.0%).
- Physiotherapists in Saskatchewan had an average age of 41.2, which was slightly younger than the average of 41.6 for all jurisdictions included in this analysis.
- In Saskatchewan, most physiotherapists were between 30 and 39 years old (29.8%).

Education

- Saskatchewan had one university that offered a physiotherapy program; it produced 38 new graduates in 2009.
- Saskatchewan had 5.1% of its physiotherapist workforce classified as new graduates, which was the same as the percentage for all jurisdictions included in this analysis.¹

i. Excludes the Northwest Territories and Nunavut.

Employment

- More than one-quarter (28.6%) of employed physiotherapists in Saskatchewan worked on a part-time basis at their primary jobs, compared to just more than one-third across all jurisdictions included in this analysis (35.9%).
- Just more than 10% (11.4%) of the Saskatchewan physiotherapist workforce indicated that they had multiple employers, which was the lowest percentage across the jurisdictions.
- Most Saskatchewan physiotherapists worked in hospitals (44.4%), followed by professional practice settings (35.7%). Saskatchewan had the second-lowest percentage working in professional practice settings across all jurisdictions included in this analysis, after New Brunswick (34.5%).
- Most Saskatchewan physiotherapists worked between 1,250 and 1,749 hours per year (39.2%). Among the jurisdictions included in this analysis, Saskatchewan had the lowest percentage working 2,000 or more hours per year (8.6%).

Geography and Mobility

 Most (89.9%) physiotherapist employers in Saskatchewan were located in urban areas, which was slightly less than the percentage for all jurisdictions included in this analysis (92.3%).ⁱⁱⁱ

ii. Excludes P.E.I., Nova Scotia, Quebec, the Northwest Territories and Nunavut.

iii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 Saskatchewan Physiotherapist Workforce Provincial Profile

		Saskatchewan		2009	
		2008	2009	Sask.	Canada
PTs Employed in	Physiotherapy	541	530	530	16,750
	Male	107	104	19.6%	22.0%
Gender ^{†, ‡}	Female	434	426	80.4%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age†	Years	40.6	41.2		41.6
	<35	186	174	32.8%	31.0%
Age Breakdown ^{†,‡}	35–49	227	220	41.5%	42.8%
	50+ Missing Values	128	136	25.7%	26.3%
		347	344	0.0% 64.9%	<0.1% 61.0%
Full-Time/Part- Time Status§	Full Time Part Time	141	138	26.0%	34.1%
	Missing Values	53	48	9.1%	4.9%
		453	448	84.5%	81.4%
	Permanent Temporary	27	31	5.8%	3.5%
Employment	Casual	*	*	*	3.8%
Category ^{††}	Employee, Unspecified	*	*	*	0.5%
	Self-Employed	5	*	*	4.8%
	Missing Values	50	46	8.7%	6.1%
	General Hospital	174	170	32.1%	30.9%
	Rehabilitation Hospital/Facility	48	45	8.5%	6.8%
	Mental Health Hospital/Facility	0	0	0.0%	0.2%
	Residential Care Facility Assisted-Living Residence	10 11	9	1.7% 2.3%	4.2% 0.1%
	Community Health Centre	45	46	8.7%	3.4%
	Visiting Agency/Business	*	*	*	5.1%
Place of	Group Professional Practice/Clinic	163	158	29.8%	23.2%
Employment	Solo Professional Practice/Business	14	15	2.8%	16.2%
	Post-Secondary Educational Institution	14	16	3.0%	1.7%
	School or School Board Association/Government/Para-Governmental	0	0	0.0%	0.6%
	Industry, Manufacturing and Commercial	9	9	1.7%	1.6%
	Other	0	0	0.0%	0.4% 3.4%
	Missing Values	50	46	8.7%	2.2%
	General Practice	102	104	19.6%	26.0%
	Musculoskeletal and Integumentary Systems	211	215	40.6%	38.5%
	Neurological System	40	37	7.0%	5.7%
Area of Practice ^{‡‡}	Cardiovascular and Respiratory Systems	15	13	2.5%	1.3%
	Multisystem	*	*	*	6.7%
	Other Areas of Direct Service Prevention, Health Promotion and Wellness	25	21	4.0%	7.2% 1.5%
	Non-Clinical Practice	0	0	0.0%	4.0%
	Other Areas of Practice	20	19	3.6%	0.7%
	Missing Values	123	116	21.9%	8.3%
Multiple Employment Status	Single Employer	450	429	80.9%	76.3%
	Multiple Employers	44	55	10.4%	23.4%
	Missing Values	47	46	8.7%	0.3%
	Diploma	105	101	19.1%	10.9%
Current Education in Physiotherapy [‡]	Baccalaureate	418	415	78.3%	78.4%
	Master's	**	14	2.6%	10.5%
	Doctorate Missing Values	2	0	0.0% 0.0%	0.2% <0.1%
	-	452	**	0.0%	
Place of	Canadian-Trained Internationally Educated	452	*	*	85.0% 11.6%
Graduation [‡]	Missing Values	89	78	14.7%	3.0%
	I VIIIOSITIS VAIAGO	09	70	17.7/0	0.070

2009 Saskatchewan Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
4701	Sun Country	52,941	13	25
4702	Five Hills	53,106	20	38
4703	Cypress	42,832	15	35
4704	Regina Qu'Appelle	249,819	117	47
4705	Sunrise	54,130	20	37
4706	Saskatoon	299,761	210	70
4707	Heartland	42,744	*	6–10
4708	Kelsey Trail	40,063	5	12
4709	Prince Albert Parkland	76,479	39	51
4710	Prairie North	70,202	19	27
4714	Mamawetan/Keewatin/Athabasca	33,908	*	1–5
	Missing Values	_	66	_

Notes

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- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ## The total does not include P.E.I. and Ontario.

Missing Values

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Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

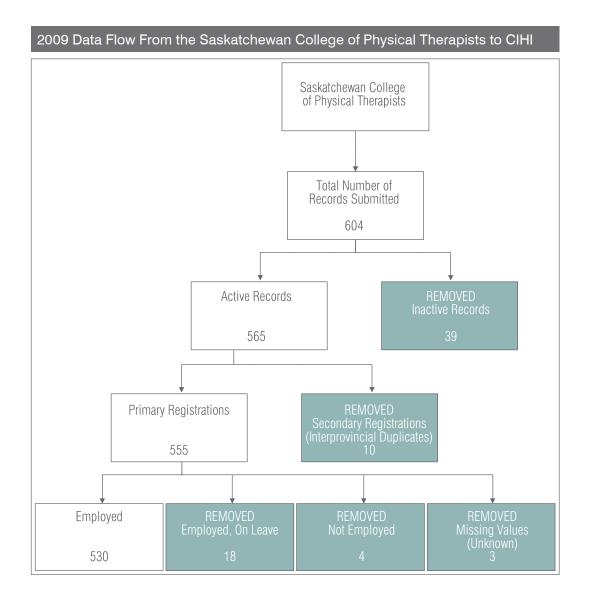
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Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in Alberta

Supply

- The supply of physiotherapists in Alberta grew by 6.9% between 2007 and 2009.
- Alberta had 1,997 employed physiotherapists, which amounted to 54 physiotherapists per 100,000 population.

Demographics

- Alberta's physiotherapist workforce was 22.8% male, which was slightly higher than the percentage for all jurisdictions included in this analysis (22.0%).
- Physiotherapists in Alberta had an average age of 41.5, which was almost right on the average of 41.6 for all jurisdictions included in this analysis.

Education

- Alberta had one university that offered a physiotherapy program; it produced 75 new graduates in 2009.
- Alberta had 6.3% of its physiotherapist workforce classified as new graduates (graduated in 2008 or 2009), which was higher than the percentage for all jurisdictions included in this analysis (5.1%).
- Alberta had 15.4% of its physiotherapist workforce classified as international graduates, which was higher than the percentage for all jurisdictions included in this analysis (12.0%).ⁱ

i. Excludes the Northwest Territories and Nunavut.

Employment

- More than one-third of employed physiotherapists in Alberta (37.0%) worked on a part-time basis at their primary jobs, which was more than the percentage for all jurisdictions included in this analysis (35.9%)."
- In Alberta, 15% of the physiotherapist workforce indicated that they had multiple employers, which was almost 10% less than the percentage for all jurisdictions included in this analysis (23.5%).
- Alberta had the highest percentage of physiotherapists working in professional practice settings (44.2%) of the jurisdictions in the report. One-third worked in hospital settings (33.3%).
- Most physiotherapists in Alberta reported working 1,250 to 1,749 hours per year (24.4%). Alberta also had the highest percentage working 2,000 or more hours per year (21.5%) across all jurisdictions included in this analysis.

Geography and Mobility

 Most (90.2%) physiotherapist employers in Alberta were located in urban areas, which was less than the percentage for all jurisdictions included in this analysis (92.3%).ⁱⁱⁱ

ii. Excludes P.E.I., Nova Scotia, Quebec, the Northwest Territories and Nunavut.

iii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 Alberta Physiotherapist Workforce Provincial Profile

		Alberta		2009	
		2008	2009	Alta.	Canada
PTs Employed in	Physiotherapy	1,938	1,997	1,997	16,750
Gender ^{†,‡}	Male	440	456	22.8%	22.0%
	Female	1,498	1,541	77.2%	78.0%
	Missing Values	0	0	0.0%	<0.1%
Average Age [†]	Years	41.3	41.5		41.6
Age Breakdown ^{†,‡}	<35	636	632	31.6%	31.0%
	35–49	802	843	42.2%	42.8%
	50+	500	522	26.1%	26.2%
	Missing Values	0	0	0.0%	<0.1%
Full-Time/Part- Time Status§	Full Time	1,198	1,256	62.9%	61.0%
	Part Time Missing Values	735 5	737 4	36.9%	34.1%
	-	1,747	1,722	0.2% 86.2%	4.9% 81.4%
	Permanent	31	35	1.8%	3.5%
Employment	Temporary Casual	54	76	3.8%	3.8%
Category ^{††}	Employee, Unspecified	0	*	*	0.5%
catogory	Self-Employed	101	159	8.0%	4.8%
	Missing Values	5	*	*	6.1%
	General Hospital	553	573	28.7%	30.9%
	Rehabilitation Hospital/Facility	72	80	4.0%	6.8%
	Mental Health Hospital/Facility	11	**	**	0.2%
	Residential Care Facility	98	103	5.2%	4.2%
	Assisted-Living Residence	**	**	**	0.1%
	Community Health Centre	66	82	4.1%	3.4%
Place of Employment	Visiting Agency/Business Group Professional Practice/Clinic	88	82 95	4.1% 4.8%	5.1% 23.2%
	Solo Professional Practice/Business	51 756	786	39.4%	16.2%
	Post-Secondary Educational Institution	27	28	1.4%	1.7%
	School or School Board	23	30	1.5%	0.6%
	Association/Government/Para-Governmental	137	79	4.0%	1.6%
	Industry, Manufacturing and Commercial	*	*	*	0.4%
	Other	44	38	1.9%	3.4%
	Missing Values	5	4	0.2%	2.2%
	General Practice	830	843	42.2%	26.0%
Area of Practice ^{‡‡}	Musculoskeletal and Integumentary Systems	692	709	35.5%	38.5%
	Neurological System	147	143	7.2%	5.7%
	Cardiovascular and Respiratory Systems Multisystem	41 14	40 19	2.0% 1.0%	1.3% 6.7%
	Other Areas of Direct Service	0	0	0.0%	7.2%
	Prevention, Health Promotion and Wellness	12	21	1.1%	1.5%
	Non-Clinical Practice	183	203	10.2%	4.0%
	Other Areas of Practice	14	15	0.8%	0.7%
	Missing Values	5	4	0.2%	8.3%
Multiple Employment Status	Single Employer	1,667	1,695	84.9%	76.3%
	Multiple Employers	266	298	14.9%	23.4%
	Missing Values	5	4	0.2%	0.3%
·	Diploma	**	176	8.8%	10.9%
Current	Baccalaureate	1,508	1,506	75.4%	78.4%
Education in	Master's	242	308	15.4%	10.5%
Physiotherapy [‡]	Doctorate Missing Values		7	0.4%	0.2%
Place of Graduation [‡]	Missing Values	0	0	0.0%	<0.1%
	Canadian-Trained	1,646	1,690	84.6%	85.3%
	Internationally Educated	291	307	15.4%	11.6%
	Missing Values	1	0	0.0%	3.0%

2009 Alberta Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
4821	Area 1 (Chinook)	166,981	73	44
4822	Area 2 (Palliser)	109,799	39	36
4823	Area 3 (Calgary)	1,321,704	771	58
4824	Area 4 (David Thompson)	323,894	137	42
4825	Area 5 (East Central)	118,478	52	44
4826	Area 6 (Capital)	1,126,062	716	64
4827	Area 7 (Aspen)	187,013	52	28
4828	Area 8 (Peace Country)	146,978	48	33
4829	Area 9 (Northern Lights)	84,253	21	25
	Missing Values	_	88	_

Notes

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- † The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- ‡ The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ## The total does not include P.E.I. and Ontario.

Missing Values

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Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

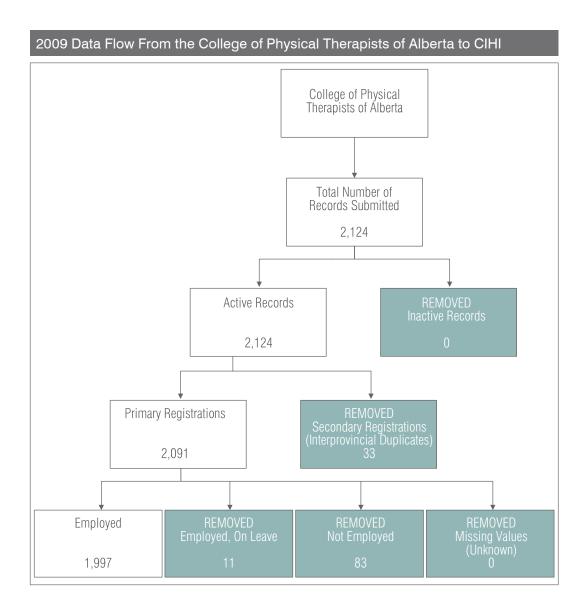
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Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in British Columbia

Supply

- The supply of physiotherapists in B.C. grew by 10.7% between 2007 and 2009, which was the second-highest growth rate of the jurisdictions in the report, after the Yukon (16.7%).
- B.C. had 2,651 employed physiotherapists, which amounted to 59 physiotherapists per 100,000 population.

Demographics

- B.C. had the second-highest proportion of male physiotherapists (24.0%) across the provinces, after Newfoundland and Labrador (24.2%).
- Physiotherapists in B.C. had an average age of 43.8, which was older than the average of 41.6 for all jurisdictions included in this analysis and the oldest across the provinces.
- About a third of physiotherapists in B.C. were age 50 and older (33.5%), which was the highest percentage across all jurisdictions included in this analysis.
- B.C. had the oldest new graduates, with an average age of 28.7, compared to 26.5 for all jurisdictions included in this analysis.¹

Education

- B.C. had one university that offered a physiotherapy program; it produced 37 new graduates in 2009.
- B.C. had 3.8% of its physiotherapist workforce classified as new graduates (graduated in 2008 or 2009).
- B.C. had 15.9% of its physiotherapist workforce classified as international graduates, which was second only to Ontario (19.0%).

i. Excludes the Northwest Territories and Nunavut.

Employment

- In B.C., a higher percentage of physiotherapists reported working part time (42.5%), compared to the percentage across all jurisdictions included in this analysis (35.9%).^{II}
- Almost one-quarter (22.8%) of the B.C. physiotherapist workforce indicated that they had multiple employers, which was close to the percentage for all jurisdictions included in this analysis (23.5%).
- After Alberta (44.2%), B.C. had the second-highest percentage of physiotherapists working in professional practice settings (43.0%).
- More than 10% of physiotherapists in B.C. indicated that they could provide service in both official languages (11.4%).
- Most physiotherapists in B.C. reported working between 1,250 and 1,749 hours a year (34.9%).

Geography and Mobility

 Most (91.9%) physiotherapist employers in B.C. were located in urban areas, which was very close to the percentage for all jurisdictions included in this analysis (92.3%).^{III}

ii. Excludes P.E.I., Nova Scotia, Quebec, the Northwest Territories and Nunavut.

iii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 British Columbia Physiotherapist Workforce Provincial Profile

		British C	Columbia	20	09
		2008	2009	B.C.	Canada
PTs Employed in	Physiotherapy	2,566	2,651	2,651	16,750
Gender ^{†,‡}	Male Female	594 1,972	635 2,016	24.0% 76.0%	22.0% 78.0%
Gender	Missing Values	0	0	0.0%	<0.1%
Average Age [†]	Years	43.8	43.8		41.6
	<35	661	694	26.2%	31.0%
Age Breakdown ^{†,‡}	35–49 50+	1,025 880	1,069 887	40.3% 33.5%	42.8% 26.2%
Dieakdowii	Missing Values	0	1	<0.1%	<0.1%
- II T'	Full Time	1,240	1,326	50.0%	61.0%
Full-Time/Part- Time Status [§]	Part Time	901	982	37.0%	34.1%
Time Status	Missing Values	425	343	12.9%	4.9%
	Permanent	1,926	2,059	77.7%	81.4%
	Temporary	123	96	3.6%	3.5%
Employment	Casual	90	133	5.0%	3.8%
Category ^{††}	Employee, Unspecified	9	12	0.5%	0.5%
	Self-Employed	0	0	0.0%	4.8%
	Missing Values	418	351	13.2%	6.1%
	General Hospital	814	822	31.0%	30.9%
	Rehabilitation Hospital/Facility	41	46	1.7%	6.8%
	Mental Health Hospital/Facility	*	*	*	0.2%
	Residential Care Facility	37	43	1.6%	4.2%
	Assisted-Living Residence Community Health Centre		100	3.8%	0.1% 3.4%
Place of	Visiting Agency/Business	98 111	114	4.3%	5.1%
	Group Professional Practice/Clinic	1,098	1,126	42.5%	23.2%
Employment	Solo Professional Practice/Business	0	0	0.0%	16.2%
	Post-Secondary Educational Institution	22	20	0.8%	1.7%
	School or School Board	13	13	0.5%	0.6%
	Association/Government/Para-Governmental	17	19	0.7%	1.6%
	Industry, Manufacturing and Commercial	*	*	*	0.4%
	Other Mississ Volume	287	314	11.8%	3.4%
	Missing Values	22	30	1.1%	2.2%
	General Practice	646	678	25.6%	26.0%
	Musculoskeletal and Integumentary Systems	928	939	35.4%	38.5%
	Neurological System	152	159	6.0%	5.7%
Area of	Cardiovascular and Respiratory Systems Multisystem	59 16	62 17	2.3% 0.6%	1.3% 6.7%
Practice ^{‡‡}	Other Areas of Direct Service	277	330	12.4%	7.2%
Tractice	Prevention, Health Promotion and Wellness	44	53	2.0%	1.5%
	Non-Clinical Practice	109	115	4.3%	4.0%
	Other Areas of Practice	0	0	0.0%	0.7%
	Missing Values	335	298	11.2%	8.3%
Multiple	Single Employer	1,994	2,046	77.2%	76.3%
Employment	Multiple Employers	566	603	22.7%	23.4%
Status	Missing Values	6	2	0.1%	0.3%
	Diploma	389	368	13.9%	10.9%
Current	Baccalaureate	1,887	1,892	71.4%	78.4%
Education in	Master's	282	383	14.4%	10.5%
Physiotherapy [‡]	Doctorate	8	7	0.3%	0.2%
	Missing Values	0	1	<0.1%	<0.1%
Place of	Canadian-Trained	1,818	1,922	72.5%	85.3%
Graduation [‡]	Internationally Educated	364	363	13.7%	11.6%
5.1444441011	Missing Values	384	366	13.8%	3.0%

(cont'd on next page)

2009 British Columbia Physiotherapist Workforce Provincial Profile (cont'd)

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
5911	East Kootenay	79,064	60	76
5912	Kootenay/Boundary	78,442	51	65
5913	Okanagan	344,669	244	71
5914	Thompson/Cariboo	220,381	96	44
5921	Fraser East	276,032	69	25
5922	Fraser North	585,076	259	44
5923	Fraser South	680,371	262	39
5931	Richmond	189,027	89	47
5932	Vancouver	629,905	612	97
5933	North Shore/Coast Garibaldi	273,426	182	67
5941	South Vancouver Island	364,055	279	77
5942	Central Vancouver Island	258,452	127	49
5943	North Vancouver Island	118,792	66	56
5951	Northwest	74,888	17	23
5952	Northern Interior	142,263	51	36
5953	Northeast	66,760	14	21
	Missing Values		173	_

(see notes on next page)

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Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

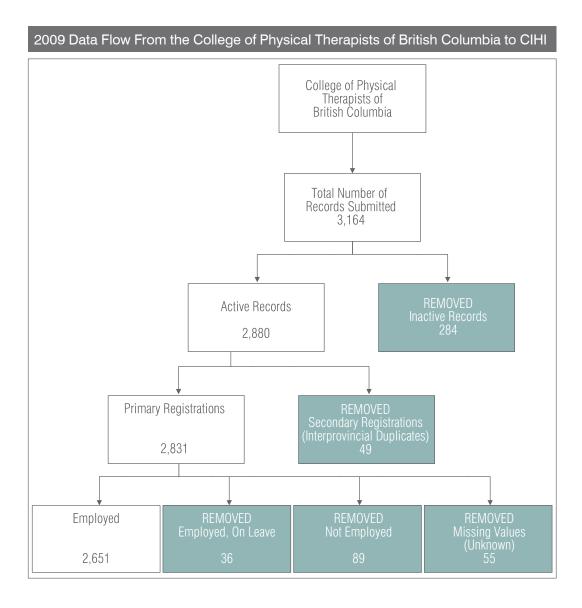
The population estimates used in this publication are from Statistics Canada, Demography Division, and are based on *Canadian Demographic Estimates*, 2007–2008, preliminary postcensal estimates of the population counted on July 1, 2008, Canada, provinces and territories.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available by sending an email to ptdb@cihi.ca.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



2009 Highlights for Physiotherapists in the Yukon

Supply

- The supply of physiotherapists in the Yukon grew by 16.7% between 2007 and 2009, which was the highest growth rate of the jurisdictions in the report.
- The Yukon had 35 employed physiotherapists, which amounted to 103 physiotherapists per 100,000 population.

Demographics

- Physiotherapists in the Yukon had an average age of 41.4, which was very close to the average of 41.6 for all jurisdictions included in this analysis.
- Most physiotherapists in the Yukon were age 40 to 49 (40.0%), which was the highest percentage in this age group across all jurisdictions included in this analysis.

Employment

- More than half of the physiotherapists in the Yukon reported working part time (57.1%), compared to more than a third across all jurisdictions included in this analysis (35.9%).
- One-fifth (20.0%) of the Yukon physiotherapist workforce indicated that they had multiple employers, which was less than the percentage for all jurisdictions included in this analysis (23.5%).^{III}
- Most physiotherapists in the Yukon worked in professional practice settings (37.1%), followed by hospital settings and community settings (31.4%).

Geography and Mobility

• All physiotherapist employers in the Yukon were located in urban areas.

i. Excludes the Northwest Territories and Nunavut.

ii. Excludes P.E.I., Nova Scotia, Quebec, the Northwest Territories and Nunavut.

iii. Excludes Nova Scotia, the Northwest Territories and Nunavut.

2009 Yukon Physiotherapist Workforce Territorial Profile

		Yukon	20	09
		2009	Y.T.	Canada
PTs Employed in Ph	ysiotherapy	35	35	16,750
	Male	*	*	22.0%
Gender ^{†, ‡}	Female	**	**	78.0%
	Missing Values	0	0.0%	0.0%
Average Age [†]	Years	41.4		
	<35	11	31.4%	30.9%
Age	35–49	18	51.4%	43.2%
Breakdown ^{†, ‡}	50+	6	17.1%	25.9%
	Missing Values	0	0.0%	<0.1%
Full-Time/Part-	Full Time	15	42.9%	61.0%
Time Status§	Part Time	20	57.1%	34.1%
Time Status	Missing Values	0	0.0%	4.9%
	Permanent	24	68.6%	81.4%
	Temporary	6	17.1%	3.5%
Employment	Casual	0	0.0%	3.8%
Category ^{††}	Employee, Unspecified	0	0.0%	0.5%
	Self-Employed	5	14.3%	4.8%
	Missing Values	0	0.0%	6.1%
	Hospital	11	31.4%	37.9%
Place of	Community	11	31.4%	13.5%
Employment	Professional Practice	13	37.1%	39.4%
Linploymont	Other	0	0.0%	7.1%
	Missing Values	0	0.0%	2.2%
	General Practice	14	40.0%	26.0%
	Musculoskeletal and Integumentary Systems	10	28.6%	38.5%
	Neurological System	*	*	5.7%
	Cardiovascular and Respiratory Systems	0	0.0%	1.3%
Area of Practice ^{‡‡}	Multisystem Other Areas of Direct Service	0	0.00/	6.7% 7.2%
	Prevention. Health Promotion and Wellness	0	0.0% 0.0%	1.5%
	Non-Clinical Practice	5	14.3%	4.0%
	Other Areas of Practice	0	0.0%	0.7%
	Missing Values	*	*	8.3%
Multiple	Single Employer	28	80.0%	76.3%
Employment	Multiple Employers	7	20.0%	23.4%
Status	Missing Values	0	0.0%	0.3%
	Diploma	*	*	10.9%
Current Education	Baccalaureate	27	77.1%	78.3%
	Master's	**	**	10.6%
in Physiotherapy [‡]	Doctorate	0	0.0%	0.2%
	Missing Values	0	0.0%	0.1%
Place of	Canadian-Trained	**	**	85.0%
Graduation [‡]	Internationally Educated	*	*	11.8%
GraduatiOff'	Missing Values	0	0.0%	3.2%

Health Region Code	Health Region Name	Population Estimates	PT Count	Per 100,000 Population
6001	Yukon Territory	33,144	35	106
	Missing Values	_	0	_

(see notes on next page)

Notes

- Data is not applicable or does not exist.
- * Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.
- The total includes aggregate data for 693 physiotherapists provided by Manitoba Health.
- The total includes aggregate data for 562 physiotherapists provided by the Nova Scotia College of Physiotherapists.
- § The total does not include P.E.I. and Quebec.
- †† The total does not include Quebec and Ontario.
- ‡‡ The total does not include P.E.I. and Ontario.

Missing Values

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: not collected means that the information is not collected by the data provider on the registration form or that a data provider cannot submit the information; unknown indicates that the information was not provided by the registrant; and not applicable states that the data element is not relevant to the situation of the registrant. For example, if a physiotherapist resides in the U.S., Province of Residence is not applicable.

Area of Practice

General practice includes general practice.

Musculoskeletal and integumentary systems include sports medicine, orthopedics, rheumatology, burns and wound management, plastics and perineal.

Neurological system includes neurology and vestibular rehabilitation.

Cardiovascular and respiratory systems include cardiology, respirology and critical care.

Multisystem includes amputations, oncology and palliative care.

Other areas of direct service include other areas of direct service.

Prevention, health promotion and wellness include ergonomics, health promotion and wellness and return-to-work rehabilitation.

Non-clinical practice includes client service management, consultant, administration, teaching (physiotherapy related), continuing education, other education, research and sales.

Other areas of practice include other areas of practice.

Totals may not equal 100% due to rounding.

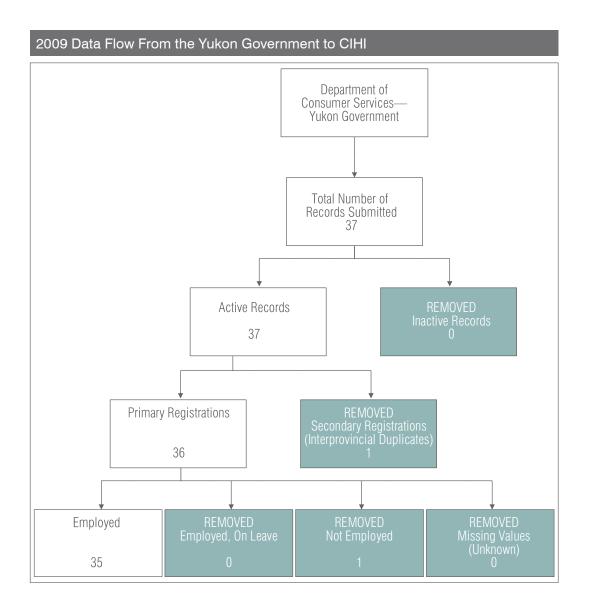
The population estimates used in this publication are from Statistics Canada, Demography Division, and are based on *Canadian Demographic Estimates*, 2007–2008, preliminary postcensal estimates of the population counted on July 1, 2008, Canada, provinces and territories.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available by sending an email to ptdb@cihi.ca.

Sources

Physiotherapist Database, Canadian Institute for Health Information; Statistics Canada.



Methodological Notes

These notes outline the basic concepts behind the data provided in this publication and the underlying methodology of the data collection, as well as key aspects of data quality. They will help to provide a better understanding of the strengths and limitations of the data and show how the data can be used effectively. This information is of particular importance when comparisons are made with data from other sources and in regard to conclusions based on changes over time.

The Canadian Institute for Health Information relies on superior principles of data quality, privacy and confidentiality. CIHI's commitment to ensuring the collection of quality data in a privacy-sensitive manner is applied to data collection, processing, analysis and dissemination. For further details regarding CIHI's privacy principles, outlined in *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Health Information*, go to www.cihi.ca.

Background

Purpose of This Report

This is the third edition of the annual report *Physiotherapists in Canada*. It will provide the reader with the most recent statistics on the physiotherapist workforce, including information on demographic, geographic, education and employment dimensions. Analyses are supplemented with detailed information about the data collection process, pertinent limitations of the current data and an explanation of the analytical methods.

The information in this publication will be used by a wide variety of government and non-governmental organizations to better understand the changing supply and distribution of physiotherapists throughout Canada. Accordingly, it will contribute to policy formulation and decision-making at both the pan-Canadian and provincial/territorial levels.

Value of the Information

The supply and distribution information presented here is a key component of health human resource planning at the pan-Canadian and provincial/territorial levels. Any planning or projection of the number of health professionals required for a particular jurisdiction must begin with an understanding of the current supply and how that supply is changing.

The presentation of clear, objective data and data analysis enables informed decisionmaking and supports policy formulation.

History

Policy reports and research papers have consistently demonstrated that there is very little standardized data available on health professionals on a pan-Canadian basis, with the exception of physicians and regulated nurses. Based on consultations with federal and provincial/territorial ministries of health, the profession of physiotherapy has been identified as a priority for the development of standards to collect such data.

The collection of data from across Canada for the Physiotherapist Database (PTDB) began in 2007.

Scope of the Data

Population of Interest

The population of interest for the PTDB includes all physiotherapists registering with a regulatory authority within a Canadian province or territory.

Population of Reference

For the purpose of the PTDB, the population of reference includes all physiotherapists who submit active registrations with a Canadian provincial licensing authority or with the Yukon government.

Period of Reference

For any given year, the population includes those physiotherapists who registered between the start of the registration period for the provincial regulatory authority/territorial government and September 1.

Data Inclusions

Data collected for the PTDB includes the following:

Registration information from the provincial registrars (except Nova Scotia) and the Yukon government (except for 2008). The CIHI Health Personnel Database (HPDB) was used as the source of historical data on the physiotherapist workforce, including supply data for Nova Scotia when applicable. The Nova Scotia College of Physiotherapists provided aggregate data for supply, demographics, education and employment for 2009.

Data Exclusions

Data collected for the PTDB does not include the following:

For 2007 to 2009, the Nova Scotia College of Physiotherapists was not able to provide record-level data for Nova Scotia; as well, data was not available for the Northwest Territories and Nunavut, as there were no territorial licensing bodies in these territories at the time of this report. For 2008 only, the Yukon government was unable to participate in the PTDB.

Data Flow From Primary Data Collector to CIHI

As part of their registration/licensing process, the regulatory authorities collect membership data on an annual basis. They collect data for all members applying for active and inactive registration.

The purpose of this database is to gain information on the physiotherapist workforce in Canada, so the population of reference for the PTDB focuses on physiotherapists who are currently authorized to engage in practice, meaning that they have active registration as of September 1, 2009.

Since the data collected by the provincial regulatory authorities is wider in scope than the population of reference for the PTDB, a filtering methodology is applied by CIHI from the point of data collection through data processing. It targets the relevant records that meet the criteria for the population of reference for the PTDB and also meet the information needs addressed in the annual report for the analysis.

Figure 25 illustrates the data flow when this methodology is applied. Explanations of each step within the data flow are provided in the text following the diagram.

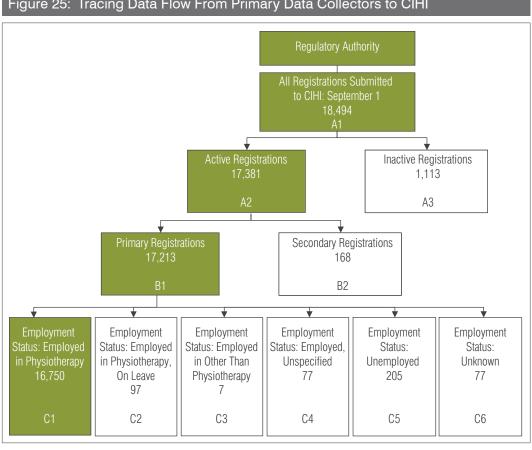


Figure 25: Tracing Data Flow From Primary Data Collectors to CIHI

Physiotherapist Database, Canadian Institute for Health Information.

The total number of registrations submitted to a physiotherapist regulatory authority includes both active and inactive registration types.

- Box A1: All registrations as of September 1 are submitted to CIHI.
- Box A2: This represents only the active records that are submitted to CIHI.
- Box B1: This represents the primary registrations, where the province or territory of registration is the registrant's primary jurisdiction of practice (see also Box B2).

Box B2: Physiotherapists in Canada can work in more than one jurisdiction concurrently as long as they are registered with/authorized by the proper authorities. In the interest of preventing double-counting of physiotherapists who work in more than one jurisdiction, this box represents the secondary registrations or interprovincial duplicates. The methodology that identifies primary and secondary registrations is explained in detail in the Data Processing Methods section.

Boxes C1 to C6: In most cases, statistics produced by provincial regulatory authorities and the Yukon government include all active practising registrations regardless of Employment Status. In contrast, CIHI statistics typically include only those registrants who explicitly state their Employment Status in physiotherapy (Box C1). Those physiotherapists who are on leave, employed outside of physiotherapy or

Total

unemployed, or whose Employment Status is *unknown*, are excluded from the final statistics (boxes C2 to C6).

The results of this CIHI methodology are presented in Table 12 below.

Table 12: PTDB Physiotherapist Workforce Counts by Province of Registration, 2009											
	N.L.	P.E.I.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	
Total Active											

Registrants Submitted to CIHI	205	56	454	3,788	6,576	696	565	2,124	2,880	37	17,381
Primary Registrants	203	55	451	3,777	6,519	695	555	2,091	2,831	36	17,213
Employed in Physiotherapy	194	54	447	3,758	6,391	693	530	1,997	2,651	35	16,750

Note

Nova Scotia, the Northwest Territories and Nunavut data was not available.

Source

Physiotherapist Database, Canadian Institute for Health Information.

Point-in-Time Data Collection

The point-in-time approach to data collection provides a snapshot of the physiotherapist workforce across jurisdictions. Using the same point consistently will enable comparability in time, which is necessary for the accurate determination of a trend. However, depending on the jurisdiction, this approach may not capture the entire year-end totals equally in every province and territory. Data collection begins at the onset of the data provider's respective annual registration period and ends on September 1. This collection period was identified as the period that captures most of the registrants renewing or applying for membership, including new graduates.

How CIHI Defines the Physiotherapist Workforce

By carefully selecting the reporting population for the physiotherapist workforce, CIHI is able to provide standardized comparable data suitable for analysis and trending purposes. As explained previously, the population of reference includes all physiotherapists who hold active registration authorizing them to practise as of September 1, 2009. The population of reference may differ from reporting by provincial regulatory authorities/territorial governments for various reasons, such as differences in the time frame used, inclusion of other registration types (such as inactive and others), differences in Employment Status (employed versus unemployed) and the inclusion of secondary registrations. Discrepancies between the data in the CIHI

publications and data presented by provincial/territorial regulatory/governmental authorities (PTDB data providers) are often the result of these differences. We therefore caution readers to be mindful of these differences when comparing PTDB data with other data holdings and publications.

Data Collection Methods

Data Sources

The data sources for the PTDB are the provincial regulatory authorities and the Yukon government. Annual registration with a regulatory body is mandatory for physiotherapists seeking employment within the provinces and the Yukon. The data is held by the respective provincial regulatory bodies and the governmental authorities of the Yukon, which are considered primary data collectors.

Data Collection

Paper or online registration forms completed annually by the registrant for registration/licensing purposes are the usual methods of primary data collection for the provincial regulatory authorities and the Yukon government.

Once in electronic format, an extract of the data is prepared for submission to CIHI. Only those data elements defined in the *Physiotherapist Database Data Dictionary* (available at www.cihi.ca) are submitted to CIHI. The extract must conform to the specifications of the PTDB, as outlined in the *Physiotherapist Database Data Submission Specifications Manual* (available at www.cihi.ca). The data is transmitted from the data provider to CIHI via a secure online system.

A letter of agreement governs CIHI's collection of physiotherapist data. Each year, provincial regulatory authorities and the Yukon government review the core set of elements each data provider collects on its registration form. Under the current agreement, each data provider agrees to make every reasonable effort to collect and submit the 69 data elements for each registrant according to the definitions outlined in the *Physiotherapist Database Data Dictionary*.

Key Concepts and Definitions

Only data elements used in the analysis of this publication are described below. For a complete list of data elements in the PTDB, as well as definitions, please visit the CIHI website (www.cihi.ca) to download the *Physiotherapist Database Data Dictionary*.

Demographics

Gender

The reported sexual category of a registrant at the time of registration or renewal, used for administrative purposes.

Age

Derived from the year of birth of the registrant.

Geography

Province/Territory of Residence

At the time of registration or renewal.

Country of Residence

At the time of registration or renewal.

Province/Territory of Registration

Based on the jurisdiction of the organization submitting the data.

Urban/Rural/Remote (for Primary Employment)

Please see the definition for Postal Code of Employment (for Primary Employment).

Health Region

Please see the definition for Postal Code of Employment (for Primary Employment).

Education

Level of Basic Education in Physiotherapy

Initial educational program used to prepare a physiotherapist for practice. This refers to the initial education program used, in whole or in part, for consideration of licensure as a physiotherapist in Canada.

Year of Graduation for Basic Education in Physiotherapy

Year of completion of initial educational program used to prepare a physiotherapist for practice.

Country of Graduation for Basic Education in Physiotherapy

Name of country of completion of initial educational program used to prepare a physiotherapist for practice.

Level of Post-Basic Education in Physiotherapy (1, 2, 3)

Other post-secondary education achieved in physiotherapy which resulted in a degree. This includes any post-basic physiotherapy education leading to a degree, such as bridging or upgrade education.

Year of Graduation for Post-Basic Education in Physiotherapy (1, 2, 3)

Year of completion of post-basic education in physiotherapy.

Level of Education in a Field Other Than Physiotherapy (1, 2, 3)

Level of post-secondary education completed in a field of study outside physiotherapy.

Year of Graduation for Education in Other Than Physiotherapy (1, 2, 3)

Year of completion of education in a field other than physiotherapy.

Field of Study for Education in Other Than Physiotherapy (1, 2, 3)

Field of study of education in a field other than physiotherapy.

Current Level of Education in Physiotherapy

The Current Level of Education in Physiotherapy is derived from the data elements Level of Basic Education in Physiotherapy and Level of Post-Basic Education in Physiotherapy (1, 2, 3). If Level of Post-Basic Education in Physiotherapy (1, 2, 3) exists, then the Level of Basic Education in Physiotherapy is compared to the Level of Post-Basic Education in Physiotherapy (1, 2, 3). Whichever one is greater becomes the current level of education. If the Level of Basic Education in Physiotherapy is the same as Level of Post-Basic Education in Physiotherapy (1, 2, 3), then whichever one is acquired later becomes the current level of education. However, if the Level of Post-Basic Education in Physiotherapy (1, 2, 3) does not exist, then the Level of Basic Education in Physiotherapy becomes the current level of education. The Current Level of Education in Physiotherapy represents the highest and the most recently acquired level of education in physiotherapy reported by the registrant.

Years Since Graduation From Basic Education in Physiotherapy

This is derived from the difference between the data element Year of Graduation for Basic Education in Physiotherapy and the current reporting year (2009) for each registrant.

Employment

Employment Status

A registrant's work status (employed or unemployed) at the time of registration or renewal.

Primary Employment

Employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Secondary Employment

Employment associated with the second-highest number of usual weekly hours worked, whether employed or self-employed.

Canadian Official Languages—Ability to Provide Service

Canadian official languages in which a physiotherapist is capable of providing professional services.

Other Language—Ability to Provide Service

Language, exclusive of Canadian official languages (English and/or French), in which a physiotherapist is capable of providing professional services.

Full-Time/Part-Time Status

The official status with an employer or, if official status is *unknown*, the classification of status based on usual hours worked at the time of registration or renewal.

Province/Territory of Employment (for Primary Employment)

The province or territory of employment at the time of registration or renewal.

Country of Employment (for Primary Employment)

The country of primary employment at the time of registration or renewal.

Postal Code of Employment (for Primary Employment)

The postal code assigned by Canada Post is for the registrant's employment at the time of registration or renewal. It reflects the site where service is delivered with the employer or business office postal code provided as an alternate (for example, if the employer or business office location is different from the site where service is delivered and only the employer or business office postal code is available). This refers to the location where the registrant is directly engaged in a physiotherapy area of practice such as direct service, client management, administration, education or research. The Postal Code of Employment (for Primary Employment) is used to derive the geographic distribution of the workforce into urban, rural and remote areas using the Postal Code Conversion File (PCCF) from Statistics Canada. For more information on the methodology used for this geographic classification scheme, please see the Analytical Methods section within the Methodological Notes. The PCCF is also used to assign health regions.

Place of Employment (for Primary Employment)

The primary place of employment, whether as an employee or self-employed, at the time of registration or renewal. This is at the site where service is delivered. The site where service is delivered refers to the location where the registrant is directly engaged in his or her physiotherapy area of practice: direct service, client management/consulting, administration, education, research or sales.

Area of Practice (for Primary Employment)

At the time of registration or renewal, the major focus of activities in primary employment.

Sector of Employment (for Primary Employment)

At the time of registration or renewal, a registrant's sector of employment for primary employed/self-employed activity.

Total Annual Worked Hours

At the time of registration or renewal, hours worked in the last 12 months from all approved, recognized employment related to physiotherapy practice. For registrants in an employee–employer employment category, hours indicated are inclusive of all practice hours but should not exceed the hours (including overtime) for which a registrant is scheduled/approved and recognized. For registrants who are in a self-employed employment category, hours indicated are inclusive of all practice hours (for example, travel time, preparation and service provision).

Data Processing Methods

File Processing

Once data files are received by CIHI, all records undergo two stages of processing before they are included in the national database. The first ensures that data is in the proper format and that all responses pass specific validity and logic tests. If the data submitted does not match the standardized CIHI codes, an exception report and data file summary (identifying and explaining the errors) is sent to the data provider. In addition, the data is tested for a logical relationship between specific fields. (For example, an error is identified in the exception report if the year of graduation is earlier than the year of birth.)

Errors are reviewed jointly by CIHI and the respective data provider representative. In cases where the data provider is not able to make the corrections, CIHI may make them directly with the explicit consent of the provider. If a correction cannot be made, the code is changed to the appropriate default/missing value.

Identification of Secondary Registrations

Once the file has passed all validity and logic tests, the second stage of processing begins. Since physiotherapists are able to register simultaneously in more than one jurisdiction, a methodology has been developed to identify those who are living outside of Canada or are registered in more than one province or territory, in order to ensure an accurate count of the number of those registered and working in Canada only. For example, there are administrative incentives for physiotherapists to maintain their Canadian physiotherapy licence while living and/or working outside of the country. A physiotherapist living abroad may continue to register with a Canadian regulatory authority each year, even though she or he may have no intention of returning to Canada in the subsequent 12-month period. CIHI must identify those who are living abroad and remove their data from analysis, since it only reports on the physiotherapist workforce within Canada.

For those living and working in Canada, CIHI must also identify registrations that do not reflect the primary jurisdiction of practice. Similar to the international situation, there are administrative incentives for physiotherapists to maintain their provincial or territorial physiotherapy licence while living and/or working in another Canadian jurisdiction. To avoid double-counting, CIHI evaluates each registration to ensure that it reflects the primary jurisdiction of practice. These secondary registrations are also termed interprovincial duplicates.

Primary registrations are defined as records meeting the following conditions:

- Province/Country of Residence is either in Canada or *unknown*.
- For physiotherapists employed in physiotherapy, Province of Employment equals Province of Registration; if Province of Employment is *unknown*, then Province of Residence equals Province of Registration.
- For physiotherapists not employed in physiotherapy (or for physiotherapists with Employment Status of *unknown*), Province of Residence equals Province of Registration; if Province of Residence is *unknown*, then Province of Registration is accepted.

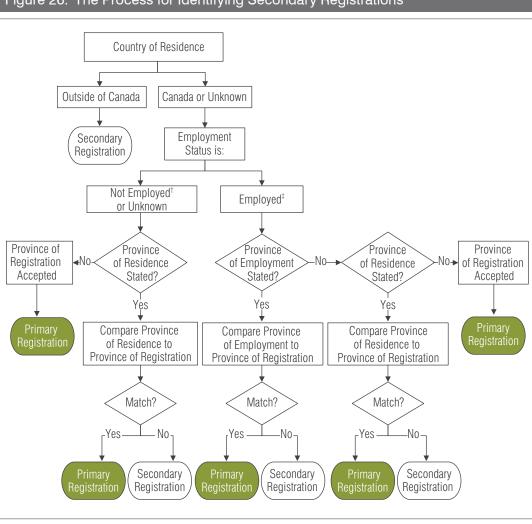


Figure 26: The Process for Identifying Secondary Registrations

Notes

- † Not employed (unemployed and seeking employment in physiotherapy, unemployed and not seeking employment in physiotherapy or unknown).
- ‡ Employed in physiotherapy and employed, on leave.

The methodology for the removal of secondary registrations/interprovincial duplicates has remained relatively consistent over time. However, it is not without its limitations. For example, a physiotherapist living in the United States but working in Canada will be erroneously removed as living abroad. Also, when a physiotherapist is registered and employed in a Canadian province and decides to provide short-term relief staffing in another province, the temporary residence information may result in a double count.

Analytical Methods

Urban/Rural Statistics

For analytical purposes, urban areas are defined (in part) as communities with populations that are greater than 10,000 people and are labelled by Statistics Canada as either a census metropolitan area (CMA) or a census agglomeration (CA). Rural/remote is equated with those communities outside the CMA/CA boundaries and is referred to as rural and small town (RST) by Statistics Canada. RST communities are further subdivided by identifying the degree to which they are influenced, in terms of social and economic integration, by larger urban centres. Metropolitan influenced zone (MIZ) categories disaggregate the RST population into four subgroups: strong, moderate, weak and none. These urban/rural/remote categories are applied to those communities (cities, town, villages) that can be equated with the Statistics Canada designation census subdivision (CSD).

For the purpose of this report, the CMA/CA and MIZ categories were collapsed and may be interpreted in the following simple manner:

CMA/CA = large urban centre (urban).

Strong/Moderate MIZ = small towns and rural areas located relatively close to larger urban centres (rural).

Weak/No MIZ = small towns and rural and remote communities distant from large urban centres (remote).

Details of the RST and MIZ classification schemes can be found in McNiven et al.,3 du Plessis et al.4 and CIHI.5

Missing Values in Urban/Rural Statistics

Missing values listed in the urban/rural statistics signify a sum of *not stated* and *unknown* responses. For example, where the data provider has not submitted a postal code for a registrant, then it is coded as *not stated*. If the data provider has submitted a postal code for a registrant but it does not match the PCCF, then it is coded as *unknown*.

Data Suppression

CIHI is committed to protecting the confidential information of each physiotherapist. Guidelines have been developed to govern the publication and release of health information in order to safeguard the privacy and confidentiality of the data received by CIHI. These policies also govern CIHI's release of data through ad hoc queries and special analytical studies. To ensure the anonymity of individual physiotherapists, cells with counts from one to four are suppressed in the data tables presented in this publication and have been replaced by a single asterisk (*). However, presenting accurate row and column totals also necessitates the suppression of a second value to prevent the reader from determining the suppressed value through subtraction. Therefore, in each row and column with a suppressed value, a second value is also suppressed, which generally is the next smallest value. However, if the second value suppressed is greater than 4, it must be replaced by a different symbol. In this case, the physiotherapist publication uses a double asterisk (**). Note: Cell suppression does not apply to missing values (such as *not collected*, *not applicable* and *unknown*) in the data tables.

Symbols

Wherever possible, standard symbols and numerical presentations are used in this report:

- * Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- ** Value suppressed to ensure confidentiality; cell value is 5 or greater.
- Data not applicable or does not exist.
- .. Data not currently collected.

When necessary, other symbols are noted at the bottom of the respective tables or figures.

Data Quality Assessment

To ensure a high level of accuracy and usefulness, CIHI developed a framework for assessing and reporting the quality of data contained in its databases and registries. This framework focuses on the five dimensions of data quality: timeliness, usability, relevance, accuracy and comparability. The Methodological Notes section outlines the limitations of data interpretation in detail. Briefly, they are as follows:

- Timeliness is achieved by collecting data at a point in time determined and agreed upon by the data providers and which reflects a majority of total records. This allows CIHI to analyze and release the data in a timely manner.
- Usability includes the availability and documentation of the data and the ease of interpretation.
- Relevance of the data set includes the adaptability and value of the data when used by decision-makers, policy developers, researchers and the media.
- Accuracy is an assessment of how well the data reflects reality or how closely the data
 presented in this publication reflects the population of reference—specifically, those
 physiotherapists holding active membership in Canada as of September 1 who are
 employed in the profession of physiotherapy.
- Comparability measures how well the data for the current year compares to the
 data from previous years and how data from the PTDB compares to data from other
 sources. This publication presents physiotherapist data for the registration years
 2007 to 2009. Previous data years are only available in aggregate counts from the
 Health Personnel Database at CIHI.

It is important to note that the levels of accuracy and completeness necessary to meet the financial and administrative requirements of a registry can differ from those required for research. An extensive mapping exercise took place collaboratively with each data provider to ensure alignment between the data collected on the registration forms and the data elements of the CIHI *Physiotherapist Database Data Dictionary*. When discrepancies were detected, these differences were documented and accounted for in the analysis and described in either the Methodological Notes or the footnotes. In some cases, data providers included CIHI definitions of some of the data elements and/or values in their registration guides, which facilitated a higher level of data accuracy.

Definitions for Missing Values

Missing values are those attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. This involves three potential situations:

- *Not collected*—where the information is not collected by the data provider on the registration form or a data provider cannot submit the information.
- *Unknown*—where the information was not provided by the registrant.
- Not applicable—where the data element is not relevant to the situation of the registrant. (For example, when a physiotherapist resides in the United States, Province of Residence is *not applicable*.)

For the missing values *unknown* and *not applicable*, CIHI implemented the following validation and correction methodology:

- When a registrant provided valid data to one or more data elements within the same education or employment grouping and other related elements are missing values, then the value *unknown* (rather than *not applicable*) is appropriate.
- When a registrant did not provide any data for all data elements within the same education or employment grouping, the value not applicable (rather than unknown) is appropriate.
- When physiotherapists are not currently employed in physiotherapy, all employment data in the PTDB is coded as not applicable. The format of Table 12 removes all physiotherapists not currently employed in physiotherapy so that unknown values accurately represent non-response for the physiotherapist workforce. Some of the results with a large percentage of missing values were not included in the Data Analysis section of this publication or in the data tables available on the CIHI website because their questionable accuracy limits their usability and opens the door to erroneous interpretations. In other cases, the number of missing values is clearly identified in the analysis and noted for explanation when necessary.

Under-Coverage

Under-coverage results when data that should be collected for the database is not included. There are no known sources of under-coverage for the PTDB.

Over-Coverage

Over-coverage is the inclusion of data beyond the target population. Over-coverage may occur when a physiotherapist is on leave for a certain reason, such as maternity/paternity leave, education leave or short-term illness or injury. She or he may have the option to register as on leave, active or inactive, or to not register at all. However, those who choose to register as active and submit employment information will be included in the workforce numbers when, in fact, they are not working. Province/Territory of Residence and Province/Territory of Employment were not available for the Yukon; therefore, that total may include secondary registrations that could not be identified and removed using the secondary registration methodology that is based on location of employment and residence.

Non-Response

In the PTDB, item non-response refers to the percentage of *unknown* responses for each data element, as presented in Table 13.

Nova Scotia, the Northwest Territories and Nunavut Data

There were no licensing authorities in the Northwest Territories and Nunavut at the time of this publication; therefore, administrative data was not available from these territories.

The Nova Scotia College of Physiotherapists was not able to submit record-level data from 2007 to 2009.

For 2008 only, the Yukon was unable to submit data to the PTDB.

In addition, not all data providers were able to align their registration forms to the data elements and values outlined in the *Physiotherapist Database Data Dictionary*. As a result, some provinces and territories were not able to collect some data elements (see Table 14).

Table 13: Percentage of Physiotherapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2009

	Province/Territory of Registration											
	N.L.	P.E.I	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.		
Gender (%)	0.0	0.0	0.0	0.0	0.0	0.4†	0.0	0.0	0.0	0.0		
Year of Birth (%)	0.0	0.0	0.0	0.0	0.0	0.6 [†]	0.0	0.0	<0.1	0.0		
Level of Basic Education in Physiotherapy (%)	0.0	0.0	0.0	0.2	<0.1	0.0	0.0	0.0	<0.1	0.0		
Year of Graduation for Basic Education in Physiotherapy (%)	0.0	0.0	0.0	0.2	<0.1	0.0	0.0	0.0	<0.1	0.0		
Country of Graduation for Basic Education in Physiotherapy (%)	10.8	0.0	4.3	0.9	<0.1	1.2	14.7	0.0	13.8	0.0		
Level of Post- Basic Education in Physiotherapy 1 (%)	0.0	0.0	0.0			0.0	0.0	0.0	0.0	0.0		
Year of Graduation for Post-Basic Education in Physiotherapy 1 (%)	0.0	0.0	0.0			0.0	0.8	0.0	0.0	0.0		
Level of Post- Basic Education in Physiotherapy 2 (%)	0.0	0.0	0.0			0.0	0.0	0.0	0.0	0.0		
Year of Graduation for Post-Basic Education in Physiotherapy 2 (%)	0.0	0.0	0.0			0.0	0.0	0.0	0.0	0.0		
Level of Post- Basic Education in Physiotherapy 3 (%)	0.0	0.0	0.0			0.0	0.0	0.0	0.0	0.0		
Year of Graduation for Post-Basic Education in Physiotherapy 3 (%)	0.0	0.0	0.0			0.0	0.0	0.0	0.0	0.0		
Level of Education in Other Than Physiotherapy 1 (%)	0.0	1.9	0.0	0.0		0.0	0.0	0.0	0.0			
Year of Graduation for Education in Other Than Physiotherapy 1 (%)	1.6	0.0	0.0	0.0		0.0	0.0	0.0	0.0			

(cont'd on next page)

Table 13: Percentage of Physiotherapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2009 (cont'd)

				Province	/Territory	of Regis	tration			
	N.L.	P.E.I	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.
Level of Education in Other Than Physiotherapy 2 (%)	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Year of Graduation for Education in Other Than Physiotherapy 2 (%)	0.0	0.0	0.0	<0.1		0.0	0.2	0.0	0.0	
Level of Education in Other Than Physiotherapy 3 (%)	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Year of Graduation for Education in Other Than Physiotherapy 3 (%)	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Primary Place of Employment (%)	0.0	0.0	0.0	0.4	4.0	1.2	0.0	0.0	0.9	0.0
Primary Area of Practice (%)	0.0		0.0	9.2	25.4	9.7	3.8	0.0	11.0	11.4
Primary Full- Time/Part-Time Status (%)	0.5		0.0		3.7	0.1	0.4	0.0	12.7	0.0
Primary Employment Sector (%)	0.0		3.1	0.3	8.7	1.9	57.2	0.7	4.0	0.0
Secondary Employment Sector (%) [‡]	0.0		0.0	0.0	8.2	0.7	6.8	0.2	1.4	0.0
Annual Hours of Work (%)	15.0	0.0	0.0		8.2	5.6	5.3	0.0	0.0	5.7
Canadian Official Language of Service (%)	0.0	0.0	37.6	0.1	0.5	0.0	0.0	0.0	0.0	
Other Language of Service 1 (%)	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.8	
Urban Versus Rural (%) (Based on Postal Code of Primary Employment)	1.5	0.0	0.0	0.0	0.7	1.6	3.8	4.0	5.2	0.0

Notes

- .. Not collected/submitted.
- † Aggregate data was provided by Manitoba Health.
- ‡ Calculation of *unknown* percentage based on number of registrants that have secondary employment.

Source

Physiotherapist Database, Canadian Institute for Health Information.

Table 14: Physiotherapist Records Where Data Was Not Collected by Data Element and Province or Territory of Registration, Canada, 2009

	Province/Territory of Registration										
	N.L.	P.E.I	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	
Gender						†					
Year of Birth						+					
Level of Basic Education in Physiotherapy											
Year of Graduation for Basic Education in Physiotherapy											
Country of Graduation for Basic Education in Physiotherapy											
Level of Post-Basic Education in Physiotherapy 1				Х	X						
Year of Graduation for Post-Basic Education in Physiotherapy 1				X	Х						
Level of Post-Basic Education in Physiotherapy 2				Х	X						
Year of Graduation for Post-Basic Education in Physiotherapy 2				Х	X						
Level of Post-Basic Education in Physiotherapy 3				Х	Х						
Year of Graduation for Post-Basic Education in Physiotherapy 3				Х	х						
Level of Education in Other Than Physiotherapy 1					Х					Х	
Year of Graduation for Education in Other Than Physiotherapy 1					х					Х	

(cont'd on next page)

Table 14: Physiotherapist Records Where Data Was Not Collected by Data Element and Province or Territory of Registration, Canada, 2009 (cont'd)

	Province/Territory of Registration											
	N.L.	P.E.I	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.		
Level of Education in Other Than Physiotherapy 2					Х					Х		
Year of Graduation for Education in Other Than Physiotherapy 2					Х					X		
Level of Education in Other Than Physiotherapy 3					X					Х		
Year of Graduation for Education in Other Than Physiotherapy 3					Х					Х		
Primary Place of Employment												
Primary Area of Practice		Х										
Primary Full- Time/Part-Time Status		Х		X								
Primary Employment Sector		Х										
Secondary Employment Sector		Х										
Annual Hours				X								
Canadian Official Language of Service										Х		
Other Language of Service 1			Х							Х		
Urban Versus Rural (Based on Postal Code of Primary Employment)												

Notes

Source

Physiotherapist Database, Canadian Institute for Health Information.

X Indicates that the percentage of not collected was 100.

[†] Aggregate data was provided by Manitoba Health.

Data Limitations

Demographics

Year of Birth

- Manitoba—the College of Physiotherapists of Manitoba (CPTM) does not provide record-level information on birth year; however, aggregate data was provided by Manitoba Health (2007 to 2009).
- Nova Scotia—aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists (NSCP) for 2007 to 2009.
- Northwest Territories and Nunavut—excluded for 2007 to 2009.

Gender

- Manitoba—the CPTM does not provide record-level information on gender; however, aggregate data was provided by Manitoba Health (2007 to 2009).
- Nova Scotia—aggregate data for Nova Scotia was provided by the NSCP for 2007 to 2009. For 2007 and 2008, totals for Gender include out-of-province and nonpractising registrants, as defined by the NSCP. For 2009, totals for Gender exclude inactive and non-practising registration types, as defined by the college.

Geography

Urban/Rural/Remote (for Primary Employment)

• Nova Scotia, Northwest Territories and Nunavut—excluded for 2007 to 2009.

Health Region

• Nova Scotia, Northwest Territories and Nunavut—excluded for 2007 to 2009.

Education

Current Level of Education in Physiotherapy

- Quebec—Level of Post-Basic Education in Physiotherapy data was not available from the Ordre professionnel de la physiothérapie du Québec; therefore, current level of education for Quebec is based only on Level of Basic Education in Physiotherapy.
- Ontario—Level of Post-Basic Education in Physiotherapy data was not available from the College of Physiotherapists of Ontario; therefore, current level of education for Ontario is based only on Level of Basic Education in Physiotherapy.
- Yukon-excluded for 2008.
- Nova Scotia—excluded for 2007 and 2008. Aggregate data provided by the NSCP for 2009.

Year of Graduation for Basic Education in Physiotherapy

- Yukon—excluded for 2008.
- Nova Scotia—excluded for 2007 and 2008. Aggregate data provided by the NSCP for 2009.

Country of Graduation for Basic Education in Physiotherapy

- Yukon-excluded for 2008.
- Nova Scotia—excluded for 2007 and 2008. Aggregate data provided by the NSCP for 2009.
- Quebec—not collected for 2007 and 2008.
- British Columbia—high missing values for 2007.
- · Saskatchewan—high missing values for 2008.

Level of Post-Basic Education in Physiotherapy (1, 2, 3)

- Ontario-not collected for 2007 to 2009.
- Yukon—not collected for 2007. Excluded for 2008.
- Nova Scotia—excluded for 2007 to 2009.

Year of Graduation for Post-Basic Education in Physiotherapy (1, 2, 3)

- Ontario and Quebec—not collected for 2007 to 2009.
- Yukon—not collected for 2007. Excluded for 2008.
- Nova Scotia—excluded for 2007 to 2009.

Level of Education in a Field Other Than Physiotherapy (1, 2, 3)

- Saskatchewan—not collected for 2007.
- Ontario and Yukon—not collected for 2007 to 2009.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.

Year of Graduation for Education in Other Than Physiotherapy (1, 2, 3)

- Saskatchewan—not collected for 2007.
- Ontario and Yukon—not collected for 2007 to 2009.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.

Field of Study for Education in Other Than Physiotherapy (1, 2, 3)

- Saskatchewan-not collected for 2007.
- Ontario and Yukon—not collected for 2007 to 2009.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Quebec and Manitoba—high missing values for 2007 to 2009.
- Alberta—high missing values for 2007.

Employment

Employment Status—On Leave

- While the 2008 PTDB includes those physiotherapists who are employed in
 physiotherapy but on leave, business processes vary between data providers in
 terms of the range of data collected and options for registration types. The on-leave
 portion of the physiotherapist workforce was not available from Quebec, Ontario,
 Manitoba or the Yukon.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.

Canadian Official Languages—Ability to Provide Service

- Newfoundland and Labrador—not collected for 2007.
- Yukon—not collected for 2007 and 2009. Excluded for 2008.
- Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Nova Scotia—excluded for 2007 and 2008. Aggregate data provided by the NSCP for 2009.
- New Brunswick—high missing values for 2009.

Other Language—Ability to Provide Service

- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Yukon—excluded for 2008.
- New Brunswick—not collected for 2007 to 2009.
- Newfoundland and Labrador and Yukon—not collected for 2007.

Full-Time/Part-Time Status

- P.E.I. and Quebec—not collected for 2007 to 2009.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Yukon—excluded for 2008.
- British Columbia—high missing values for 2007 and 2008.

Province/Territory of Employment (for Primary Employment)

- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Yukon—excluded for 2008.

Country of Employment (for Primary Employment)

- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Yukon-excluded for 2008.

Postal Code of Employment (for Primary Employment)

- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Yukon—excluded for 2008.

Place of Employment (for Primary Employment)

- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Yukon—excluded for 2008.

Area of Practice (for Primary Employment)

- P.E.I.—not collected for 2007 to 2009.
- Yukon—not collected for 2007. Excluded for 2008.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Ontario—high missing values for 2007 to 2009.

Sector of Employment (for Primary Employment)

- Yukon—not collected for 2007. Excluded for 2008.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- P.E.I.—not collected for 2007 to 2009.
- Saskatchewan—high missing values for 2008 and 2009.

Total Annual Worked Hours

- Yukon—excluded for 2008.
- Nova Scotia, Nunavut and Northwest Territories—excluded for 2007 to 2009.
- Quebec—not collected for 2007 to 2009.
- Manitoba and Yukon—not collected for 2007.
- Ontario—high missing values for 2007 and 2008.

Privacy and Confidentiality

The Privacy and Legal Services Secretariat at CIHI developed a set of guidelines to safeguard the privacy and confidentiality of data received by CIHI. These policies govern the release of data in publications, media releases, the CIHI website and through ad hoc requests and special studies. The documents entitled *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Information* and *Physiotherapist Database Privacy Impact Assessment* can be found on the CIHI website (www.cihi.ca).

PTDB Workforce Products and Services

The following publications relevant to this report may be downloaded in electronic (PDF) format, free of charge, at www.cihi.ca:

- Physiotherapist Database Data Dictionary (for data elements and definitions)
- Physiotherapist Database Data Submission Specifications Manual (for file specifications for the data elements sent by the provincial regulatory authorities and territorial government)

Request for Services

CIHI completes ad hoc requests and special analytical projects on a cost-recovery basis using data from the PTDB. Such requests are short queries that generally can be handled through standard reports and do not require major programming resources, while special analytical projects require project planning and the commitment of extra resources.

For an estimate of the costs associated with these products and services, please contact

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Phone: 613-241-7860 Fax: 613-241-8120

Email: ptdb@cihi.ca Website: www.cihi.ca

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