Physiotherapists in Canada, 2008

Spending and Health Workforce

Canadian Institute for Health Information

Institut canadien d'information sur la santé

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Our Vision

CIHI's vision is 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.

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- Canadian Alliance of Physiotherapy Regulators
- Canadian Physiotherapy Association
- College of Physical Therapists of Alberta
- College of Physical Therapists of British Columbia
- College of Physiotherapists of Manitoba
- 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

We also wish to extend our thanks and gratitude to all physiotherapists who care for Canadians.

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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Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

Executive Summary

Highlights From *Physiotherapists in Canada, 2008*

Data for the 2008 physiotherapist workforce in Nova Scotia (except for aggregate supply and gender data) and the territories 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 3.1% between 2007 and 2008 (excluding the territories), reaching 16,889.
- The per-population supply of physiotherapists in Canada was 51 per 100,000 population (excluding the territories).

Demographics

- The majority of physiotherapists in 2008 were female (78.4%),[i] 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 (23.1%); the lowest percentage was in Prince Edward Island (17.0%), followed by New Brunswick (19.6%).
- A comparison of various health professions indicates that physiotherapists had a higher proportion of women in their workforce (78.4%)[i] than pharmacists (59.0%)[ii] and doctors (33.8%),[iii] but fewer than occupational therapists (92.2%)[iv] and regulated nurses (93.7%).[v]
- Most physiotherapists (32.5%)[vi] were in their thirties.
- More than half of the physiotherapist workforce belonged to generation X or Y.
- The average age of physiotherapists in Canada was 41.4.[vi] B.C had the oldest physiotherapists on average (43.8), while the youngest were on the opposite coast in Newfoundland and Labrador (39.0).
- Physiotherapists tended to be younger than doctors (49.6),[iii] nurses (45.1)[v] and pharmacists (43.3),[ii] but were older on average than their rehabilitation counterparts in occupational therapy (38.4).[iv]

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i. Excludes the territories.
ii. Pharmacist Database, Canadian Institute for Health Information.
iii. Scott's Medical Database, 2007, Canadian Institute for Health Information.
iv. Occupational Therapist Database, Canadian Institute for Health Information.
v. Nursing Database, 2007, Canadian Institute for Health Information.
vi. Excludes Nova Scotia and the territories.

Education

- The majority of physiotherapists had a baccalaureate degree (79.7%). The remainder had a diploma (11.7%) or a master's degree (8.5%), while only 25 (0.2%) had a doctorate degree.[vi]
- The age at which most physiotherapists graduated went up in the last 10 years, as more than half graduated between age 25 and 29.[vi]
- In the most recent five-year period (2004 to 2008), there was a 31.0% increase in the proportion of physiotherapists graduating with a master's degree.[vi]
- More than 20% of physiotherapists had postsecondary education in fields outside of physiotherapy, which was largely obtained (78.3%) prior to studying physiotherapy.[vii]
- Just more than five percent (5.7%) of physiotherapists were classified as new graduates, having a graduation year of 2007 or 2008.[vi]

Employment

- Most physiotherapists worked for a single employer (77.5%), while the remainder had at least two employers.[vi]
- More than one-third of employed physiotherapists worked on a part-time basis at their primary job (34.6%), based on the jurisdictions included in full-time/part-time status analysis.[viii]
- Findings indicated that the physiotherapist workforce was employed almost equally in hospital settings (39.2%) and group or solo professional practice settings (39.7%), with community settings accounting for 13.5%.[vi] Correspondingly, 57.2% of physiotherapists worked in the public sector and 42.8% worked in the private sector.[ix]
- Almost half (42.0%) of physiotherapists worked in the area of musculoskeletal and integumentary systems, followed by general practice (28.7%) and other areas of direct service (7.3%).[x]

vii. Excludes Nova Scotia, Ontario and the territories.
viii. Excludes P.E.I., Nova Scotia, Quebec, B.C. and the territories.
ix. Excludes P.E.I., Nova Scotia, Saskatchewan and the territories.
x. Excludes P.E.I., Nova Scotia, Ontario and the territories.

- More than one-quarter (28.0%) of physiotherapists had the ability to provide service in both official languages.[vi]

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 (61.2%). Female physiotherapists mainly worked in hospitals (43.3%).[vi]
- Female physiotherapists were almost three times more likely to report working part time (39.9%) than male physiotherapists (14.7%), based on the jurisdictions included in the full-time/part-time status analysis.[viii]

Geography and Mobility

- Most (92.0%) employers of physiotherapists were located in urban areas, while 4.3% were located in rural areas and 3.7% were located in remote areas.[vi]
- Close to one-fifth (15.7%) of practising physiotherapists included in the analysis of country of graduation were educated outside of Canada. Most of the international graduates in Canada were from the United Kingdom (23.3%), but this was due to an influx that occurred 30 years ago. Of those internationally educated physiotherapists who graduated in the last five years, almost half came from the United States (48.7%), followed by Australia (22.4%) and the United Kingdom (9.0%).[xi]

xi. Excludes Nova Scotia, Quebec, Saskatchewan and the territories.

About This Report

This is the second 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 physiotherapy workforce and the physiotherapy profession as a distinct health provider group. For 2008, this publication includes:

- A data analysis section for 2007 and 2008 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, 2008* 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*

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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/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 and 2008, Nova Scotia was unable to provide data to the PTDB; thus aggregate data from the Nova Scotia College of Physiotherapists was inserted to provide an estimation of supply and gender only for Nova Scotia.

The PTDB Data Providers

Province	Data Provider
N.L	Newfoundland and Labrador College of Physiotherapists
P.E.I.	Prince Edward Island College of Physiotherapists
N.S.	Did not participate
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.	Did not participate

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/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 provides 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; therefore, the 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

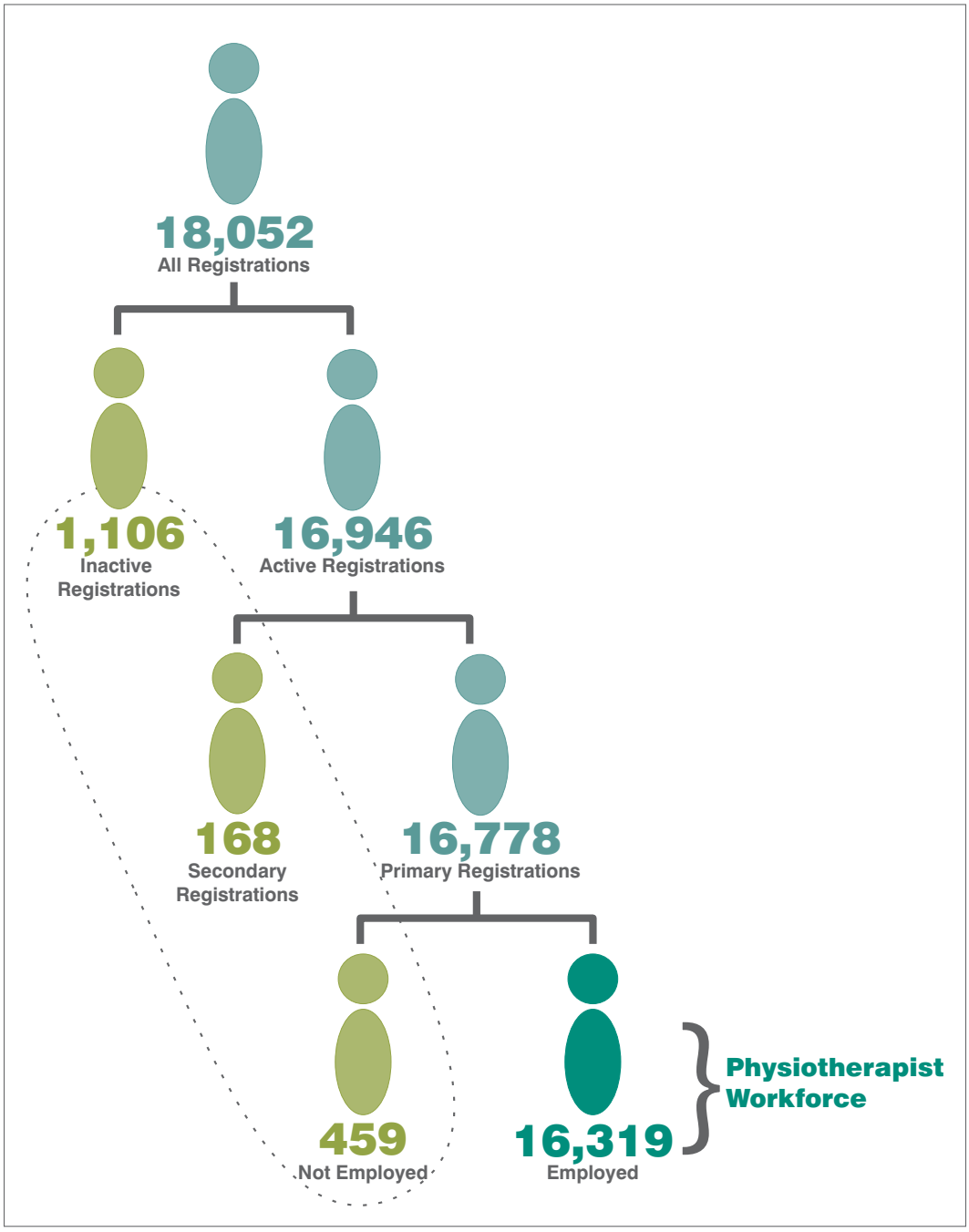
In this CIHI publication, "physiotherapist workforce" is defined as the total number of physiotherapists holding active registrations[xii] in Canada who are employed and are not considered secondary registrations[xiii] or interprovincial duplicates. For more detailed information on the inclusion and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

For the 2008 physiotherapist workforce information submitted by Canadian provincial regulatory authorities, 168 (1.0%) secondary registrations were removed and 459 (2.7%) registrations were removed because the registrants were not employed in physiotherapy or their ***employment status*** was ***unknown*** (see Figure 1).

xii. **Active registrations:** Provincial regulatory authorities provided data to CIHI for the PTDB for those physiotherapists who held an active membership for 2008. This includes those specific membership categories authorizing a member as eligible to work in the particular jurisdiction in the particular year.

xiii. **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, 2008



Notes
Nova Scotia and Yukon 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 or the territories.
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

Almost all (97.3%, or 16,319) of the registrants were employed, only 1.4% (238) were unemployed and the *employment status* was missing for 0.5% (92) (see Table 1).

Table 1 Total Number of Active Registered Physiotherapists by Employment Status, 2007 and 2008

	2007		2008	
	Count	Percent	Count	Percent
Employed in Physiotherapy	15,850	96.5	16,319	97.3
Employed in Physiotherapy, On Leave	67	0.4	62	0.4
Employed in Other Than Physiotherapy/ Employed, Unspecified	30	0.2	67	0.4
Unemployed	282	1.7	238	1.4
Missing Values	195	1.2	92	0.5
Total	**16,424**	**100**	**16,778**	**100**

Notes
Nova Scotia and Yukon 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 or the territories.
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 development[1] 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 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 to educate patients, caregivers and other health professionals regarding injury prevention, ergonomics, lifestyle, fitness, health and wellness.

Chapter 1

Supply

There were 16,889 active physiotherapists in Canada in 2008, which represents an increase of 3.1% over the previous year (excluding the territories). Over the same period, the Canadian population increased at a pace of 1.2%.[3] All provinces experienced a gain in physiotherapists, but B.C. outpaced the others with a growth rate of 7.1%.

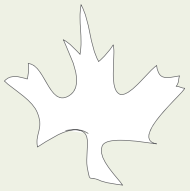
How many physiotherapists were there in Canada?

Participating provinces:
CIHI Physiotherapist Database

Other sources

Data not available

Supply of Physiotherapists, 2007 to 2008



	Canada
2007	16,418
2008	16,889

	Newfoundland and Labrador	Prince-Edward-Island	Nova-Scotia
2007	193	50	568
2008	198	53	570

	New-Brunswick	Quebec	Ontario	Manitoba
2007	434	3,653	6,058	647
2008	450	3,703	6,205	665

	Saskatchewan	Alberta	British-Columbia	Yukon
2007	522	1,868	2,395	30
2008	541	1,938	2,566	N/A

Notes

Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
For 2008 only, data from the Yukon was not available.
Canada totals do not include the Northwest Territories or Nunavut.
The 2008 Canada total does not include the Yukon.
Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and includes full, defined and temporary 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; and Nova Scotia College of Physiotherapists.

Supply of Physiotherapists

Table 2 Physiotherapist Workforce by Count, Percent and per 100,000 Population by Province or Territory of Registration, 2007 and 2008

	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	6,058	647	522	1,868	2,395	30	16,418
2008	198	53	570	450	3,703	6,205	665	541	1,938	2,566	‡	16,889
Percent Distribution												
2007	1.2	0.3	3.5	2.6	22.2	36.9	3.9	3.2	11.4	14.6	0.2	100.0
2008	1.2	0.3	3.4	2.7	21.9	36.7	3.9	3.2	11.5	15.2	‡	100.0
Supply per 100,000 Population												
2007	38	36	61	58	47	47	54	52	53	55	†	50
2008	39	38	61	60	48	48	55	53	54	58	‡	51

Notes

† Per-population count was not calculated for the Yukon as it was not possible to identify and remove secondary registrations.

‡ 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.

Nova Scotia data was provided by the Nova Scotia College of Physiotherapists and includes full, defined and temporary registration types, as defined by the college.

Population statistics are based on data from Statistics Canada (*Quarterly Demographic Estimates*, 22, 4 [March 26, 2009], 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

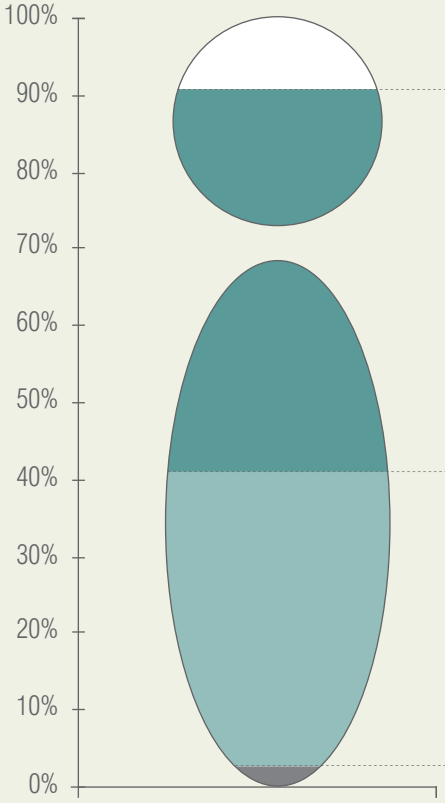
Physiotherapist Database, Canadian Institute for Health Information; Nova Scotia College of Physiotherapists; and Statistics Canada.

Chapter 2
Demographics

For the first time in recent history, the general workforce spanned four generations in 2008.[4] This presents significant challenges and opportunities for health human resource planners, as well as for managers at the institutional level. Different strategies may be required to entice and motivate the members of each generation, requiring an understanding of each generation's unique set of characteristics, values and perceptions of the ideal workplace.[5]

More than half of the physiotherapist workforce was from generation **X** or **Y**!

Age Composition by Generation[4]



9.2%

Generation Y *Born after 1980*
Tend to be more goal-oriented, desire immediate feedback, favour meaningful work and also seek work–life balance.

50.1%

Generation X *Born between 1965 and 1980*
Tend toward self-reliance and value career security over job security. Are accustomed to direct and immediate communication and are more interested in achieving work–life balance.

38.2%

Baby Boomer *Born between 1946 and 1964*
Tend to question authority and value status and are sometimes workaholics.

2.6%

Veteran *Born between 1922 and 1945*
Value hard work and self-sacrifice and respect authority.

Notes
Nova Scotia and Yukon 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 Manitoba, as generational age groups were not available.
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.

Demographic Characteristics of the Physiotherapist Workforce

Gender

Table 3 Physiotherapist Workforce by Gender, Province of Registration, 2008

	Female		Male		Total
	Count	Percent	Count	Percent	
N.L.	150	75.8	48	24.2	198
P.E.I.	44	83.0	9	17.0	53
N.S.	479	80.0	120	20.0	599
N.B.	362	80.4	88	19.6	450
Que.	2,884	77.9	819	22.1	3,703
Ont.	4,928	79.4	1,277	20.6	6,205
Man.	510	77.2	151	22.8	661
Sask.	434	80.2	107	19.8	541
Alta.	1,498	77.3	440	22.7	1,938
B.C.	1,972	76.9	594	23.1	2,566
Total	**13,261**	**78.4**	**3,653**	**21.6**	**16,914**

Notes

Yukon 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 the territories.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *gender*: Manitoba (4, 0.6%).
Aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists and includes full, defined and temporary registration types as well as out-of-province, inactive and non-practising registrants as defined by the college.
Manitoba Health provided aggregate totals 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.

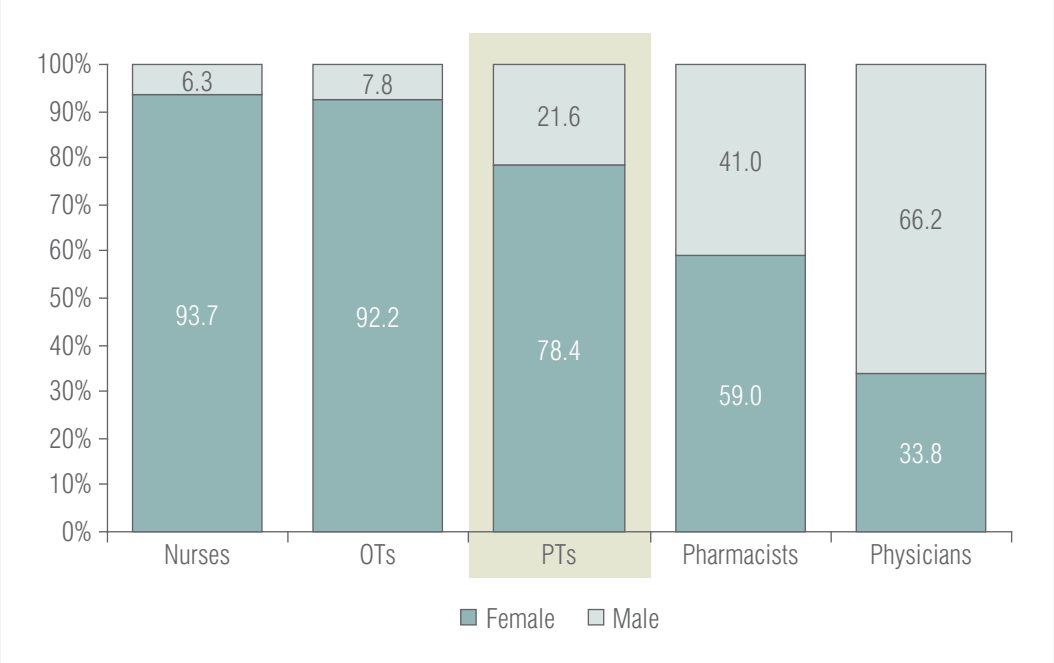
Sources

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

Cross-Profession by Gender

Clearly, men were not as attracted to physiotherapy as they were to professions such as pharmacy and medicine. But looking at the rehabilitation professions presented, physiotherapy drew almost three times as many men as occupational therapy.

Health Professionals by Gender



(see notes on next page)

Notes

Regulated Nurses
Statistics for nurses are based on 2007 data.
In 2007, the College of Registered Nurses of Manitoba submitted aggregate tables for gender.
Regulated nurses include registered nurses, licensed practical nurses and registered psychiatric nurses.

Occupational Therapists (OTs)
The Canada total includes Quebec.
The Quebec data presented in this figure was obtained from the Health Personnel Database, which reports the number of active registered OTs (2008 data as of March 31, 2009). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this figure is useful for some purposes but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide.*
Manitoba Health provided aggregate totals for *gender* for registrants in Manitoba.
The results do not include data for which responses were *unknown*.
Count and percentage *unknown* for *gender*: total (1, 0.01%).

Physiotherapists (PTs)
Yukon data was not available.
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 and includes full, defined and temporary registration types, as well as out-of-province, inactive and non-practising registrants as defined by the college.
Manitoba Health provided aggregate totals for *gender* for registrants in Manitoba.
The results do not include data for which responses were *unknown*.
Count and percentage *unknown* for *gender*: total (4, <0.1%).

Pharmacists
Data from Quebec, Manitoba, the Yukon and Nunavut was not available.
For 2008, data for all pharmacists submitted by the New Brunswick Pharmaceutical Society was included as *employed in the profession of pharmacy*, as *employment status* was not available.
The results do not include data for which responses were *unknown*.
Count and percentage *unknown* for *gender*: total (1, <0.01%).

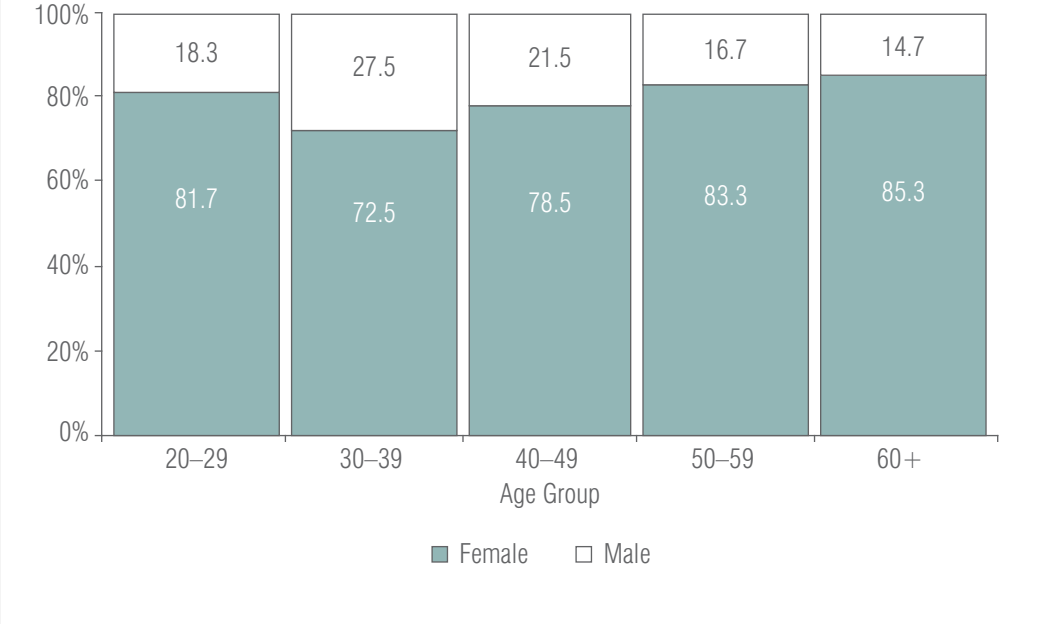
Physicians
Statistics for physicians are based on 2007 data.
Excludes residents and non-licensed physicians who requested that their information not be published as of December 31 of the reference year.
Includes physicians in clinical and/or non-clinical practice.

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

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

Figure 2 Physiotherapist Workforce by Gender and 10-Year Age Groups, 2008



Notes

Nova Scotia and Yukon 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 (4, <0.1%).
Percentage *unknown* for *year of birth*: total (4, <0.1%).
Manitoba Health provided aggregate totals for gender and 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; and Manitoba Health.

Age Distribution

Are there enough physiotherapists to replace those nearing retirement?

This seemed to be the case when physiotherapists age 35 and younger (two-thirds of new registrants fell into this age category) were compared to older ones (age 50 and older), everywhere except in B.C. In B.C., older physiotherapists significantly outnumbered their younger counterparts: the province had the highest percentage of physiotherapists in the 50+ age range and more than three times fewer physiotherapists in the 20-to-29 range.

Table 4 Physiotherapist Workforce by 10-Year Age Groups and Average Age, Province of Registration, 2008

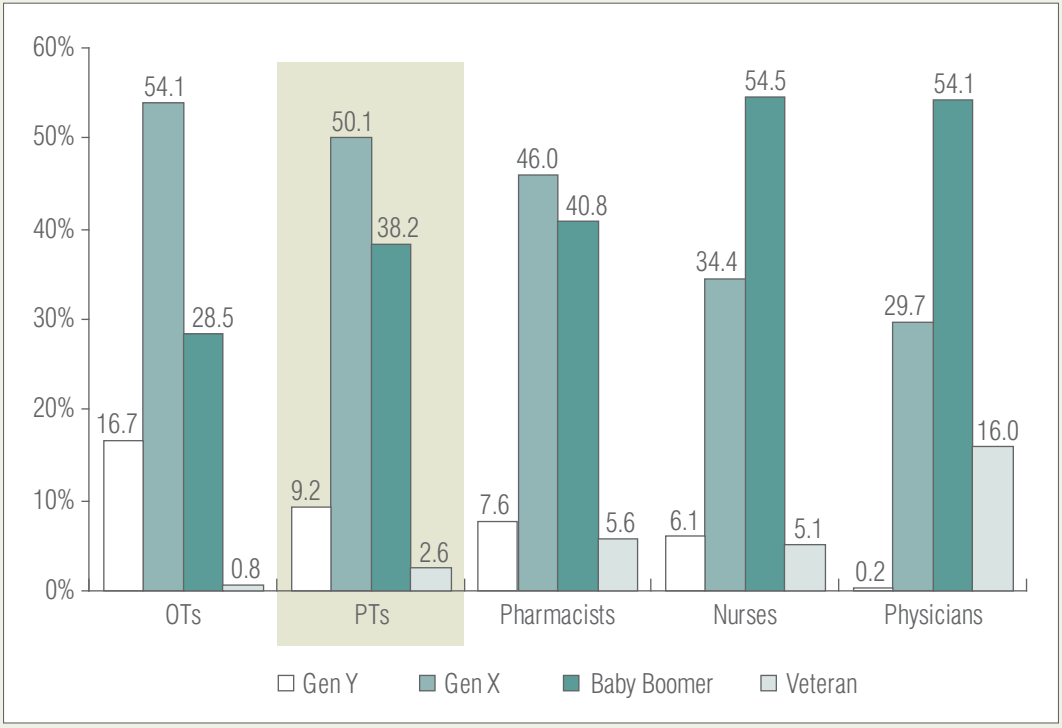
	20–29		30–39		40–49		50+		Total	Average Age
	Count	Percent	Count	Percent	Count	Percent	Count	Percent		
N.L.	27	13.6	89	44.9	54	27.3	28	14.1	198	39.0
P.E.I.	10	18.9	13	24.5	18	34.0	12	22.6	53	41.7
N.B.	77	17.1	176	39.1	129	28.7	68	15.1	450	39.3
Que.	807	21.8	1,031	27.8	1,137	30.7	728	19.7	3,703	39.7
Ont.	759	12.2	2,247	36.2	1,580	25.5	1,619	26.1	6,205	41.8
Man.	141	21.3	179	27.1	147	22.2	194	29.3	661	41.0
Sask.	111	20.5	155	28.7	147	27.2	128	23.7	541	40.6
Alta.	291	15.0	667	34.4	480	24.8	500	25.8	1,938	41.3
B.C.	279	10.9	739	28.8	668	26.0	880	34.3	2566	43.8
Total	**2,502**	**15.3**	**5,296**	**32.5**	**4,360**	**26.7**	**4,157**	**25.5**	**16,315**	**41.4**

Notes
Nova Scotia and Yukon 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*: Manitoba (4, 0.6%), total (4, <0.1%).
Manitoba Health provided aggregate totals for age groups and average 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; and Manitoba Health.

Cross-Profession by Age

Physiotherapists were on the younger side, with most belonging to generation X. But they were not quite as young as their rehabilitation counterparts, occupational therapists.

Health Professionals by Age



(see notes on next page)

Notes
Veteran: Born between 1922 and 1945.
Baby Boomer: Born between 1946 and 1964.
Generation X: Born between 1965 and 1980.
Generation Y: Born after 1980.

Occupational Therapists (OTs)
Canada total includes Quebec.
The Quebec data presented in this figure was obtained from the Health Personnel Database, which reports the number of active registered OTs (2008 data as of March 31, 2009). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this figure is useful for some purposes but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide.*
Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba.
Quebec data is based on five-year age bands and therefore does not provide exact matches to the year of birth ranges for each generation.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *age*: total (18, 0.2%).

Physiotherapists (PTs)
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
Manitoba data was not available for generational age groups.

Pharmacists
Data from Quebec, Manitoba, the Yukon and Nunavut was not available.
For 2008, data for all pharmacists submitted by the New Brunswick Pharmaceutical Society was included as *employed in the profession of pharmacy*, as *employment status* was not available.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *age*: total (2, 0.01%).

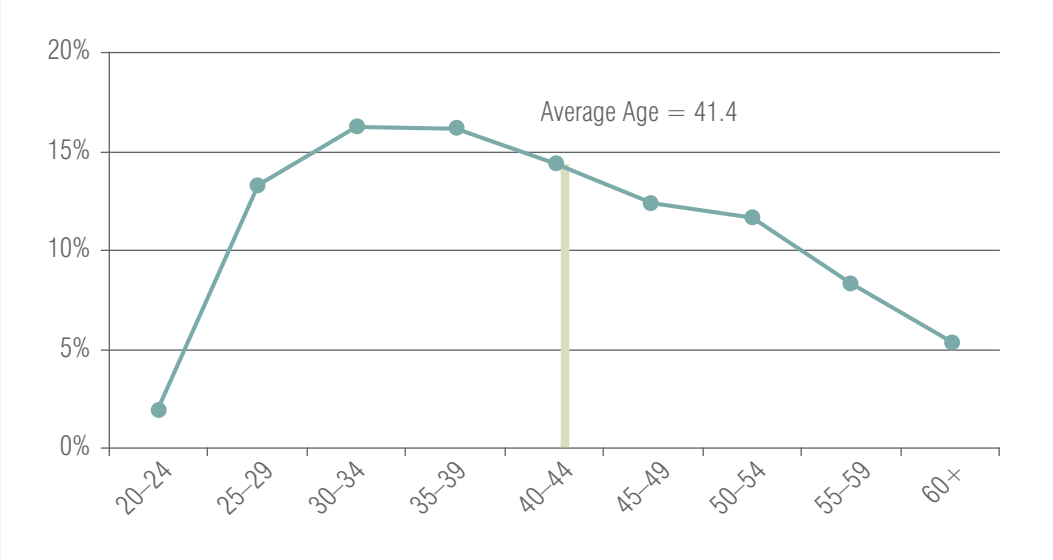
Regulated Nurses
Statistics for nurses are based on 2007 data.
Non-response for *year of birth* (percent of RN workforce): total (36, <0.1%).
In 2007, the College of Registered Nurses of Manitoba submitted aggregate tables for age groups.
Regulated nurses include registered nurses, licensed practical nurses and registered psychiatric nurses.

Physicians
Statistics for physicians are based on 2007 data.
Excludes residents and non-licensed physicians who requested that their information not be published as of December 31 of the reference year.
Includes physicians in clinical and/or non-clinical practice.
For those physicians for whom date of birth was not available, ages were calculated using *year of MD graduation* with *age at MD graduation* equal to 25 years.

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
Occupational Therapist Database, Physiotherapist Database, Pharmacist Database, Nursing Database and Scott's Medical Database and Health Personnel Database, Canadian Institute for Health Information; and Manitoba Health.

Figure 3 Physiotherapist Workforce by Five-Year Age Groups and Average Age, 2008



Notes

Nova Scotia and Yukon 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 (4, <0.1%).
Manitoba Health provided aggregate totals 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

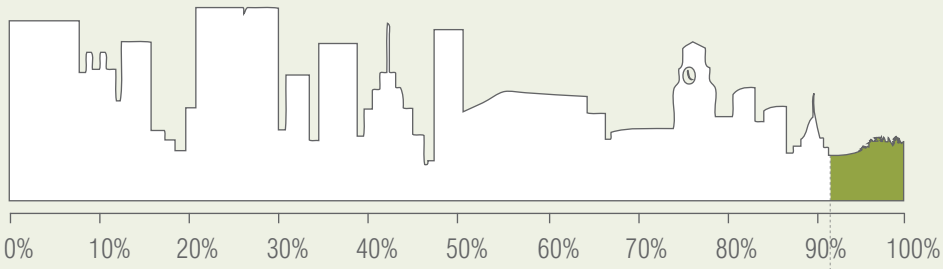
Physiotherapist Database, Canadian Institute for Health Information; and Manitoba Health.

Chapter 3
Geography

The urban/rural distribution of physiotherapists was not in line with that of the Canadian population. Physiotherapists were concentrated in urban areas, even more so than the general population. Most (92%) physiotherapists worked in urban areas where 75% of the population resided, leaving only 8% in rural and small-town areas to cover the remaining quarter of the population.[6]

Did physiotherapists follow the **urban/rural** distribution of the **Canadian population**?

Urban, Rural and Remote Distribution

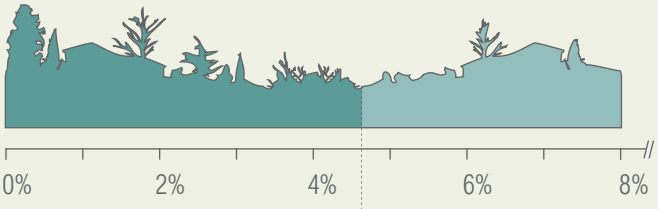


Urban

92.0%

Other

8.0%



Rural

4.3%

Remote

3.7%

Notes

Nova Scotia and Yukon 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 (87, 0.5%).
Percentage *not stated* for *postal code of primary employment*: total (323, 2.0%).
Postal code of primary employment data was assigned to urban/rural/remote categories using the March 2008 release of Statistics Canada's PCCF.
The urban, rural and remote categories are based on a classification scheme developed by Statistics Canada. 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; and Statistics Canada.

Urban/Rural Distribution

Table 5 Count, Percent and per 10,000 Population of Physiotherapists in Urban and Rural/Remote Regions, by Province of Registration, 2008

	Urban			Rural and Remote Areas		
	Count	Percent	Per 10,000 Population	Count	Percent	Per 10,000 Population
N.L.	**	**	7.8	**	**	1.2
P.E.I.	**	**	9.2	*	*	0.5
N.B.	337	75.2	11.3	111	24.8	2.6
Que.	3,391	91.7	6.1	306	8.2	1.5
Ont.	5,762	94.8	6.0	314	5.2	1.3
Man.	593	90.0	8.2	66	10.0	1.5
Sask.	423	89.8	8.2	48	10.2	1.1
Alta.	1,697	90.1	7.1	187	9.9	2.1
B.C.	2,231	91.7	6.8	201	8.3	2.4
Total	**14,635**	**92.0**	**6.5**	**1,274**	**8.0**	**1.6**

Notes

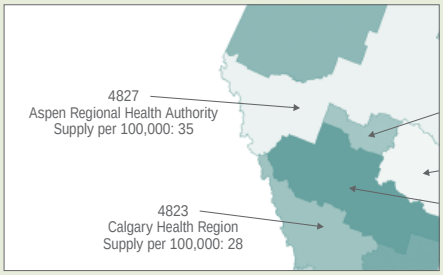
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
** Value suppressed to ensure confidentiality; cell value is 5 or greater.
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no 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*: New Brunswick (2, 0.4%), Quebec (5, 0.1%), Ontario (69, 1.1%), Manitoba (4, 0.6%), Saskatchewan (2, 0.4%), Alberta (4, 0.2%), B.C. (1, <0.1%), total (87, 0.5%).
Percentage *not stated*: Newfoundland and Labrador (9, 4.5%), Quebec (1, <0.1%), Ontario (60, 1.0%), Manitoba (2, 0.3%), Saskatchewan (68, 12.6%), Alberta (50, 2.6%), B.C. (133, 5.2%), total (323, 2.0%).
Postal code of primary employment data was assigned to urban/rural/remote categories using the March 2008 release of Statistics Canada's PCCF.
The urban, rural and remote categories are based on a classification scheme developed by Statistics Canada. Please review the Methodological Notes for more comprehensive information.
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; and Statistics Canada.

Health Regions—New This Year!

Supply data by health region is included for the first time in this year's report! Please refer to the provincial profiles section at the back of this report for details.

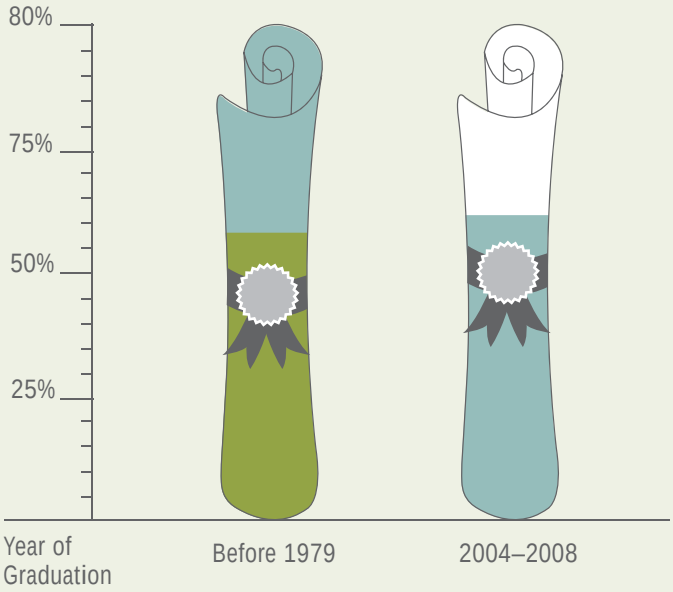


Chapter 4
Education

Changes in education requirements for entry to practice can play a significant role in shaping a profession's demographics. Over time, requirements shifted such that all physiotherapist programs in Canada were expected to be at a baccalaureate level then, starting in 2000,[7] at a master's level by 2010.[8] Overall, 91.5% of physiotherapists who graduated with a master's degree did so after age 24, compared to 40.4% of physiotherapists who graduated with a baccalaureate.

Why has the **age at graduation** for physiotherapists **increased**?

One reason may be that entry-to-practice requirements shifted from diploma to baccalaureate to master's.

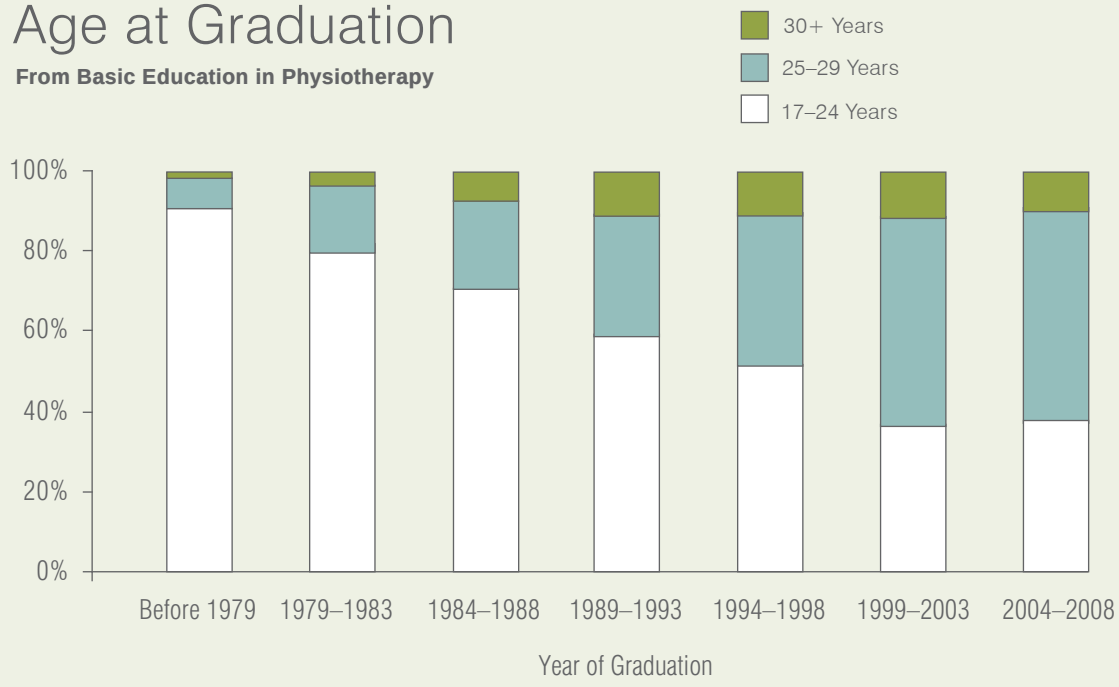


Level of Education

- Diploma
- Baccalaureate Degree
- Master's Degree

Age at Graduation

From Basic Education in Physiotherapy



Notes

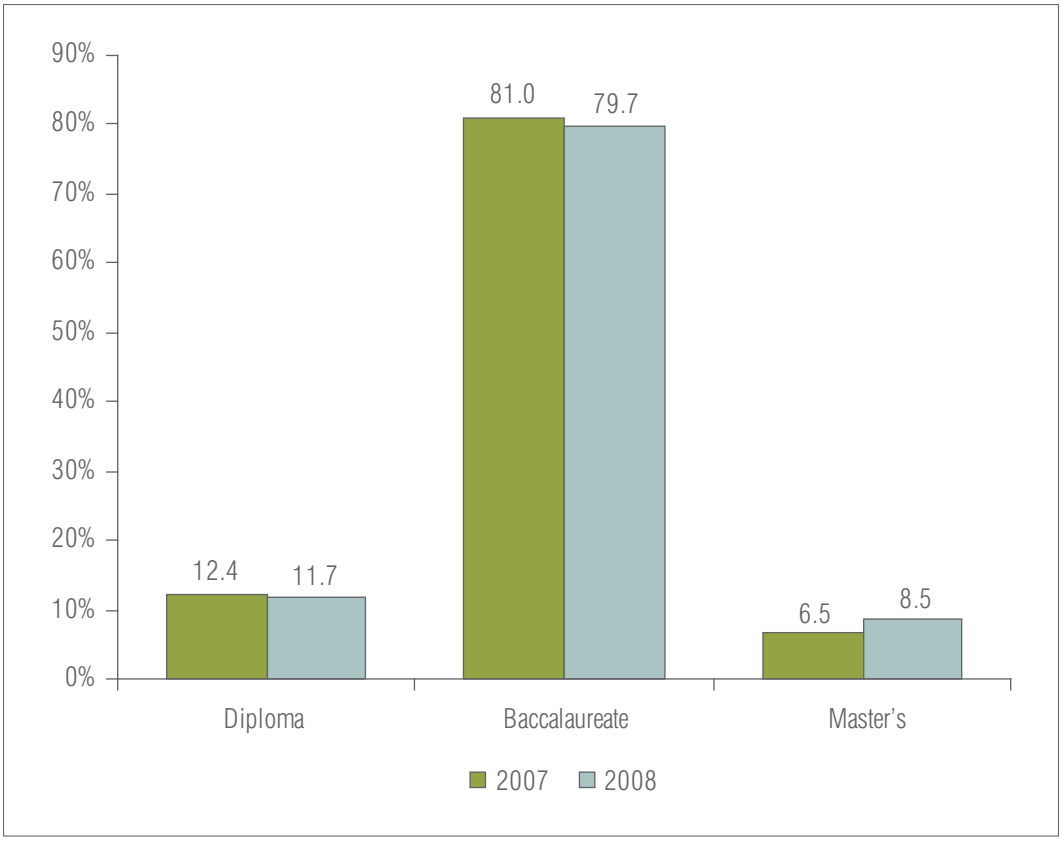
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *year of graduation from basic education in physiotherapy*: total (14, 0.1%).
Percentage *unknown* for *level of basic education in physiotherapy*: total (12, 0.1%).
Percentage *unknown* for *age at graduation category*: total (18, 0.1%).
Manitoba Health provided aggregate totals 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; and Manitoba Health.

Current Level of Education in Physiotherapy

Figure 4 Physiotherapist Workforce by Current Level of Education in Physiotherapy, Selected Provinces, 2007 and 2008



Notes
Nova Scotia data was not available.
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 PTs with a doctorate degree in physiotherapy (0.1%). In 2008, there were 25 PTs with a doctorate degree 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%).
Current level of education 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 is not available from Quebec, Ontario or the Yukon; therefore, current education 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.

Source
Physiotherapist Database, Canadian Institute for Health Information.

Education Outside the Field of Physiotherapy

More than one-fifth (21.4%)[xiv] of the physiotherapist workforce had education in a field outside of physiotherapy. Most of this other education was obtained prior to obtaining physiotherapy education.

Table 6 Characteristics of Education Outside of Physiotherapy, 2008

	Obtained Before Physiotherapy Education	Obtained During Physiotherapy Education	Obtained After Physiotherapy Education	
Percent Distribution	78.3%	2.2%	19.5%	**100.0%**
Level				
Diploma/Baccalaureate	93.2%	89.1%	21.3%	
Master's/Doctorate	6.8%	10.9%	78.7%	
Total	**100.0%**	**100.0%**	**100.0%**	
Top Fields of Study				
Biological, Biomedical and Physical Sciences	37.8%	42.1%	18.0%	
Kinesiology and Exercise Science	36.9%	28.9%	9.0%	
Health Professions and Related Clinical Sciences	0.0	10.5%	16.7%	
Psychology	5.2%	0.0	0.0	
Education	4.7%	0.0	0.0	
Business, Management, Marketing and Related	0.0	0.0	12.2%	
Other Field of Study	15.4%	18.4%	44.1%	
Total	**100.0%**	**100.0%**	**100.0%**	
Years Between Completion of Education Outside Physiotherapy and Physiotherapy Education				
0–5	81.0%	–	25.2%	
6–10	15.8%	–	28.3%	
11–15	2.3%	–	19.9%	
16–20	0.5%	–	12.2%	
21 or More	0.4%	–	14.4%	
Total	**100.0%**		**100.0%**	

Notes

– Data is not applicable or does not exist.
Nova Scotia and Yukon 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 as *education in other than physiotherapy* was not collected in this jurisdiction.
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 for *field of study in other education*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *year of graduation for education in other than physiotherapy*: total (25, 1.2%).
Percentage *unknown* for *field of study of education in other than physiotherapy*: total (10, 0.7%).
The data for *before*, *during* and *after education in physiotherapy* was derived from *year of graduation from basic education* and *year of graduation from highest education in other than physiotherapy*, which was determined by comparing levels and years of graduation for 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

Physiotherapist Database, Canadian Institute for Health Information.

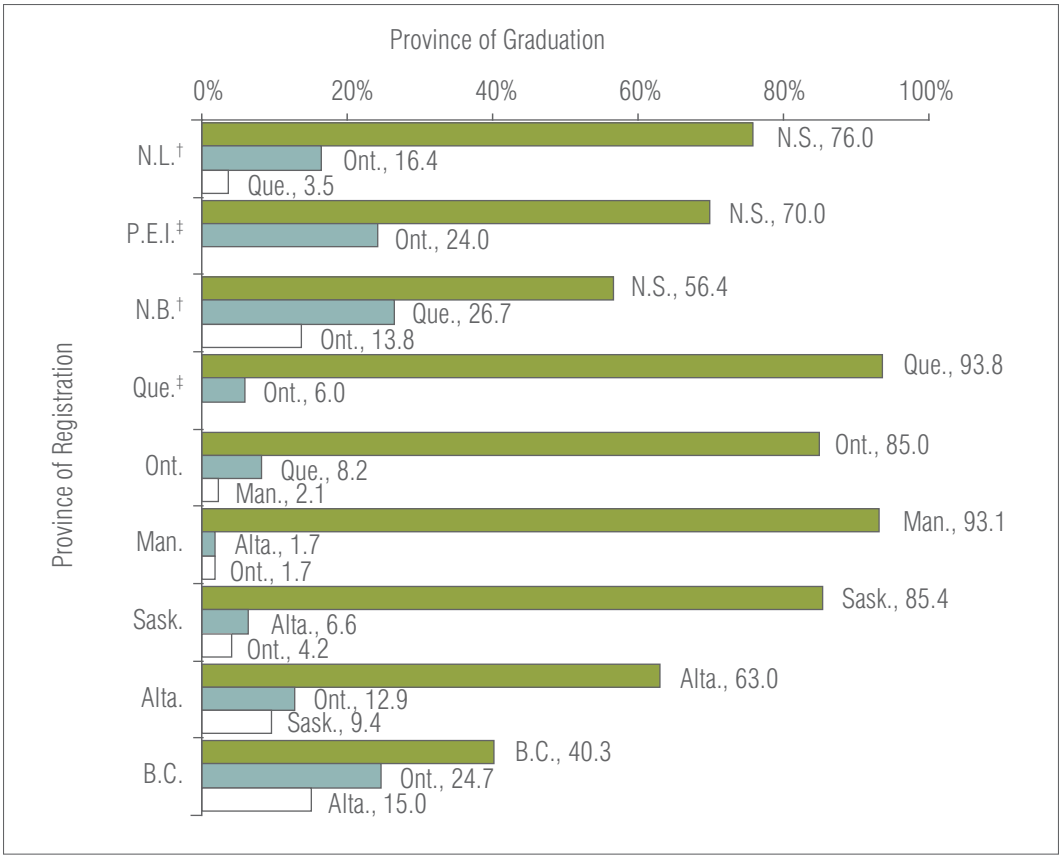
xiv. Excludes Nova Scotia, Ontario and the territories.

Top Three Provinces of Graduation by Province of Registration

Did provinces keep their own graduates?

For the most part, provinces drew the majority of their physiotherapists from their home schools. However, B.C was a notable exception; it retained almost all of its own graduates but still drew more than half of its workforce from graduates of other provinces.

Figure 5 Physiotherapist Workforce by Top Three Provinces of Graduation, Province of Registration, 2008



Notes

† There was no university with a physiotherapy program in this province.
‡ Only two provinces of graduation are presented for P.E.I. and Quebec due to small cell sizes.
Nova Scotia and Yukon 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 p*rovince of graduation for basic level of education in physiotherapy*:
New Brunswick (21, 4.7%), Quebec (40, 1.1%), Ontario (2, <0.1%), Manitoba (2, 0.3%), Alberta (8, 0.5%), B.C. (116, 6.2%), total (189, 1.4%).
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.

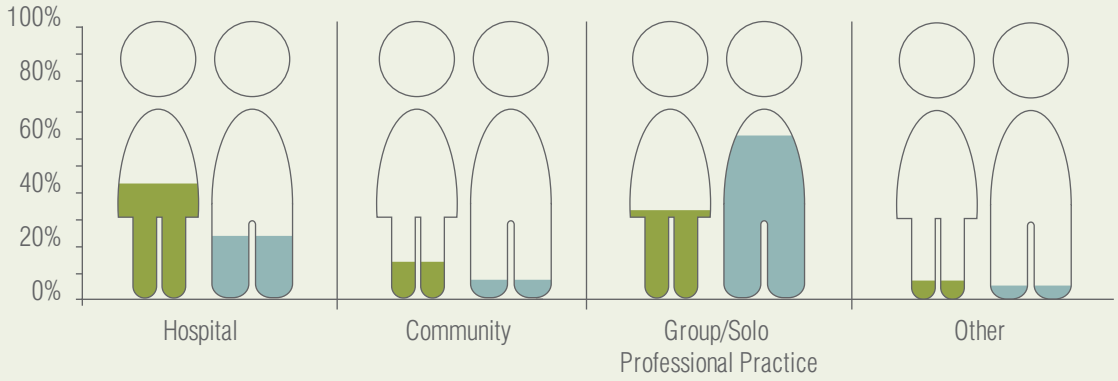
Chapter 5
Employment

The proportion of male physiotherapists working in a group or solo professional practice/clinic was almost twice that of female physiotherapists. Group or solo professional practice settings were generally associated with higher worked hours, and male physiotherapists did report working more hours on average, over longer periods of their career, than female physiotherapists. Only 10% of female physiotherapists reported working 2,000 or more hours a year,[xv] and most of these female physiotherapists worked in group or solo professional practice settings.

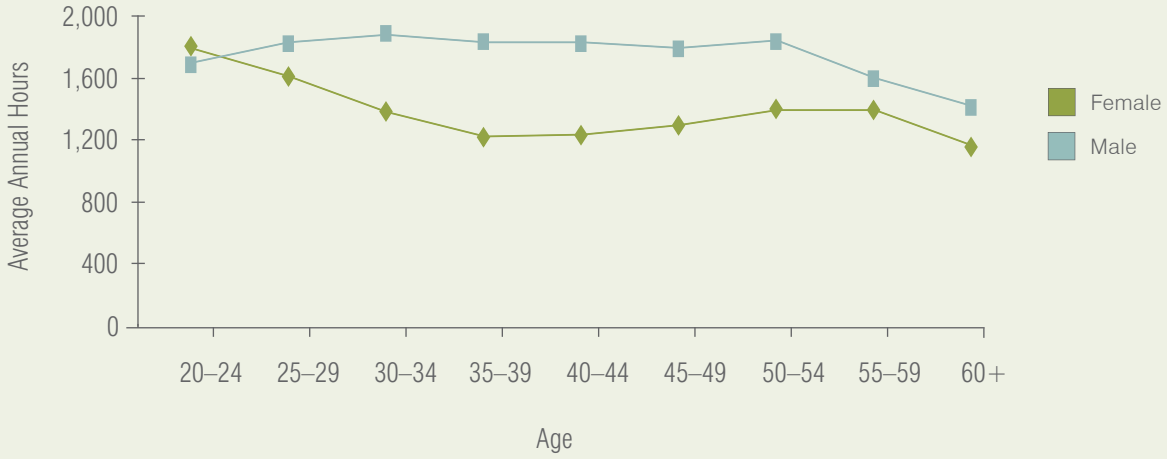
Did physiotherapists' **practice** patterns **differ based** on their **gender**?

xv. Forty hours a week based on a 50-week work year.

Gender Differences in Place of Employment



Gender Differences in Average Annual Hours



Notes

Nova Scotia and Yukon 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 for *annual hours* do not include data from Quebec as *total annual worked hours* were not collected in this jurisdiction.
Findings for *annual hours* do not include data from Ontario due to a high proportion of missing values for *total annual worked hours*.
Findings for *annual hours* do not include data from Manitoba as average annual hours by gender was not available.
The results do not include data for which responses were *unknown*.
The results for *annual hours* do not include data for new graduates (year of graduation is 2007 or 2008).
Percentage *unknown* for *total annual worked hours*: total (136, 2.1%).
Percentage *unknown* for *place of employment for primary employment*: total (216, 1.3%).
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.
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 *postsecondary 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.

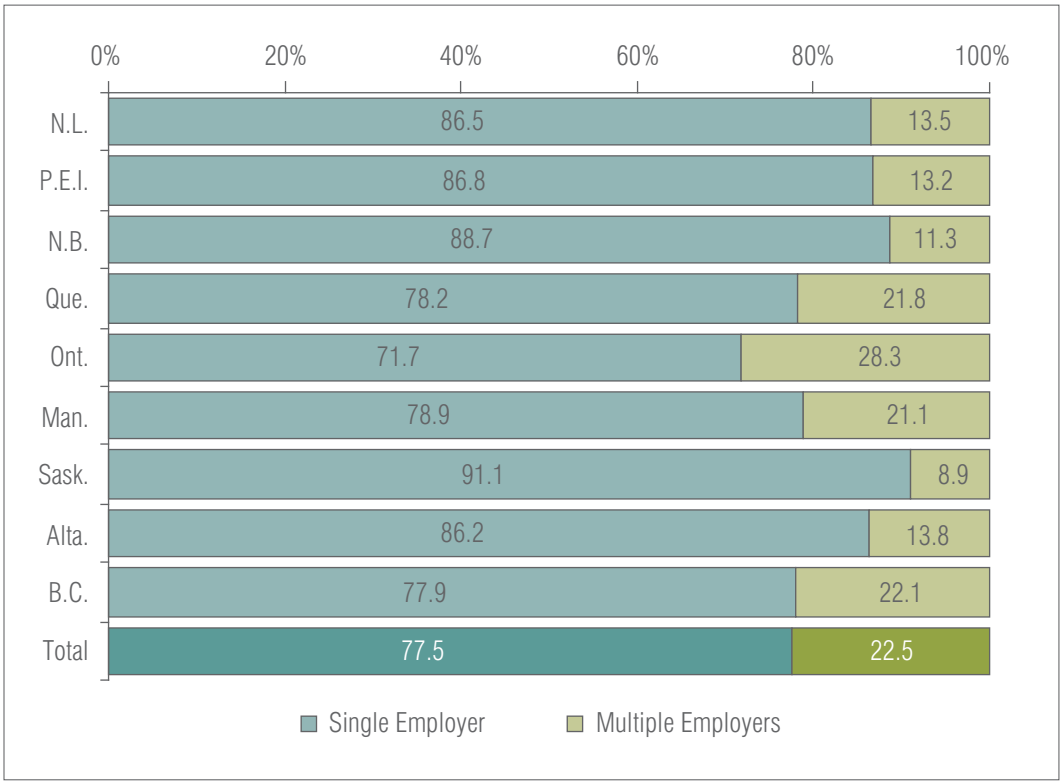
Source

Physiotherapist Database, Canadian Institute for Health Information.

Single Versus Multiple Employers

Physiotherapists were more likely to have multiple employers than the general Canadian workforce. Multiple job holders in Canada accounted for 5.3%[9] of the general workforce, whereas almost one in four physiotherapists worked multiple jobs.

Figure 6 Physiotherapist Workforce by Number of Employers, Province of Registration, 2008

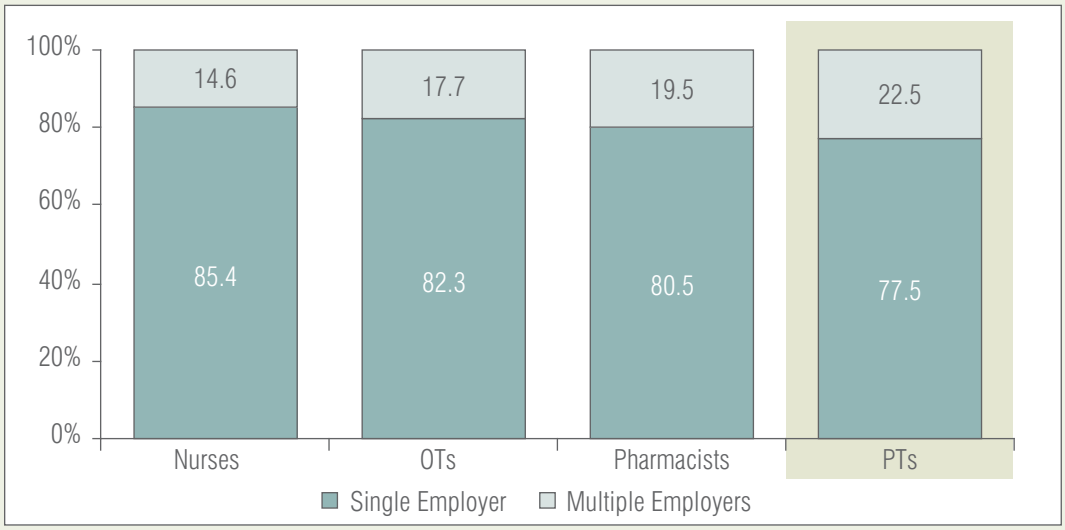


Notes
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
The results do not include data for which responses were *unknown*.
Percentage *unknown*: Newfoundland and Labrador (5, 2.5%), Manitoba (1, 0.2%), Saskatchewan (47, 8.7%), Alberta (5, 0.3%), B.C. (6, 0.2%), total (64, 0.4%).
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.

Cross-Profession by Multiple Employers

Physiotherapists were slightly more likely to have multiple employers than occupational therapists, pharmacists and nurses.

Health Professionals by Multiple Employers



Notes

Regulated Nurses
Statistics for nurses are based on 2007 data.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for multiple employment status: total (1,075, 0.3%).
Regulated nurses include registered nurses, licensed practical nurses and registered psychiatric nurses.

Occupational Therapists (OTs)
Quebec data was not available.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for multiple employment status: total (2, <0.1%).

Pharmacists
Data for Quebec, Manitoba, the Yukon and Nunavut was not available.
Findings do not include New Brunswick and the Northwest Territories, as primary and/or secondary and third employment information was not collected/submitted.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for multiple employment status: total (119, 0.6%).

Physiotherapists (PTs)
Nova Scotia and Yukon 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 (64, 0.4%).

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 the PTDB data.

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

Table 7 Physiotherapist Workforce by Number of Employers and Gender, 2008

	Single Employer		Multiple Employers		Total
	Count	Percent	Count	Percent	
Female	10,034	78.8	2,702	21.2	12,736
Male	2,557	72.7	959	27.3	3,516
Total	**12,591**	**77.5**	**3,661**	**22.5**	**16,252**

Notes
Nova Scotia and Yukon 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 (64, 0.4%).
Percentage *unknown* for *gender*: total (4, <0.1%).
Manitoba Health provided aggregate totals 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; and Manitoba Health.

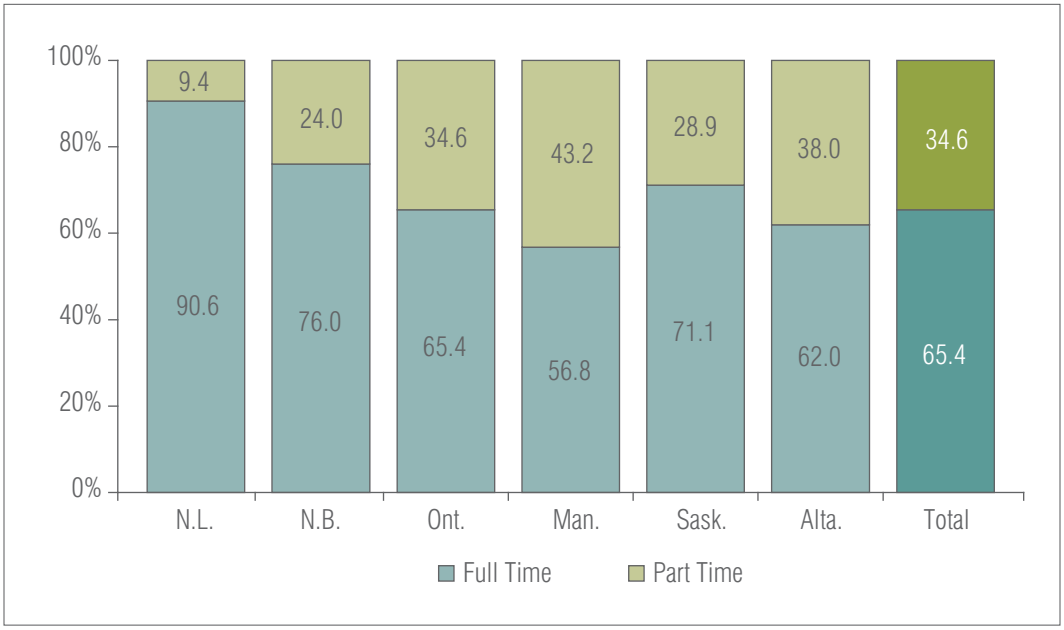
Table 8 Physiotherapist Workforce by Number of Employers and 10-Year Age Groups, 2008

	Single Employer		Multiple Employers		Total
	Count	Percent	Count	Percent	
20–29	1,972	79.0	524	21.0	2,496
30–39	3,954	74.9	1,328	25.1	5,282
40–49	3,379	77.9	958	22.1	4,337
50–59	2,583	79.4	672	20.6	3,255
60+	703	79.7	179	20.3	882
Total	**12,591**	**77.5**	**3,661**	**22.5**	**16,252**

Notes
Nova Scotia and Yukon 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 (64, 0.4%).
Percentage *unknown* for *year of birth*: total (4, <0.1%).
Manitoba Health provided aggregate totals 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; and Manitoba Health.

Full-Time/Part-Time Status

Figure 7 Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status, Province of Registration, 2008



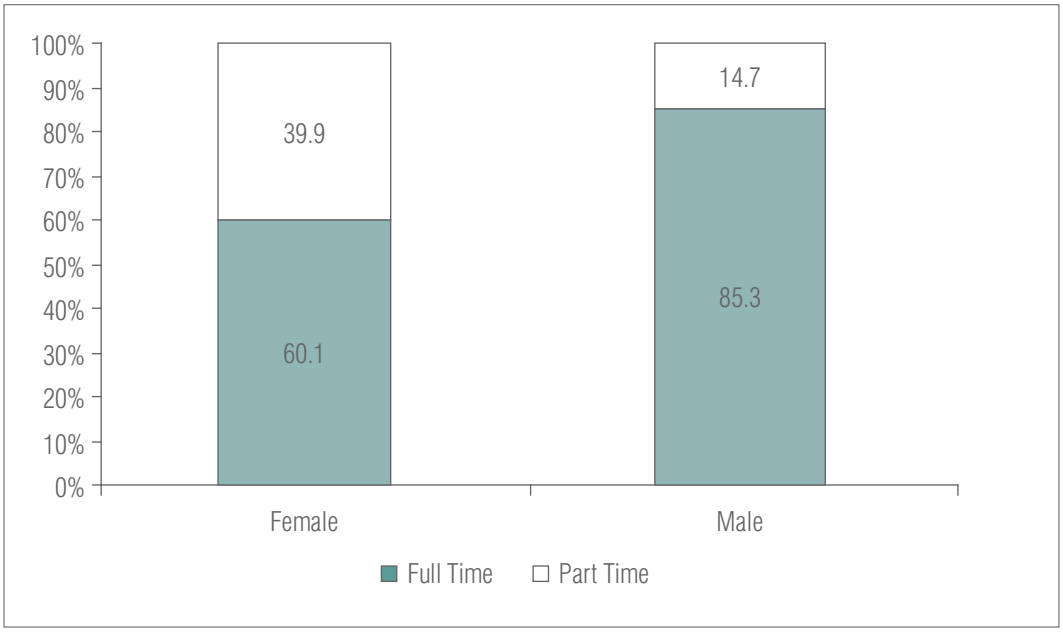
Notes

Nova Scotia and Yukon 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 Quebec, as *primary employment full-time/part-time status* was not collected in this jurisdiction.
Findings do not include data from P.E.I. and B.C. due to a high proportion of missing values for *primary employment full-time/part-time status*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *full-time/part-time status*: Newfoundland and Labrador (7, 3.5%), Ontario (210, 3.4%), Saskatchewan (3, 0.6%), total (220, 2.2%).
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

Physiotherapist Database, Canadian Institute for Health Information.

Figure 8 Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status and Gender, 2008



Notes

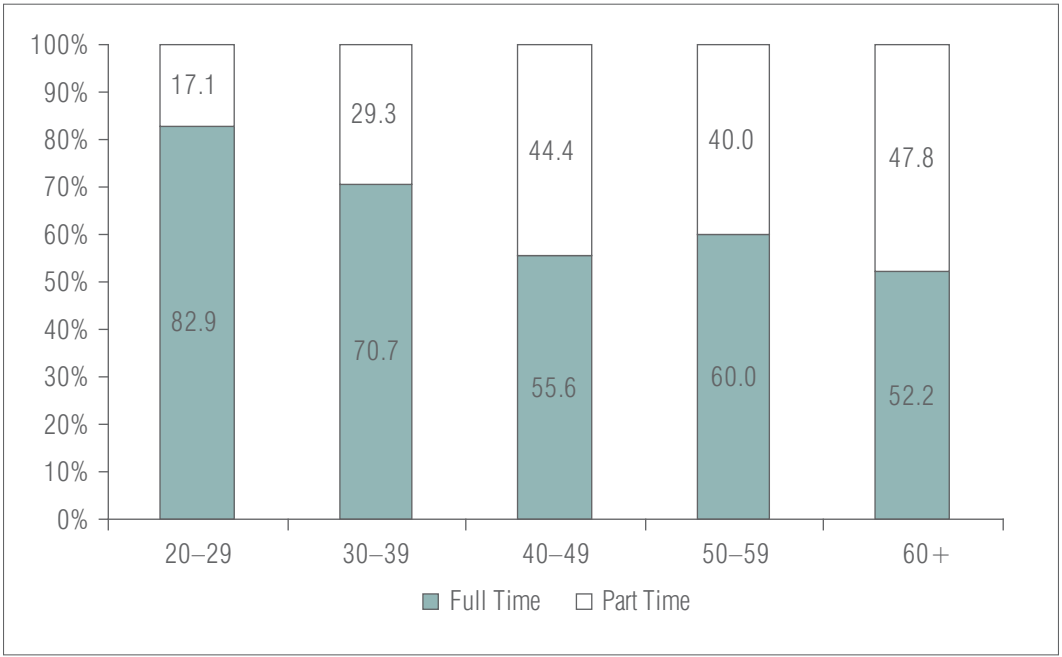
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
Findings do not include data from Quebec, as *primary employment full-time/part-time status* was not collected in this jurisdiction.
Findings do not include data from P.E.I. and B.C. due to a high proportion of missing values for *primary employment full-time/part-time status*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *full-time/part-time status*: total (220, 2.2%).
Percentage *unknown* for *gender*: total (4, <0.1%).
Manitoba Health provided aggregate totals 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 and comparability of PTDB data.

Sources

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

Physiotherapists were almost three times more likely to work part time if they were female. The propensity for part-time work also increased with age.

Figure 9 Physiotherapist Workforce by Primary Employment Full-Time/Part-Time Status and 10-Year Age Groups, 2008



Notes

Nova Scotia and Yukon 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 Quebec, as *primary employment full-time/part-time status* was not collected in this jurisdiction.
Findings do not include data from P.E.I. and B.C. due to a high proportion of missing values for *primary employment full-time/part-time status*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *full-time/part-time status*: total (220, 2.2%).
Percentage *unknown* for *year of birth*: total (4, <0.1%).
Manitoba Health provided aggregate totals for age groups 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; and Manitoba Health.

Annual Hours

Table 9 Physiotherapist Workforce by Usual Annual Worked Hours, Province of Registration, 2008

	0 to 749		750 to 1,249		1,250 to 1,749		1,750 to 1,999		2,000+	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
N.L.	**	**	15	8.5	**	**	29	16.5	25	14.2
P.E.I.	*	*	6	11.5	*	*	26	50.0	13	25.0
N.B.	64	14.6	78	17.8	125	28.6	130	29.7	40	9.2
Man.	92	15.4	116	19.5	139	23.3	139	23.3	110	18.5
Sask.	52	10.5	83	16.7	182	36.7	67	13.5	112	22.6
Alta.	303	16.1	347	18.5	514	27.4	339	18.1	375	20.0
B.C.	381	15.5	503	20.5	861	35.0	389	15.8	325	13.2
Total	913	15.0	1,148	18.8	1,914	31.4	1,119	18.4	1,000	16.4

Notes

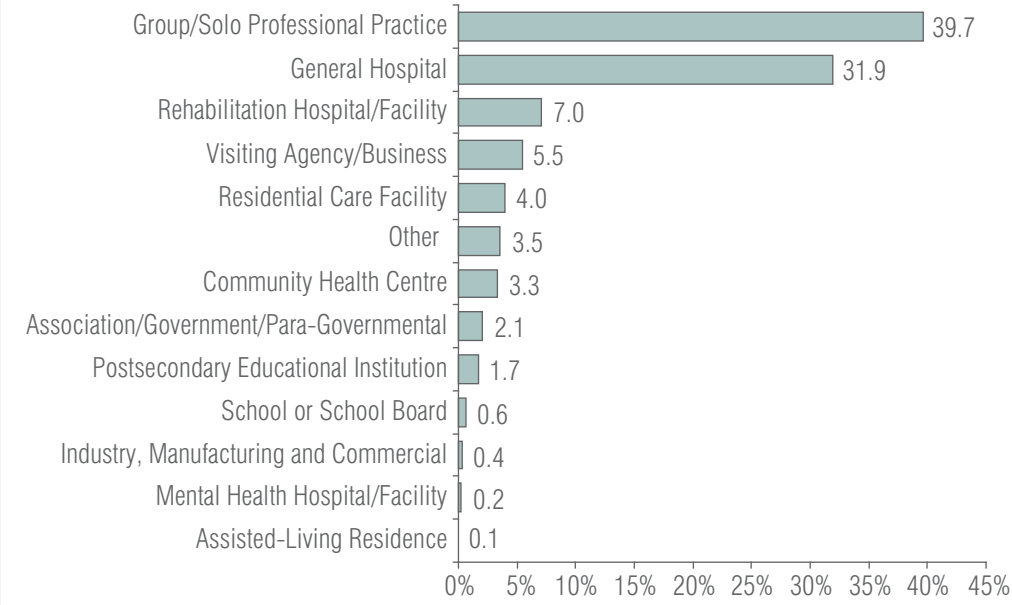
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
** Value suppressed to ensure confidentiality; cell value is 5 or greater.
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
Findings do not include data from Quebec as *total annual worked hours* were not collected in this jurisdiction.
Findings do not include data from Ontario due to a high proportion of missing values for *total annual worked hours*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *total annual worked hours*: Newfoundland and Labrador (22, 11.1%), Manitoba (69, 10.4%), Saskatchewan (45, 8.3%), total (136, 2.1%).
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

Physiotherapist Database, Canadian Institute for Health Information.

Place of Employment

Figure 10 Physiotherapist Workforce by Place of Employment for Primary Employment, 2008



Notes

Nova Scotia and Yukon 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 (216, 1.3%).
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.
Solo and *group professional practice* are grouped as many 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

Physiotherapist Database, Canadian Institute for Health Information.

Table 10 Physiotherapist Workforce by Place of Employment for Primary Employment, Province of Registration, 2008

	Hospital		Community		Group/Solo Professional Practice		Other		Total
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
N.L.	105	54.7	**	**	70	36.5	**	**	192
P.E.I.	26	49.1	*	*	21	39.6	*	*	53
N.B.	213	47.3	68	15.1	155	34.4	14	3.1	450
Que.	1,544	41.8	480	13.0	1,508	40.8	166	4.5	3,698
Ont.	2,408	40.0	897	14.9	2,290	38.0	425	7.1	6,020
Man.	279	42.3	96	14.5	235	35.6	50	7.6	660
Sask.	222	45.2	67	13.6	177	36.0	25	5.1	491
Alta.	636	32.9	280	14.5	807	41.7	210	10.9	1,933
B.C.	856	33.6	263	10.3	1,098	43.2	327	12.9	2,544
Total	**6,289**	**39.2**	**2,165**	**13.5**	**6,361**	**39.7**	**1,226**	**7.6**	**16,041**

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.

Nova Scotia and Yukon 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*: Newfoundland and Labrador (6, 3.0%), Quebec (5, 0.1%), Ontario (185, 3.0%), Manitoba (4, 0.6%), British Columbia (16, 0.6%), total (216, 1.3%).

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.

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 *postsecondary 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.

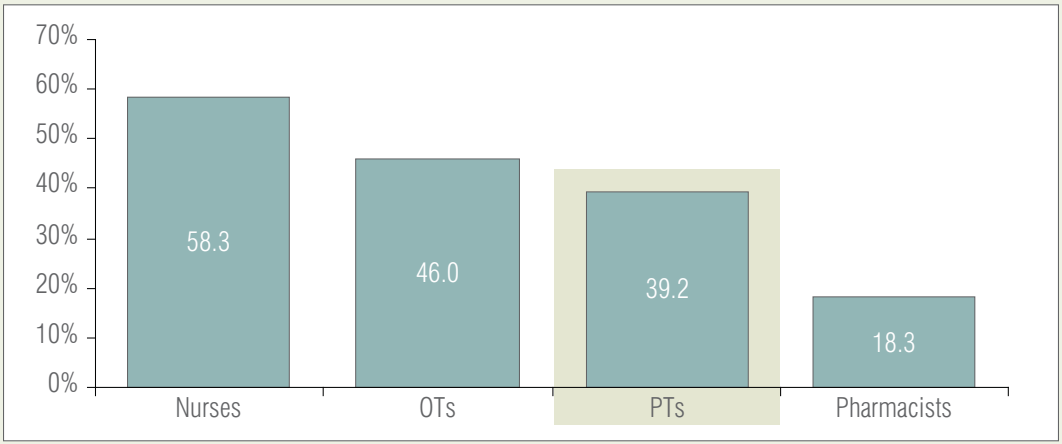
Source

Physiotherapist Database, Canadian Institute for Health Information.

Cross-Profession by Hospital Place of Work

Compared to many other health professions, a lower proportion of physiotherapists was likely to work in a hospital setting. Due to organizational and delivery changes in hospital settings in the 1990s, among other environmental factors, many physiotherapists moved to the private sector.[10]

Health Professionals by Place of Work—Hospital



Notes

Regulated Nurses
Statistics for nurses are based on 2007 data.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *place of work*: total (3,122, 0.9%).
Hospital includes data from hospitals (general, maternal, pediatric, psychiatric), mental health centres and rehabilitation/convalescent centres.
Regulated nurses include registered nurses, licensed practical nurses and registered psychiatric nurses.

Occupational Therapists (OTs)
Quebec data was not available.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *employer type*: total (58, 0.7%).
Hospital includes *general hospital*, *rehabilitation hospital/facility* and *mental health hospital/facility*.

Physiotherapists (PTs)
Nova Scotia data was not available.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *place of employment*: total (216, 1.3 %).
Hospital includes *general hospital*, *rehabilitation hospital/facility* and *mental health hospital/facility*.

Pharmacists
Data from Quebec, Manitoba, the Yukon and Nunavut was not available.
Findings from New Brunswick and Saskatchewan were not included, as *place of employment* was not collected/submitted to CIHI for 2008.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *place of employment*: total (148, 0.8%).
Hospital includes *rehabilitation facility*, *mental health facility* and *residential care facility*.

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 the PTDB data.

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

Sector of Employment

Figure 11 Physiotherapist Workforce by Employment Sector for Primary and Secondary Employment, 2008

Notes

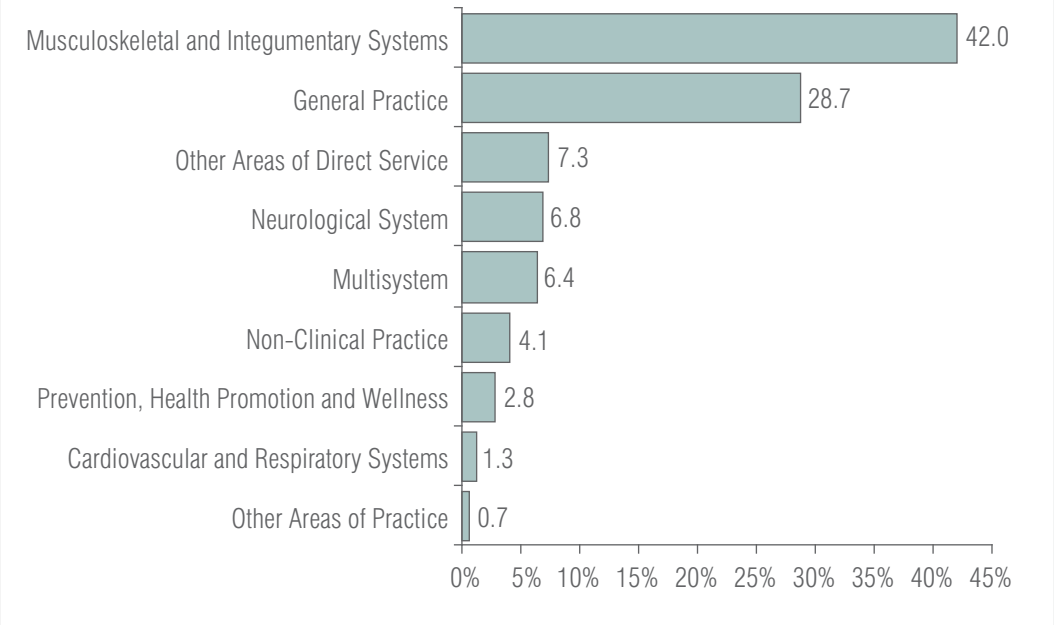
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
Findings for *sector of employment for primary employment* do not include data from P.E.I. and Saskatchewan due to a high proportion of missing values for *employment sector for primary employment*.
Findings for *sector of employment for secondary employment* do not include data from P.E.I., Ontario and Saskatchewan due to a high proportion of missing values for *employment sector for secondary employment*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *sector of employment for primary employment*: total (595, 3.8%).
Percentage *unknown* for *sector of employment for secondary employment*: total (36, 1.9%).
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

Physiotherapist Database, Canadian Institute for Health Information.

Area of Practice

Figure 12 Physiotherapist Workforce by Area of Practice for Primary Employment, 2008



Notes

Nova Scotia and Yukon 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 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 *area of practice for primary employment*: total (695, 6.9%).
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 provision of 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.

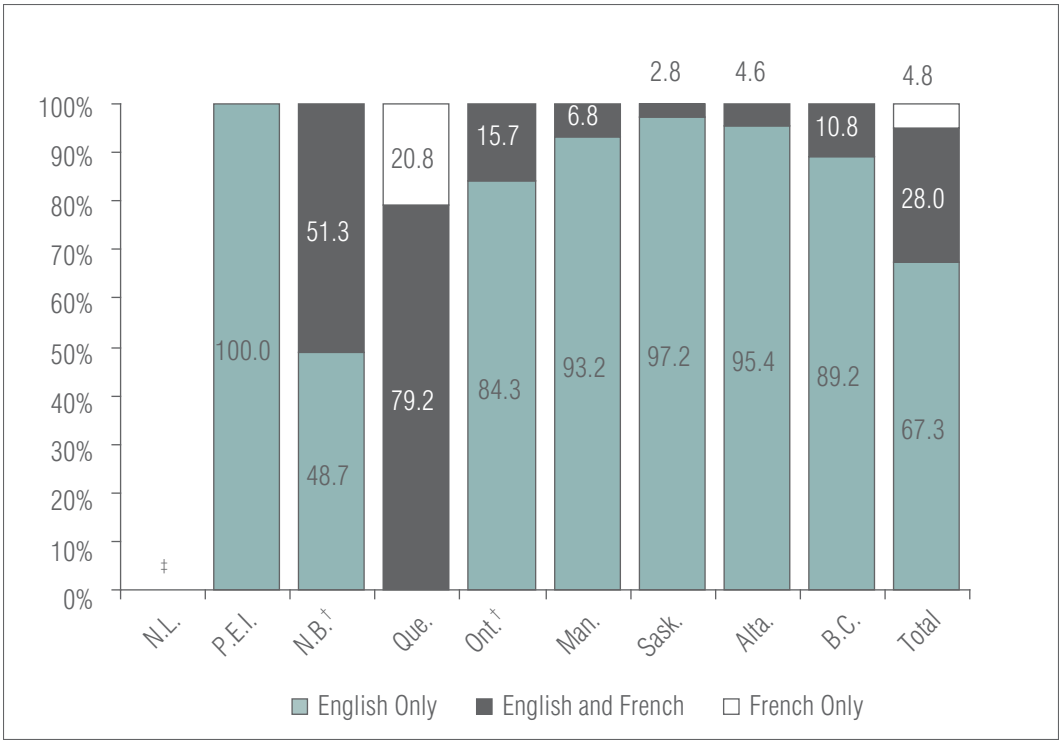
Source

Physiotherapist Database, Canadian Institute for Health Information.

Languages Used at Work

Canadian Official Languages

Figure 13 Physiotherapist Workforce by Canadian Official Languages in Which Service Could Be Provided, Province of Registration, 2008



Notes

† English and French and French Only were combined for New Brunswick and Ontario due to small cell sizes.
‡ Newfoundland and Labrador was suppressed due to small cell sizes.
Total includes only those provinces presented in figure.
Nova Scotia and Yukon 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 *Canadian official languages—ability to provide service*: Quebec (1, <0.1%), Ontario (9, <0.1%), total (10, 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.

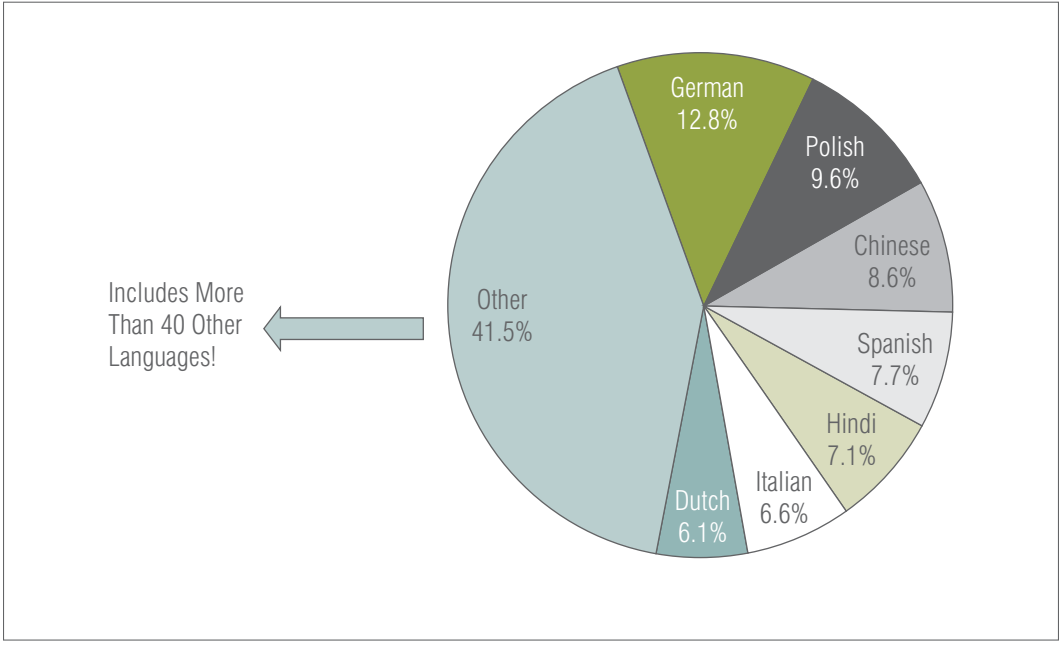
Source

Physiotherapist Database, Canadian Institute for Health Information.

Other Languages

More than one-tenth (12.3%) of the physiotherapist workforce could provide service in at least one other language in addition to French and/or English.[xvi]

Figure 14 Physiotherapist Workforce by Other Languages in Which Service Could Be Provided, 2008



Notes
Nova Scotia and Yukon 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 (104, 7.0%).
Other language—ability to provide service 1, 2, 3 are 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
Physiotherapist Database, Canadian Institute for Health Information.

xvi. Excludes Nova Scotia, New Brunswick, Quebec and the territories.

Chapter 6

In Focus

New Graduates

Table 11 Number of Graduates of Accredited Programs in Physiotherapy by School of Graduation, Canada, 1998 to 2008

School	1998	1999	2000	2001	2002	2003	2004	2005	2006	2006	2007	2008
N.S.												
Dalhousie University	48	48	45	46	49	47	42	50	48	48	47	44
Que.	105	157	168	172	155	175	174	190	207	169	166	130
McGill University	48	56	52	53	52	50	52	50	57	57	53	48
Université de Montréal	49	48	58	53	57	79	64	87	92	54	57	32††
Université Laval	8†	53	58	66	46	46	58	53	58	58	56	50
Ont.	324	253	255	278	282	315	215	270	334	331	297	268
McMaster University	60	59	59	56	50	50	52	47	54	52	55	54
Queen's University	40	38	39	39	45	42	42	51	93	93	55	48
University of Ottawa	40	35	36	63	62	47	21	45	60	60	55	45
University of Toronto	120‡	63	64	63	62	111	55§	77	78	76	84	79
University of Western Ontario	64	58	57	57	63	65	45	50	49	50	48	42
Man.												
University of Manitoba	28	33	29	30	34	28	37	48	45	52	52	60
Sask.												
University of Saskatchewan	30	30	32	30	30	30	29	31	30	27	30	31
Alta.												
University of Alberta	62	63	61	67	63	69	68	65	71	75	76	76
B.C.												
University of British Columbia	36	36	32	41	34	36	38	34	37	42	40	40
Canada	**633**	**620**	**622**	**664**	**647**	**700**	**603**	**688**	**772**	**744**	**708**	**649**

Notes

This is a comprehensive list of schools offering physiotherapy programs.

† Program changed where required credits increased from 96 to 106.

‡ Graduated two classes (one from the classic four-year curriculum and the other from the evidence-based three-year curriculum).

§ 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.

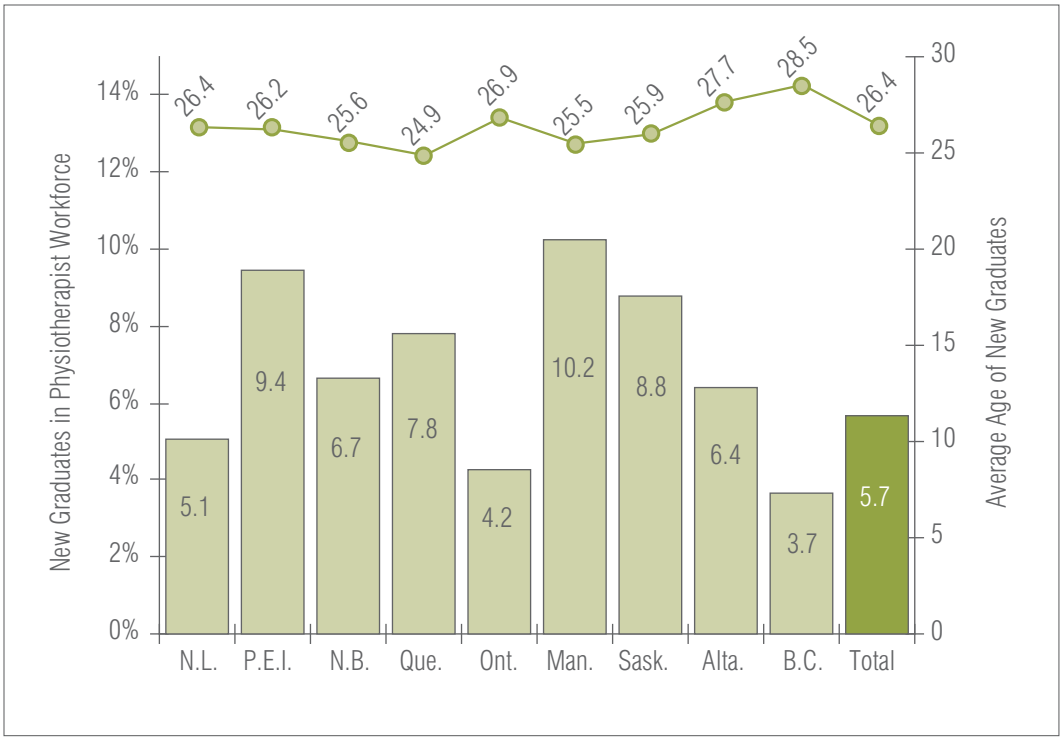
Data for 1998 to 2005 came from the Health Personnel Database, which reports the graduates from accredited physiotherapy programs in Canada.

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

1998 to 2005: Health Personnel Database, Canadian Institute for Health Information; 2006 to 2008: individual schools' and universities' registrar's offices or administrations.

Figure 15 Percentage Distribution of New Graduates in the Physiotherapist Workforce by Average Age and Province of Registration, 2008



Notes

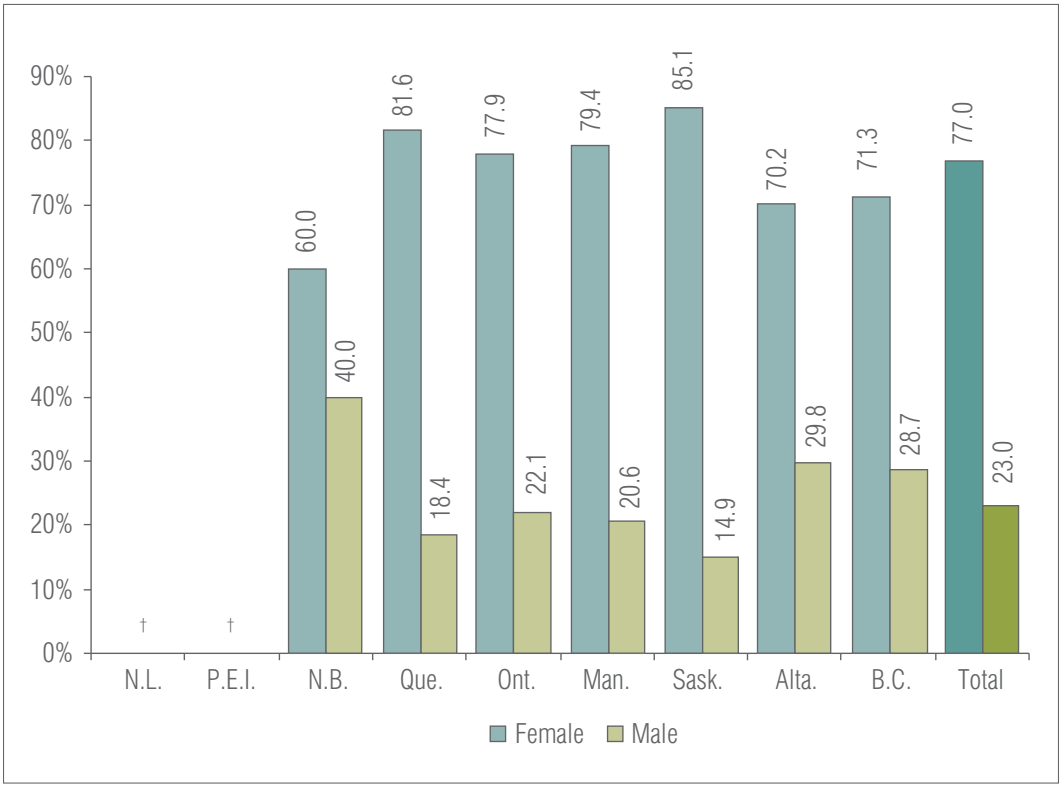
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *year of graduation from basic education in physiotherapy*: Quebec (6, 0.2%), Ontario (2, <0.1%), Saskatchewan (6, 1.1%), total (14, 0.1%).
Manitoba Health provided average age for new graduates 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; and Manitoba Health.

Physiotherapists were considered new graduates if they graduated in 2007 or 2008.

Figure 16 New Graduates in the Physiotherapist Workforce by Gender and Province of Registration, 2008



Notes

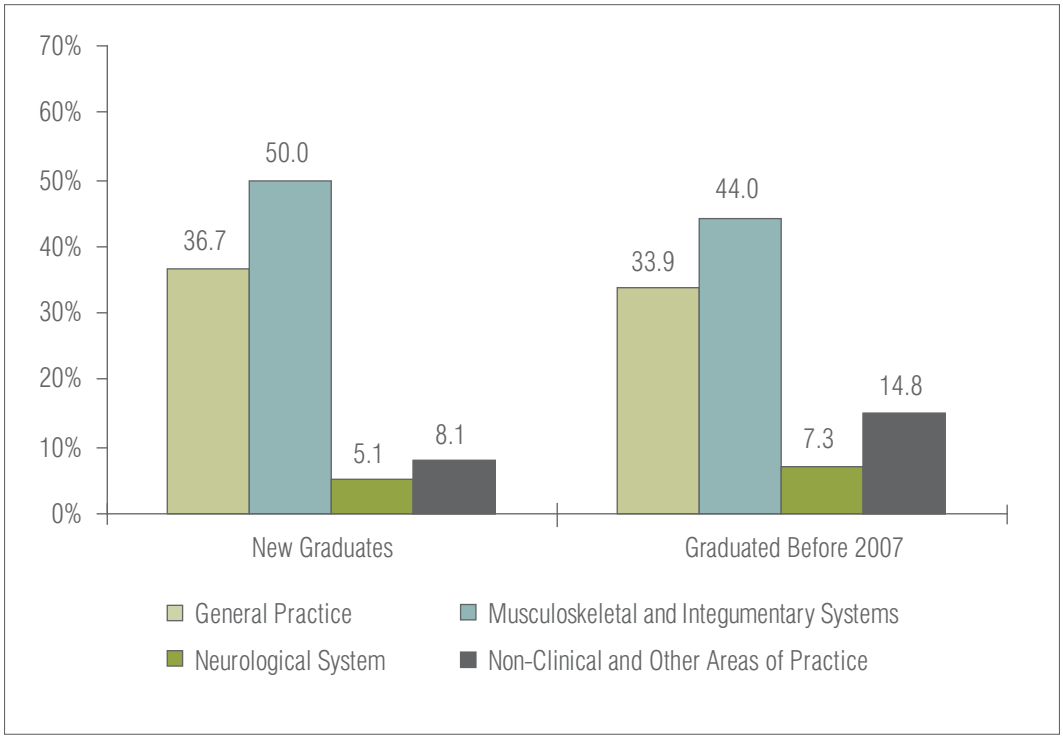
† Newfoundland and Labrador and P.E.I. were suppressed due to small cell sizes.
Total only includes those provinces presented in figure.
Nova Scotia and Yukon data was not available.
Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in 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%), Saskatchewan (6, 1.1%), total (14, 0.1%).
Manitoba Health provided aggregate totals 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; and Manitoba Health.

Area of Practice for New Graduates

Figure 17 New Graduates in the Physiotherapist Workforce by Primary Employment Area of Practice, 2008



Notes

Excludes P.E.I., Nova Scotia, Quebec, Manitoba, British Columbia and the territories.
Nova Scotia and Yukon 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., Quebec, Manitoba and B.C. 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 (37, 7.8%).
Percentage *unknown* for new graduates: total (14, 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 provision of 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 system includes *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

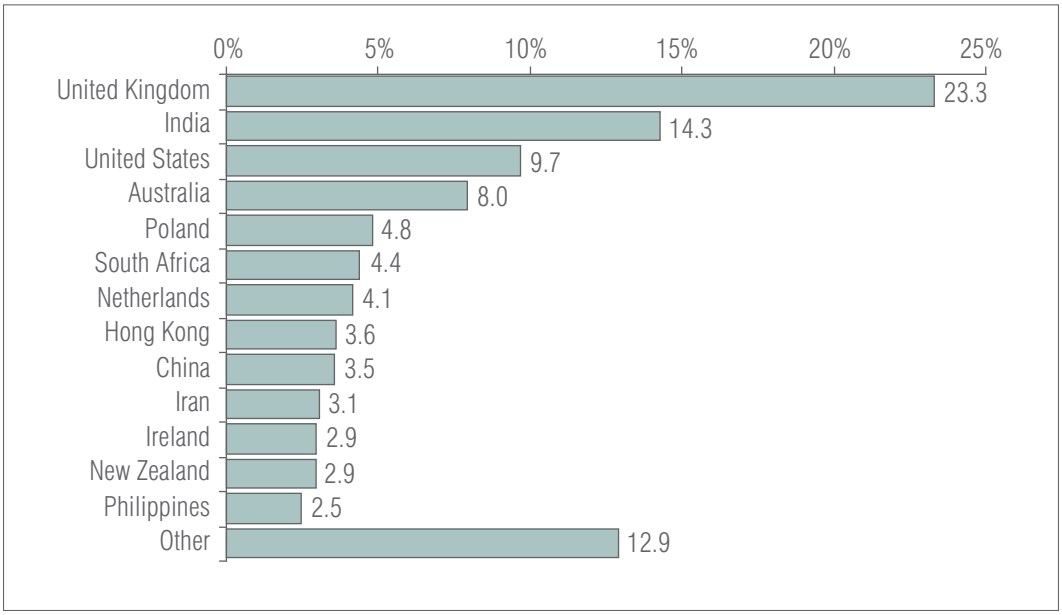
Physiotherapist Database, Canadian Institute for Health Information.

Internationally Educated Physiotherapists

Almost 16% of active physiotherapists in Canada were internationally educated. Where did they come from?

Most internationally educated physiotherapists came from the United Kingdom; however, this was due to an influx from that country that occurred 30 years ago. The picture is much different now. Of those internationally educated physiotherapists who graduated in the last five years, half came from the United States, followed by Australia.

Figure 18 Internationally Educated Physiotherapists by Country of Graduation for Basic Education in Physiotherapy, 2008



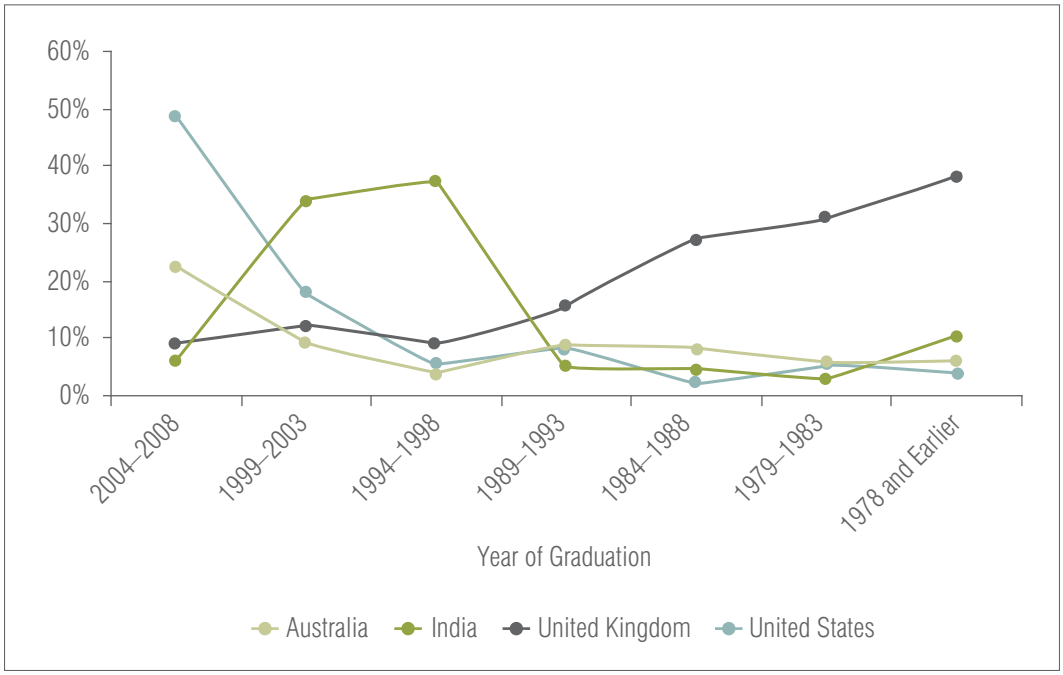
Notes

Nova Scotia and Yukon 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 Quebec, as *country of graduation for basic education in physiotherapy* was not collected in this jurisdiction.
Findings do not include data from Saskatchewan due to a high proportion of missing values for *country of graduation for basic education in physiotherapy*.
The results do not include data for which responses were *unknown*. Percentage *unknown* for *country of graduation*: total (415, 3.4%).
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.

Figure 19 Top Four Countries of Graduation for Internationally Educated Physiotherapists by Year of Graduation, 2008



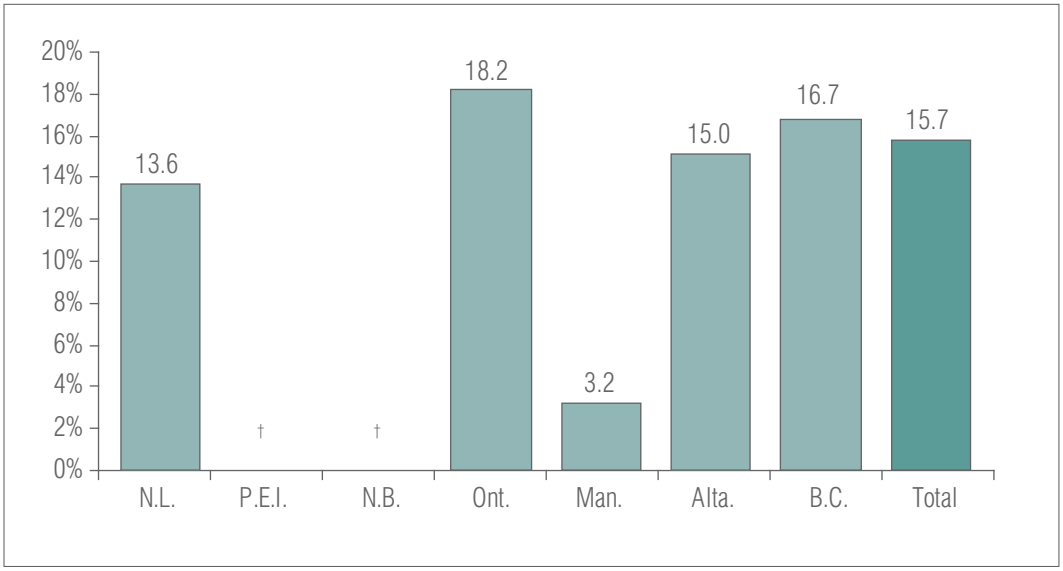
Notes

Nova Scotia and Yukon 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 Quebec, as *country of graduation for basic education in physiotherapy* was not collected in this jurisdiction.
Findings do not include data from Saskatchewan due to a high proportion of missing values for *country of graduation for basic education in physiotherapy*.
The results do not include data for which responses were *unknown*. Percentage *unknown* for *country of graduation*: total (415, 3.4%).
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.

Figure 20 Internationally Educated Physiotherapists by Province of Registration, 2008



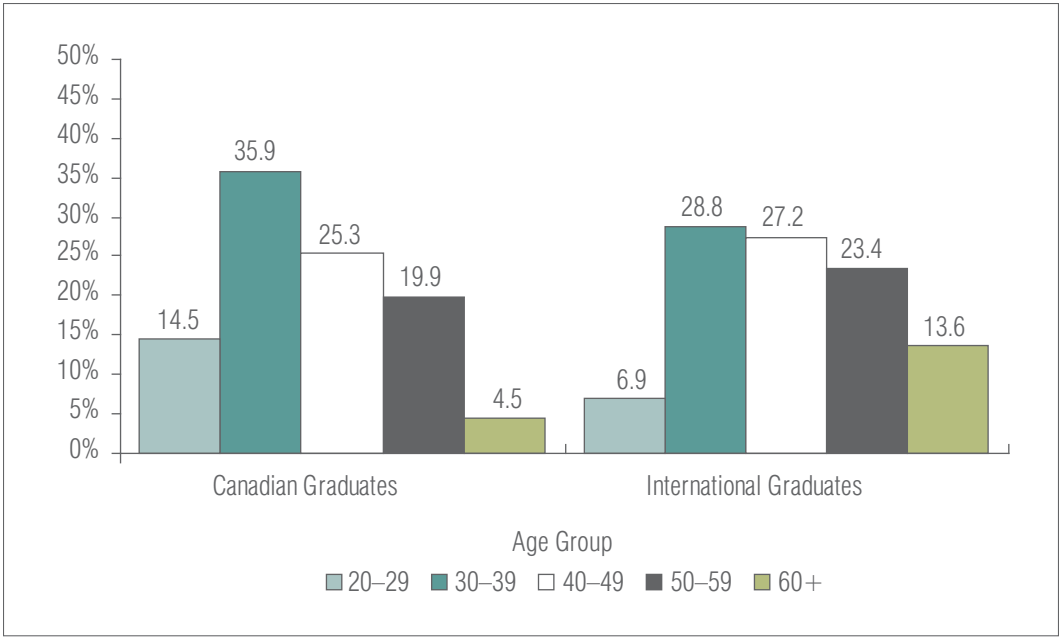
Notes

† P.E.I. and New Brunswick were suppressed due to small cell sizes.
Total includes only those provinces presented in figure.
Nova Scotia and Yukon 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 Quebec, as *country of graduation for basic education in physiotherapy* was not collected in this jurisdiction.
Findings do not include data from Saskatchewan due to a high proportion of missing values for *country of graduation for basic education in physiotherapy*.
The results do not include data for which responses were *unknown*. Percentage *unknown* for *country of graduation*: New Brunswick (21, 4.7%), Ontario (2, <0.1%), Manitoba (7, 1.1%), Alberta (1, 0.1%), B.C. (384, 15.0%), total (415, 3.4%).
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.

Figure 21 Internationally Educated Physiotherapists by 10-Year Age Groups, 2008



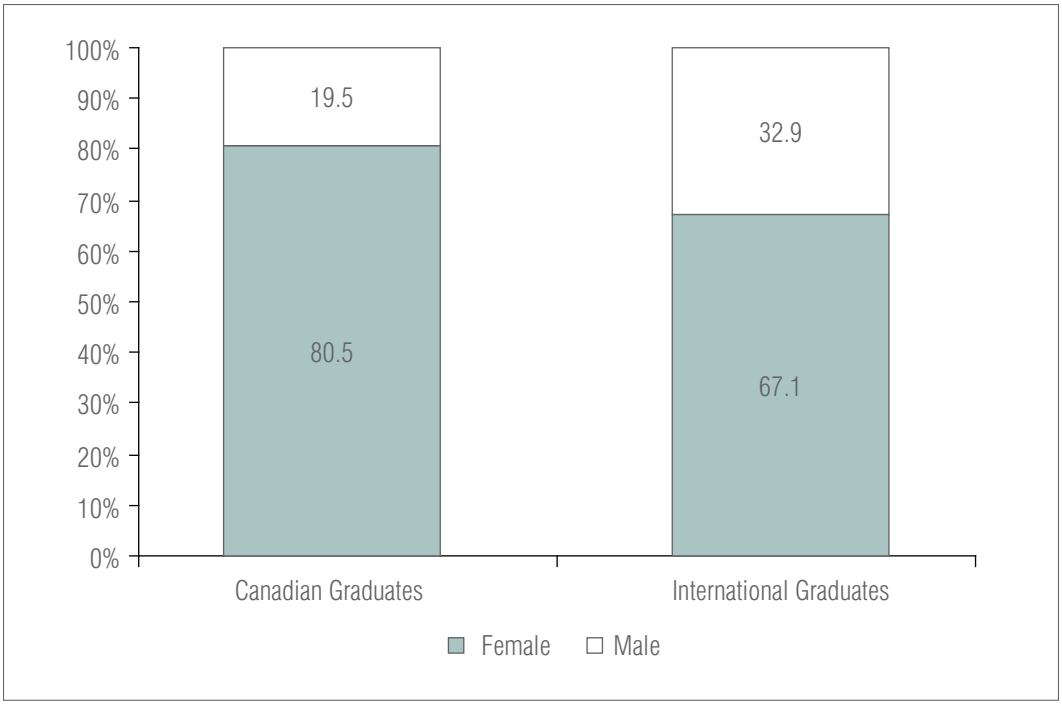
Notes

Nova Scotia and Yukon 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 Quebec, as *country of graduation for basic education in physiotherapy* was not collected in this jurisdiction.
Findings do not include data from Saskatchewan due to a high proportion of missing values for *country of graduation for basic education in physiotherapy*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *year of birth*: total (4, <0.1%).
Percentage *unknown* for *country of graduation*: total (415, 3.4%).
Manitoba Health provided aggregate totals 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; and Manitoba Health.

Figure 22 Internationally Educated Physiotherapists by Gender, 2008



Notes

Nova Scotia and Yukon 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 Quebec, as *country of graduation for basic education in physiotherapy* was not collected in this jurisdiction.
Findings do not include data from Saskatchewan due to a high proportion of missing values for *country of graduation for basic education in physiotherapy*.
The results do not include data for which responses were *unknown*.
Percentage *unknown* for *gender*: total (4, <0.1%).
Percentage *unknown* for *country of graduation*: total (415, 3.4%).
Manitoba Health provided aggregate totals 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; and Manitoba Health.

Provincial/Territorial Highlights and Analyses

2008 Highlights for Physiotherapists in Newfoundland and Labrador

Supply

- The supply of physiotherapists in Newfoundland and Labrador grew by 2.6% between 2007 and 2008.
- Newfoundland and Labrador had a lower supply of physiotherapists per population, at 39 per 100,000 population, compared to the average of 51 for all jurisdictions included in this analysis.[i]
- Newfoundland and Labrador had 198 employed physiotherapists.

Demographics

- The percentage of male physiotherapists in Newfoundland and Labrador increased from 21.8% in 2007, to 24.2% in 2008, and was the highest of all the provinces.
- Physiotherapists in Newfoundland and Labrador had an average age of 39.0, which was the lowest among the jurisdictions in the report.
- Newfoundland and Labrador had the highest percentage of physiotherapists in the 30-to-39 age group (44.9%) and the lowest percentage in the 50+ age group (14.1%) of all jurisdictions in the report.

Education

- Newfoundland and Labrador did not have a university with a physiotherapy program.
- In 2008, 5.1% of the Newfoundland and Labrador physiotherapist workforce were classified as new graduates (graduated in 2007 or 2008), slightly lower than the percentage for all jurisdictions included in this analysis (5.7%).[ii]
- More than one-tenth (13.6%) of the Newfoundland and Labrador physiotherapist workforce were internationally educated, slightly less than the percentage for all jurisdictions included in this analysis (15.7%).[iii]

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.
iii. Excludes Nova Scotia, Quebec, Saskatchewan and the territories.

Employment

- Newfoundland and Labrador had the highest percentage of physiotherapists with full-time employment status for their primary job (90.6%).
- In Newfoundland and Labrador, 13.5% of the physiotherapist workforce indicated that they had multiple employers, which was less than the percentage for all jurisdictions included in this analysis (22.5%).[iv]
- Newfoundland and Labrador had the highest percentage of its physiotherapist workforce working in hospital settings (54.7%), compared to 39.2%[iv] for all jurisdictions included in this analysis.

Geography and Mobility

- Among the provinces, Newfoundland and Labrador had the highest percentage located in remote areas (15.9%).

iv. Excludes Nova Scotia and the territories.

2008 Newfoundland and Labrador Physiotherapist Workforce Provincial Profile

		Newfoundland and Labrador		2008	
		2007	2008	N.L.	Total
Physiotherapists Employed in Physiotherapy		193	198		16,319
Gender[†, §§]	Male	42	48	24.2%	21.7%
	Female	151	150	75.8%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	38.7	39.0		41.4
Age Breakdown[†, §§]	<35	70	71	35.9%	31.6%
	35–49	94	99	50.0%	42.9%
	50+	29	28	14.1%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/ Part-Time Status[‡]	Full Time	175	173	87.4%	63.6%
	Part Time	16	18	9.1%	33.6%
	Missing Values	2	7	3.5%	2.8%
Employment Category[§]	Permanent	169	176	88.9%	85.5%
	Temporary	**	**	**	3.5%
	Casual	0	*	*	2.3%
	Employee, Unspecified	0	0	0.0%	0.4%
	Self-Employed	*	5	2.5%	6.7%
	Missing Values	2	7	3.5%	1.6%
Place of Employment[†]	Hospital	110	105	53.0%	38.5%
	Community	12	11	5.6%	13.3%
	Professional Practice	65	70	35.4%	39.0%
	Other	5	6	3.0%	7.5%
	Missing Values	1	6	3.0%	1.7%
Area of Practice[††]	General Practice	56	60	30.3%	26.7%
	Musculoskeletal and Integumentary Systems	97	83	41.9%	38.8%
	Neurological System	23	23	11.6%	5.9%
	Cardiovascular and Respiratory Systems	**	6	3.0%	1.3%
	Multisystem	0	*	*	7.2%
	Other Areas of Direct Service	*	*	*	7.0%
	Prevention, Health Promotion and Wellness	0	*	*	1.2%
	Non-Clinical Practice	7	11	5.6%	3.9%
	Other Areas of Practice	0	0	0.0%	0.4%
	Missing Values	2	8	4.0%	7.4%
Multiple Employment Status[†]	Single Employer	168	167	84.3%	77.2%
	Multiple Employers	25	26	13.1%	22.4%
	Missing Values	0	5	2.5%	0.4%
Current Education in Physiotherapy[†]	Diploma	20	14	7.1%	11.7%
	Baccalaureate	167	174	87.9%	79.6%
	Master's	6	**	**	8.5%
	Doctorate	0	*	*	0.2%
	Missing Values	0	0	0.0%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	165	171	86.4%	81.4%
	Internationally Educated	27	27	13.6%	15.2%
	Missing Values	1	0	0.0%	3.4%

(cont'd on next page)

Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
1011	Eastern Regional Integrated Health Authority	295,975	132	45
1012	Central Regional Integrated Health Authority	94,191	21	22
1013	Western Regional Integrated Health Authority	78,592	24	31
1014	Labrador-Grenfell Regional Integrated Health Authority	37,517	10	27
	Missing Values	–	11	–

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 does not include Nova Scotia and the territories.
‡ The total does not include P.E.I., Nova Scotia, Quebec, B.C. and the territories.
§ The total does not include Nova Scotia, Quebec, Ontario, B.C. and the territories.
†† The total does not include P.E.I., Nova Scotia, Ontario, Saskatchewan and the territories.
‡‡ The total does not include Nova Scotia, Quebec, Saskatchewan and the territories.
§§ The total includes aggregate data for 665 physiotherapists provided by Manitoba Health.

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*.

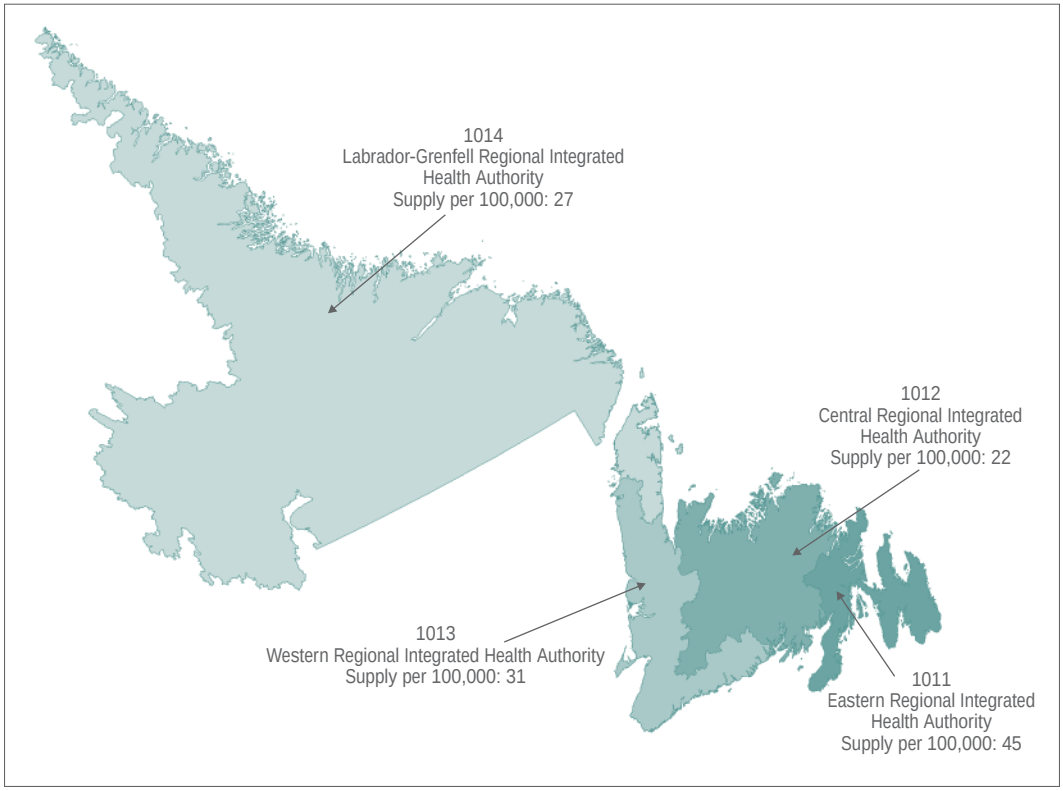
Area of Practice

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 based on the annual (calendar year) preliminary post-censal (PP) estimates of the population counted on July 1, 2007, Canada, provinces and territories (catalogue no. 91-213-SCB, file AS0107.xls), Statistics Canada.
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; and Statistics Canada.

2008 Newfoundland and Labrador Physiotherapist Supply per 100,000 Population by 2007 Health Region Classification



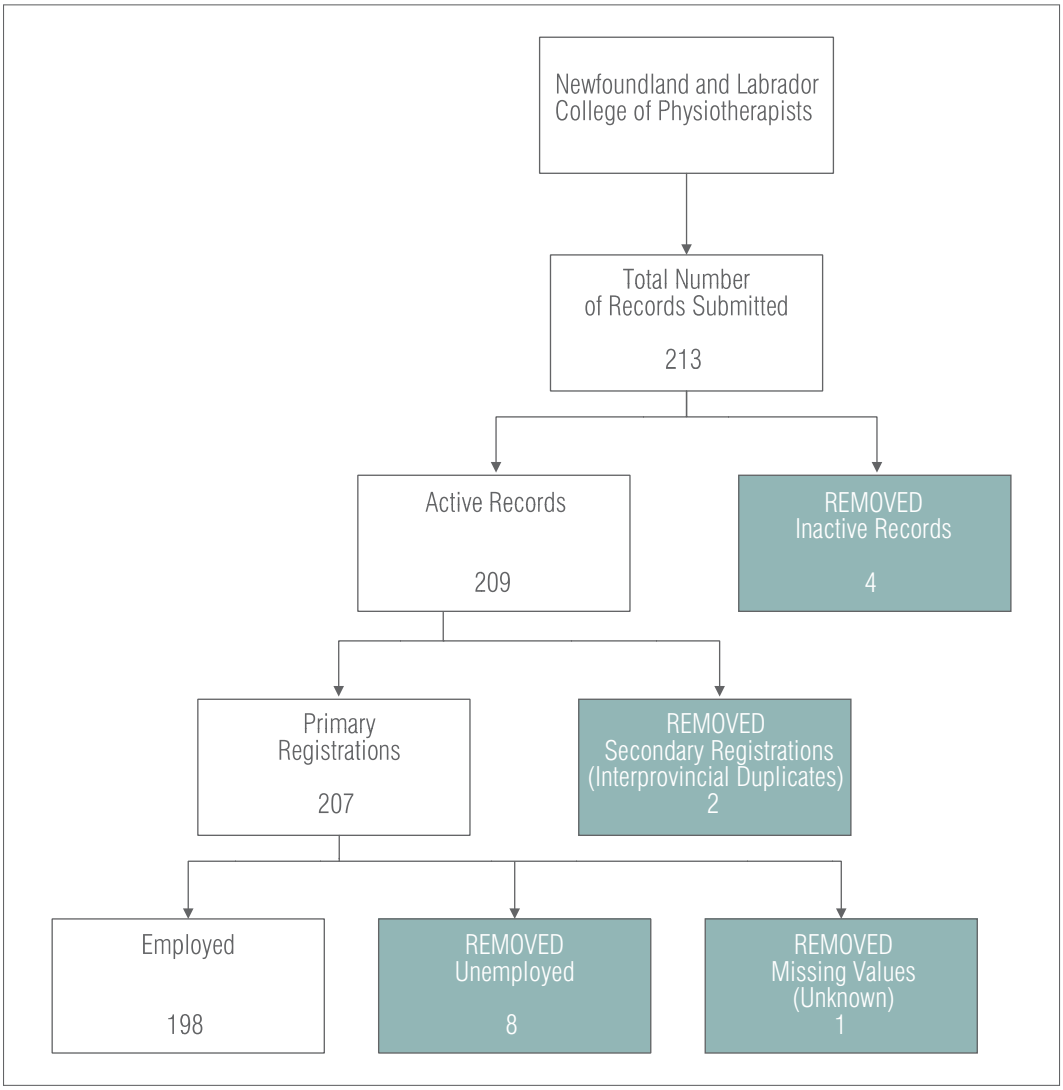
Note

The population estimates used in this publication are based on the annual (calendar year) preliminary post-censal (PP) estimates of the population counted on July 1, 2007, Canada, provinces and territories (catalogue no. 91-213-SCB, file AS0107.xls), Statistics Canada.

Sources

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

2008 Data Flow From Newfoundland and Labrador College of Physiotherapists to CIHI



2008 Highlights for Physiotherapists in Prince Edward Island

Supply

- The supply of physiotherapists in P.E.I. grew by 6.0% between 2007 and 2008.
- P.E.I. had the lowest supply of physiotherapists per population, at 38 per 100,000 population, compared to the average of 51 for all jurisdictions included in this analysis.[i]
- P.E.I. had 53 employed physiotherapists.

Demographics

- P.E.I. had the lowest percentage of male physiotherapists in its workforce (17.0%).
- Physiotherapists in P.E.I. had an average age of 41.7, which was almost the same as the average (41.4) for all jurisdictions included in this analysis.[ii]
- 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.
- Fewer than 10 percent (9.4%) of physiotherapists in P.E.I. were new graduates (graduated in 2007 or 2008), compared to 5.7% for all jurisdictions included in this analysis.[ii]

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.

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 (13.2%) 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 (22.5%).[iii]
- Almost half of employed physiotherapists in P.E.I. worked in hospital settings (49.1%).
- Half of the physiotherapists in P.E.I. worked between 1,750 and 1,999 hours per year (50.0%).

Geography and Mobility

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

iii. Excludes Nova Scotia and the territories.

2008 Prince Edward Island Physiotherapist Workforce Provincial Profile

		Prince Edward Island		2008	
		2007	2008	P.E.I.	Total
Physiotherapists Employed in Physiotherapy		50	53		16,319
Gender[†, §§]	Male	7	9	17.0%	21.7%
	Female	43	44	83.0%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	41.2	41.7		41.4
Age Breakdown[†, §§]	<35	15	13	24.5%	31.6%
	35–49	24	28	52.8%	42.9%
	50+	11	12	22.6%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Not Collected	–	–	–	–
Employment Category[§]	Permanent	37	34	64.2%	85.5%
	Temporary	*	*	*	3.5%
	Casual	*	6	11.3%	2.3%
	Employee, Unspecified	0	*	*	0.4%
	Self-Employed	7	7	13.2%	6.7%
	Missing Values	0	0	0.0%	1.6%
Place of Employment[†]	Hospital	25	26	49.1%	38.5%
	Community	*	*	*	13.3%
	Professional Practice	21	21	39.6%	39.0%
	Other	*	*	*	7.5%
	Missing Values	0	0	0.0%	1.7%
Area of Practice[††]	Not Collected	–	–	–	–
Multiple Employment Status[†]	Single Employer	44	46	86.8%	77.2%
	Multiple Employers	6	7	13.2%	22.4%
	Missing Values	0	0	0.0%	0.4%
Current Education in Physiotherapy[†]	Diploma	**	**	**	11.7%
	Baccalaureate	42	42	79.2%	79.6%
	Master's	*	*	*	8.5%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	0	0	0.0%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	**	**	**	81.4%
	Internationally Educated	*	*	*	15.2%
	Missing Values	0	0	0.0%	3.4%

(cont'd on next page)

Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
1101	Kings County	18,508	*	<11
1102	Queens County	74,863	38	51
1103	Prince County	45,256	**	<30
	Missing Values	–	0	–

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 does not include Nova Scotia and the territories.
‡ The total does not include P.E.I., Nova Scotia, Quebec, B.C. and the territories.
§ The total does not include Nova Scotia, Quebec, Ontario, B.C. and the territories.
†† The total does not include P.E.I., Nova Scotia, Ontario, Saskatchewan and the territories.
‡‡ The total does not include Nova Scotia, Quebec, Saskatchewan and the territories.
§§ The total includes aggregate data for 665 physiotherapists provided by Manitoba Health.

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 based on the annual (calendar year) preliminary post-censal (PP) estimates of the population counted on July 1, 2007, Canada, provinces and territories (catalogue no. 91-213-SCB, file AS0107.xls), Statistics Canada.
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Sources

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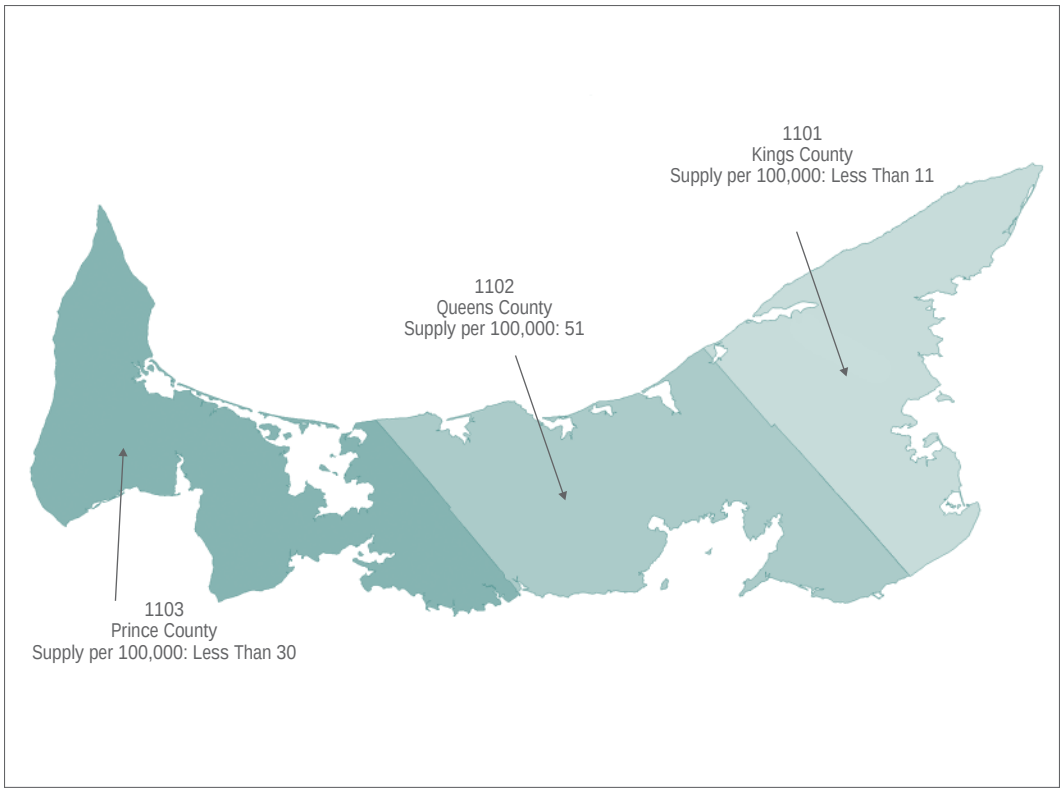
2008 Prince Edward Island Physiotherapist Supply per 100,000 Population by 2007 Health Region Classification



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Sources

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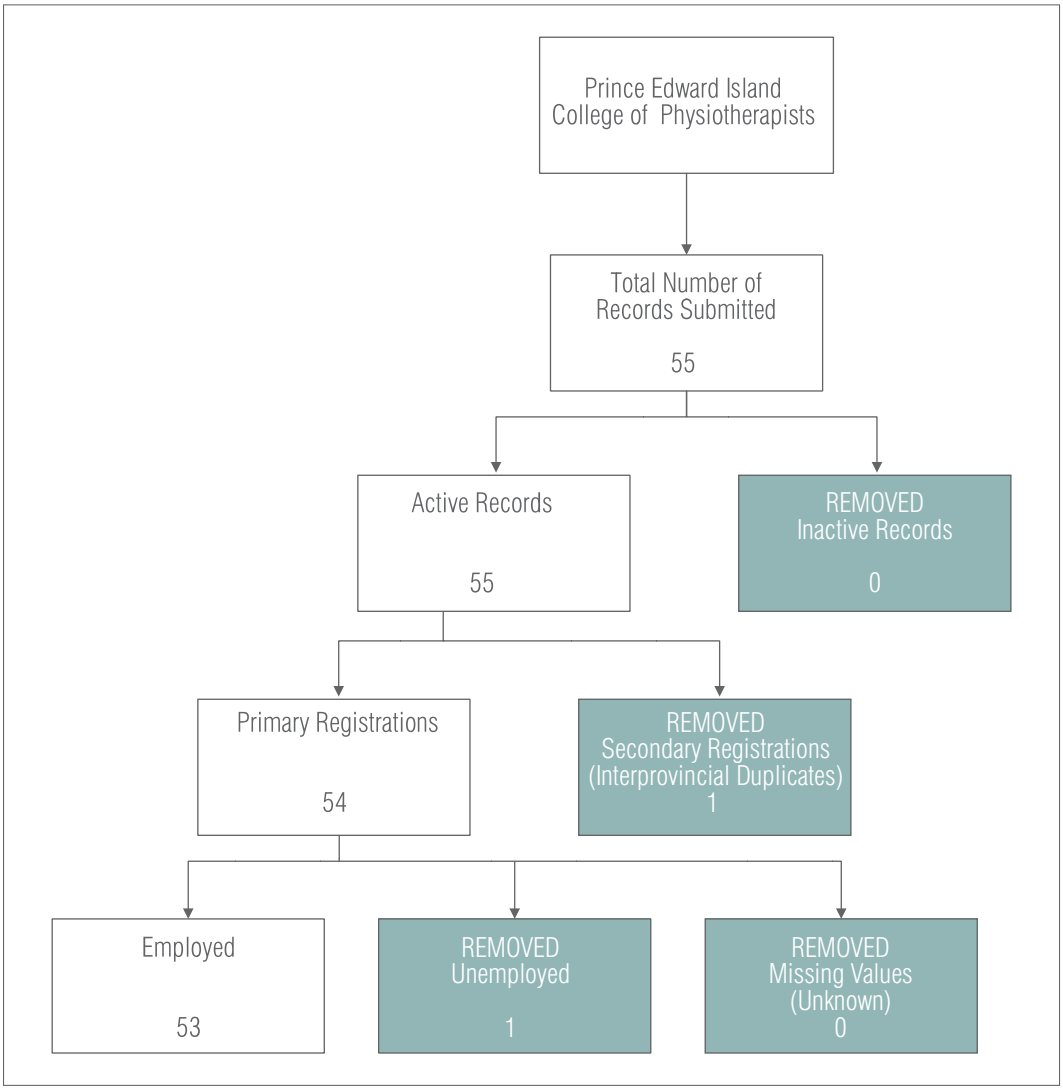
2008 Data Flow From Prince Edward Island College of Physiotherapists to CIHI



2008 Highlights for Physiotherapists in New Brunswick

Supply

- The supply of physiotherapists in New Brunswick grew by 3.7% between 2007 and 2008.
- New Brunswick had 450 employed physiotherapists, which amounted to 60 per 100,000 population, compared to the average of 51 for all jurisdictions included in this analysis.[i]

Demographics

- New Brunswick had a slightly lower proportion of male physiotherapists (19.6%) than the average for all jurisdictions included in this analysis (21.6%).[i]
- Physiotherapists in New Brunswick had an average age of 39.3, which was the second-lowest average age among jurisdictions in the report, after Newfoundland and Labrador (39.0).

Education

- New Brunswick did not have a university with a physiotherapy program.
- New Brunswick had 6.7% of its physiotherapist workforce classified as new graduates (graduated in 2007 or 2008), which was slightly higher than the percentage for all jurisdictions included in this analysis (5.7%).[ii]

Employment

- Almost one-quarter (24.0%) 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.[iii]
- More than 10 percent (11.3%) of the New Brunswick physiotherapist workforce indicated that they had multiple employers, which was half the percentage for all jurisdictions included in this analysis (22.5%).[ii] It was also the second-lowest percentage among jurisdictions, after Saskatchewan (8.9%).

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.
iii. Excludes P.E.I., Nova Scotia, Quebec, B.C. and the territories.

- Almost half of physiotherapists in New Brunswick (47.3%) worked in hospital settings, followed by professional practice settings (34.4%).
- Most physiotherapists in New Brunswick worked between 1,750 and 1,999 hours per year (29.7%). New Brunswick also had the smallest percentage (9.2%) that worked 2,000 or more hours per year, across the jurisdictions included in this analysis.

Geography and Mobility

- New Brunswick had the highest percentage of physiotherapists located in rural areas (13.4%) across all jurisdictions and the second-highest percentage (11.4%) in remote areas, after Newfoundland and Labrador.

2008 New Brunswick Physiotherapist Workforce Provincial Profile

		New Brunswick		2008	
		2007	2008	N.B.	Total
Physiotherapists Employed in Physiotherapy		434	450		16,319
Gender[†, §§]	Male	83	88	19.6%	21.7%
	Female	351	362	80.4%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	38.8	39.3		41.4
Age Breakdown[†, §§]	<35	155	154	34.2%	31.6%
	35–49	219	228	50.7%	42.9%
	50+	60	68	15.1%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Full Time	338	342	76.0%	63.6%
	Part Time	96	108	24.0%	33.6%
	Missing Values	0	0	0.0%	2.8%
Employment Category[§]	Permanent	404	420	93.3%	85.5%
	Temporary	**	**	**	3.5%
	Casual	*	*	*	2.3%
	Employee, Unspecified	0	0	0.0%	0.4%
	Self-Employed	0	0	0.0%	6.7%
	Missing Values	0	0	0.0%	1.6%
Place of Employment[†]	Hospital	210	213	47.3%	38.5%
	Community	62	68	15.1%	13.3%
	Professional Practice	149	155	34.4%	39.0%
	Other	13	14	3.1%	7.5%
	Missing Values	0	0	0.0%	1.7%
Area of Practice[††]	General Practice	237	427	94.9%	26.7%
	Musculoskeletal and Integumentary Systems	154	*	*	38.8%
	Neurological System	13	0	0.0%	5.9%
	Cardiovascular and Respiratory Systems	**	0	0.0%	1.3%
	Multisystem	0	0	0.0%	7.2%
	Other Areas of Direct Service	0	0	0.0%	7.0%
	Prevention, Health Promotion and Wellness	*	*	*	1.2%
	Non-Clinical Practice	13	0	0.0%	3.9%
	Other Areas of Practice	8	5	1.1%	0.4%
	Missing Values	0	13	2.9%	7.4%
Multiple Employment Status[†]	Single Employer	382	399	88.7%	77.2%
	Multiple Employers	52	51	11.3%	22.4%
	Missing Values	0	0	0.0%	0.4%
Current Education in Physiotherapy[†]	Diploma	35	34	7.6%	11.7%
	Baccalaureate	385	394	87.6%	79.6%
	Master's	14	22	4.9%	8.5%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	0	0	0.0%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	412	**	**	81.4%
	Internationally Educated	0	*	*	15.2%
	Missing Values	22	21	4.7%	3.4%

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Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
1301	Region 1	197,703	111	56
1302	Region 2	174,952	123	70
1303	Region 3	172,180	97	56
1304	Region 4	50,693	24	47
1305	Region 5	28,281	22	78
1306	Region 6	79,891	40	50
1307	Region 7	46,082	14	30
	Missing Values	–	19	–

Notes

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§ The total does not include Nova Scotia, Quebec, Ontario, B.C. and the territories.
†† The total does not include P.E.I., Nova Scotia, Ontario, Saskatchewan and the territories.
‡‡ The total does not include Nova Scotia, Quebec, Saskatchewan and the territories.
§§ The total includes aggregate data for 665 physiotherapists provided by Manitoba Health.

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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.
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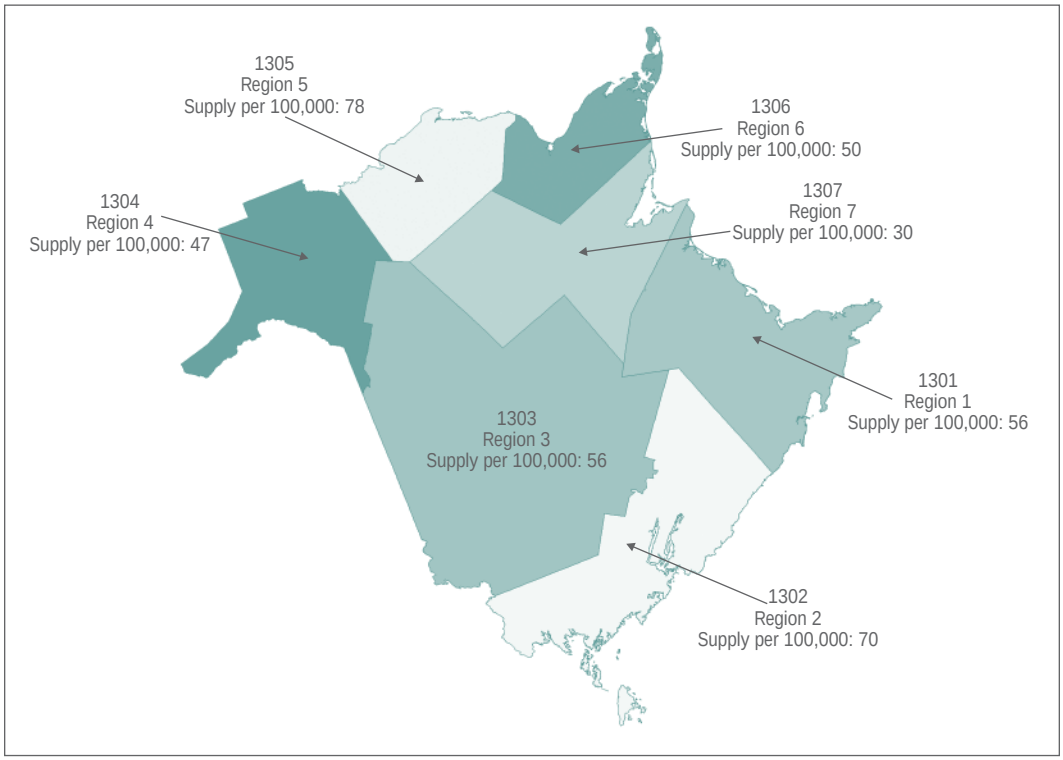

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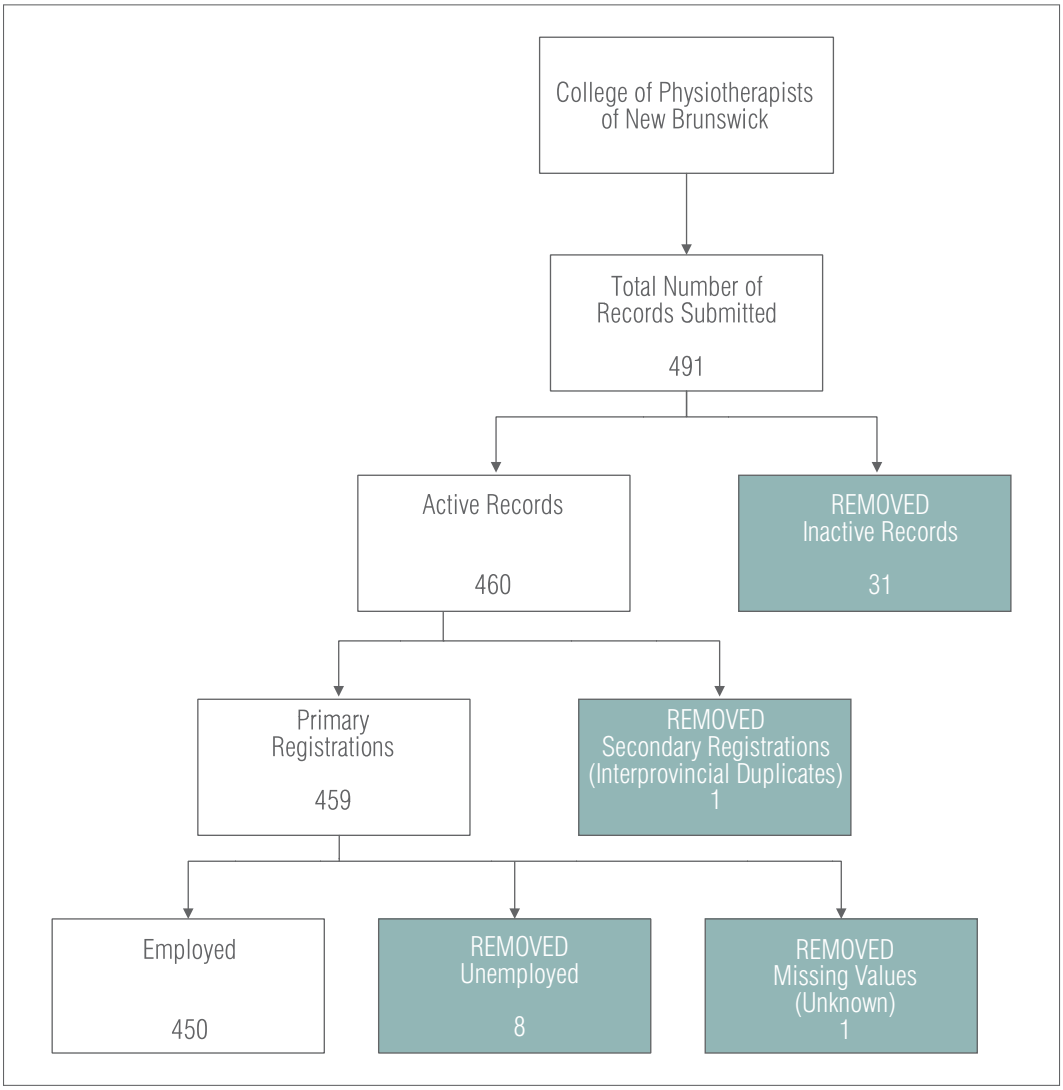

2008 Highlights for Physiotherapists in Quebec

Supply

- The supply of physiotherapists in Quebec grew by 1.4% between 2007 and 2008, which was the second-lowest growth rate across Canada.
- Quebec had 3,703 employed physiotherapists, which amounted to 48 physiotherapists per 100,000 population.

Demographics

- Quebec had a slightly higher proportion of male physiotherapists (22.1%) than the percentage across all jurisdictions in this analysis (21.6%).[i]
- Physiotherapists in Quebec had an average age of 39.7, which was younger than the average of 41.4 for all jurisdictions in this analysis.[ii]
- New graduates in Quebec were the youngest on average across jurisdictions, with an average age of 24.9.

Education

- Quebec had 7.8% of its physiotherapist workforce classified as new graduates (graduated in 2007 or 2008), which was higher than the percentage for all jurisdictions included in this analysis (5.7%).[ii]

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 (21.8%) of the Quebec physiotherapist workforce indicated that they had multiple employers, which was close to the percentage for all jurisdictions included in this analysis (22.5%).[ii]

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.

- Almost equal numbers of Quebec physiotherapists worked in hospitals (41.8%) and professional practice settings (40.8%), which was similar to the distribution for all jurisdictions included in this analysis.
- Quebec had the highest percentage of physiotherapists who could provide service in both official languages (79.2%), as well as the highest percentage who could provide service in French only (20.8%).
- For all jurisdictions included in this analysis, female physiotherapists worked fewer hours on average in their thirties and forties than male physiotherapists. Quebec data for hours worked were not available.

Geography and Mobility

- Most (91.7%) physiotherapist employers in Quebec were located in urban areas, which was almost the same as the percentage for all jurisdictions included in this analysis (92.0%).[iii]

iii. Excludes Nova Scotia and the territories.

2008 Quebec Physiotherapist Workforce Provincial Profile

		Quebec		2008	
		2007	2008	Que.	Total
Physiotherapists Employed in Physiotherapy		3,653	3,703		16,319
Gender[†, §§]	Male	815	819	22.1%	21.7%
	Female	2,838	2,884	77.9%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	39.5	39.7		41.4
Age Breakdown[†, §§]	<35	1,293	1,306	35.3%	31.6%
	35–49	1,657	1,669	45.1%	42.9%
	50+	703	728	19.7%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Not Collected	–	–	–	–
Employment Category[§]	Not Collected	–	–	–	–
Place of Employment[†]	General Hospital	951	967	26.1%	31.4%
	Rehabilitation Hospital/Facility	561	564	15.2%	6.9%
	Mental Health Hospital/Facility	13	**	**	0.2%
	Residential Care Facility	169	175	4.7%	3.9%
	Assisted-Living Residence	0	0	0.0%	0.1%
	Community Health Centre	249	253	6.8%	3.2%
	Visiting Agency/Business	34	50	1.4%	5.4%
	Group Professional Practice/Clinic	**	16	0.4%	22.6%
	Solo Professional Practice/Business	1,494	1,492	40.3%	16.3%
	Postsecondary Educational Institution	98	103	2.8%	1.7%
	School or School Board	*	*	*	0.6%
	Association/Government/ Para-Governmental	30	33	0.9%	2.0%
	Industry, Manufacturing and Commercial	0	*	*	0.4%
	Other	36	29	0.8%	3.4%
	Missing Values	6	5	0.1%	1.7%
Area of Practice[††]	General Practice	394	399	10.8%	26.7%
	Musculoskeletal and Integumentary Systems	1,594	1,750	47.3%	38.8%
	Neurological System	189	203	5.5%	5.9%
	Cardiovascular and Respiratory Systems	0	0	0.0%	1.3%
	Multisystem	594	642	17.3%	7.2%
	Other Areas of Direct Service	336	359	9.7%	7.0%
	Prevention, Health Promotion and Wellness	42	47	1.3%	1.2%
	Non-Clinical Practice	69	26	0.7%	3.9%
	Other Areas of Practice	0	0	0.0%	0.4%
	Missing Values	435	277	7.5%	7.4%
Multiple Employment Status[†]	Single Employer	2,861	2,897	78.2%	77.2%
	Multiple Employers	792	806	21.8%	22.4%
	Missing Values	0	0	0.0%	0.4%
Current Education in Physiotherapy[†]	Diploma	**	41	1.1%	11.7%
	Baccalaureate	3,587	3,649	98.5%	79.6%
	Master's	*	7	0.2%	8.5%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	14	6	0.2%	0.1%
Place of Graduation[‡‡]	Not Collected	–	–	–	–

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Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
2401	Bas-Saint-Laurent	201,642	98	49
2402	Saguenay–Lac-Saint-Jean	273,435	102	37
2403	Capitale Nationale	675,452	453	67
2404	Mauricie et Centre-de-Québec	490,063	193	39
2405	Estrie	303,731	151	50
2406	Montréal	1,871,851	1167	62
2407	Outaouais	349,378	164	47
2408	Abitibi-Témiscamingue	145,192	44	30
2409	Côte-Nord	95,668	32	33
2410	Nord du Québec	17,297	*	<18
2411	Gaspésie–Îles-de-la-Madeleine	95,461	39	41
2412	Chaudière–Appalaches	399,516	149	37
2413	Laval	381,652	198	52
2414	Lanaudière	445,189	140	31
2415	Laurentides	528,319	205	39
2416	Montérégie	1,403,363	536	38
2417	Nunavik	10,207	*	<10
2418	Terres-Cries-de-la-Baie-James	13,391	5	37
	Missing Values	–	23	–

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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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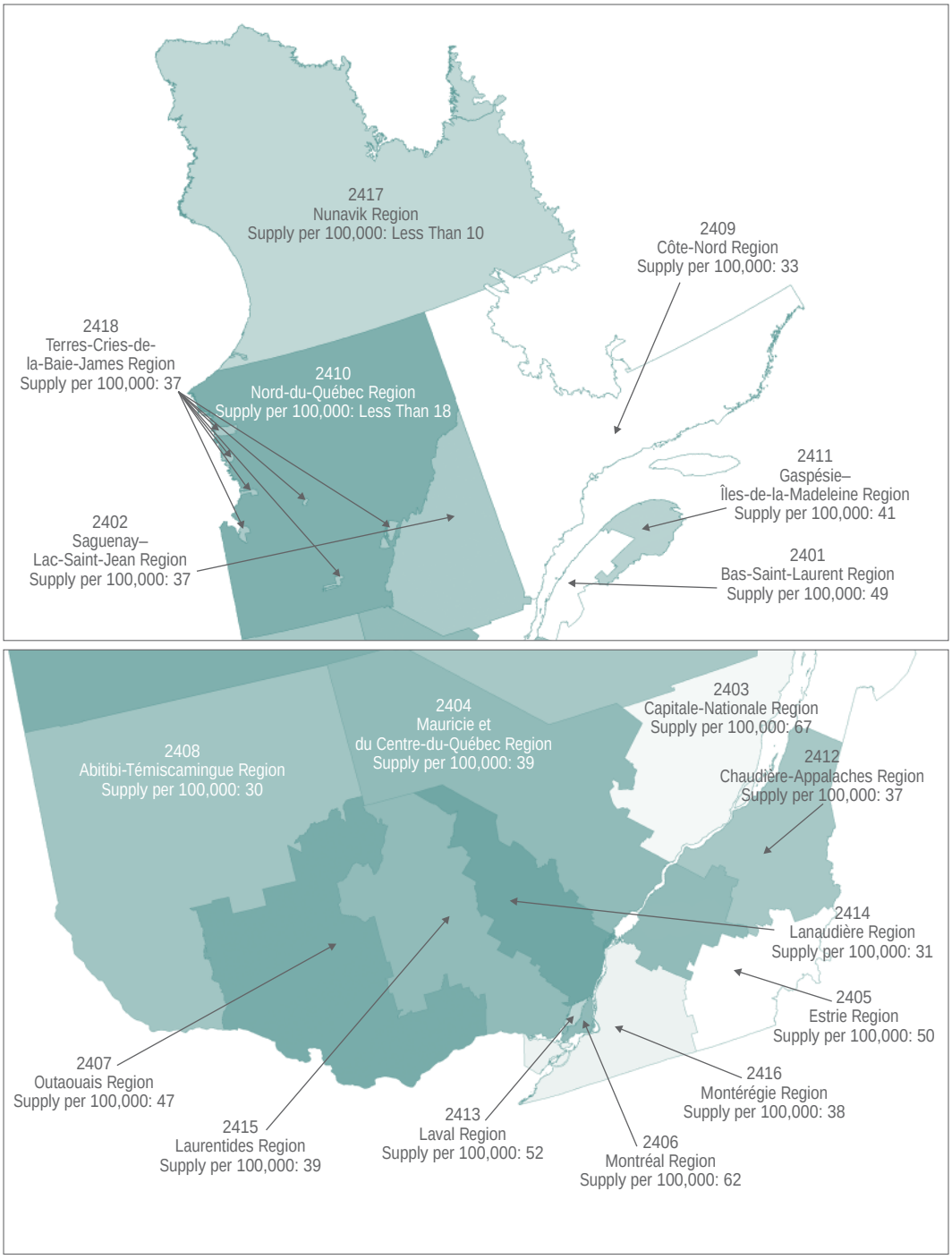

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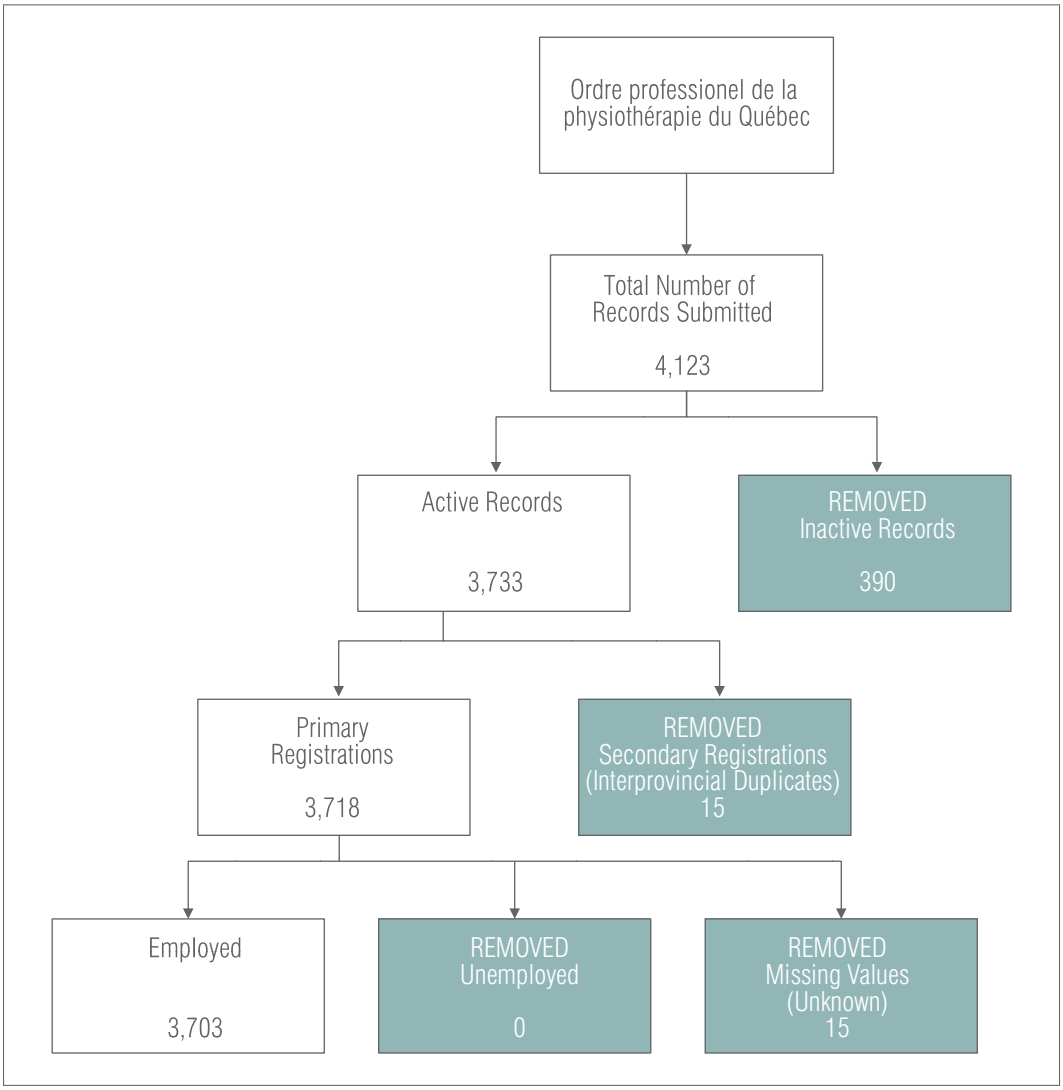

2008 Highlights for Physiotherapists in Ontario

Supply

- The supply of physiotherapists in Ontario grew by 2.4% between 2007 and 2008.
- Ontario had 6,205 employed physiotherapists, which amounted to 48 physiotherapists per 100,000 population.

Demographics

- Ontario had a slightly higher proportion of female physiotherapists (79.4%) than the percentage for all jurisdictions included in this analysis (78.4%).[i]
- Physiotherapists in Ontario had an average age of 41.8, which was slightly higher than the average of 41.4 for all jurisdictions included in this analysis.[ii]
- Half the physiotherapists in Ontario were younger than 40 and half were older than 40, although only 12.2% of physiotherapists were younger than 30.

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 2008, 4.2% of the Ontario physiotherapist workforce were classified as new graduates (graduated in 2007 or 2008), slightly lower than the percentage for all jurisdictions included in this analysis (5.7%).[ii]
- Ontario had the highest percentage of international graduates (18.2%) of the jurisdictions in this report.

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.

Employment

- Just more than one-third of employed physiotherapists in Ontario (34.6%) worked on a part-time basis at their primary jobs, which was the same as the percentage for all jurisdictions included in this analysis.
- Ontario had the highest percentage of employed physiotherapists with multiple employers (28.3%).
- Similar to the distribution for all jurisdictions included in this analysis, almost equal numbers of Ontario physiotherapists worked in hospitals (40.0%) and professional practice settings (38.0%).

Geography and Mobility

- Among the provinces, Ontario had the highest percentage (94.8%) of physiotherapist employers located in urban areas, while 3.6% were located in rural areas and 1.6% were located in remote areas.

2008 Ontario Physiotherapist Workforce Provincial Profile

		Ontario		2008	
		2007	2008	Ont.	Total
Physiotherapists Employed in Physiotherapy		6,058	6,205		16,319
Gender[†, §§]	Male	1,219	1,277	20.6%	21.7%
	Female	4,839	4,928	79.4%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	41.7	41.8		41.4
Age Breakdown[†, §§]	<35	1,911	1,899	30.6%	31.6%
	35–49	2,587	2,687	43.3%	42.9%
	50+	1,560	1,619	26.1%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Full Time	3,816	3,922	63.2%	63.6%
	Part Time	2,046	2,073	33.4%	33.6%
	Missing Values	196	210	3.4%	2.8%
Employment Category[§]	Permanent	3,505	3,546	57.1%	85.5%
	Temporary	451	489	7.9%	3.5%
	Casual	0	0	0.0%	2.3%
	Employee, Unspecified	31	25	0.4%	0.4%
	Self-Employed	0	0	0.0%	6.7%
	Missing Values	2,071	2,145	34.6%	1.6%
Place of Employment[†]	General Hospital	2,016	2,037	32.8%	31.4%
	Rehabilitation Hospital/Facility	355	359	5.8%	6.9%
	Mental Health Hospital/Facility	11	12	0.2%	0.2%
	Residential Care Facility	297	286	4.6%	3.9%
	Assisted-Living Residence	0	0	0.0%	0.1%
	Community Health Centre	21	30	0.5%	3.2%
	Visiting Agency/Business	557	559	9.0%	5.4%
	Group Professional Practice/Clinic	2,231	2,290	36.9%	22.6%
	Solo Professional Practice/Business	0	0	0.0%	16.3%
	Postsecondary Educational Institution	97	99	1.6%	1.7%
	School or School Board	19	22	0.4%	0.6%
	Association/Government/ Para-Governmental	92	104	1.7%	2.0%
	Industry, Manufacturing and Commercial	56	52	0.8%	0.4%
	Other	140	170	2.7%	3.4%
	Missing Values	166	185	3.0%	1.7%
Area of Practice[††]	General Practice	1,220	1,256	20.2%	26.7%
	Musculoskeletal and Integumentary Systems	2,495	2,506	40.4%	38.8%
	Neurological System	332	334	5.4%	5.9%
	Cardiovascular and Respiratory Systems	160	158	2.5%	1.3%
	Multisystem	26	25	0.4%	7.2%
	Other Areas of Direct Service	223	216	3.5%	7.0%
	Prevention, Health Promotion and Wellness	11	12	0.2%	1.2%
	Non-Clinical Practice	320	340	5.5%	3.9%
	Other Areas of Practice	21	22	0.4%	0.4%
	Missing Values	1,250	1,336	21.5%	7.4%
Multiple Employment Status[†]	Single Employer	4,388	4,449	71.7%	77.2%
	Multiple Employers	1,669	1,756	28.3%	22.4%
	Missing Values	1	0	0.0%	0.4%
Current Education in Physiotherapy[†]	Diploma	1,161	1,088	17.5%	11.7%
	Baccalaureate	4,256	4,308	69.4%	79.6%
	Master's	632	795	12.8%	8.5%
	Doctorate	7	10	0.2%	0.2%
	Missing Values	2	4	0.1%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	4,982	5,076	81.8%	81.4%
	Internationally Educated	1,074	1,127	18.2%	15.2%
	Missing Values	2	2	<0.1%	3.4%

(cont'd on next page)

Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
3501	Erie St. Clair LHIN	645,636	192	30
3502	South West LHIN	936,578	491	52
3503	Waterloo Wellington LHIN	713,718	318	45
3504	Hamilton Niagara Haldimand Brant LHIN	1,376,923	616	45
3505	Central West LHIN	779,481	199	26
3506	Mississauga Halton LHIN	1,140,162	408	36
3507	Toronto Central LHIN	1,168,185	1038	89
3508	Central LHIN	1,640,512	672	41
3509	Central East LHIN	1,494,364	502	34
3510	South East LHIN	482,940	232	48
3511	Champlain LHIN	1,193,083	803	67
3512	North Simcoe Muskoka LHIN	431,214	191	44
3513	North East LHIN	565,736	230	41
3514	North West LHIN	235,329	129	55
	Missing Values	–	184	–

Notes

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†† The total does not include P.E.I., Nova Scotia, Ontario, Saskatchewan and the territories.
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§§ The total includes aggregate data for 665 physiotherapists provided by Manitoba Health.
LHIN: local health integration network.

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.
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Sources

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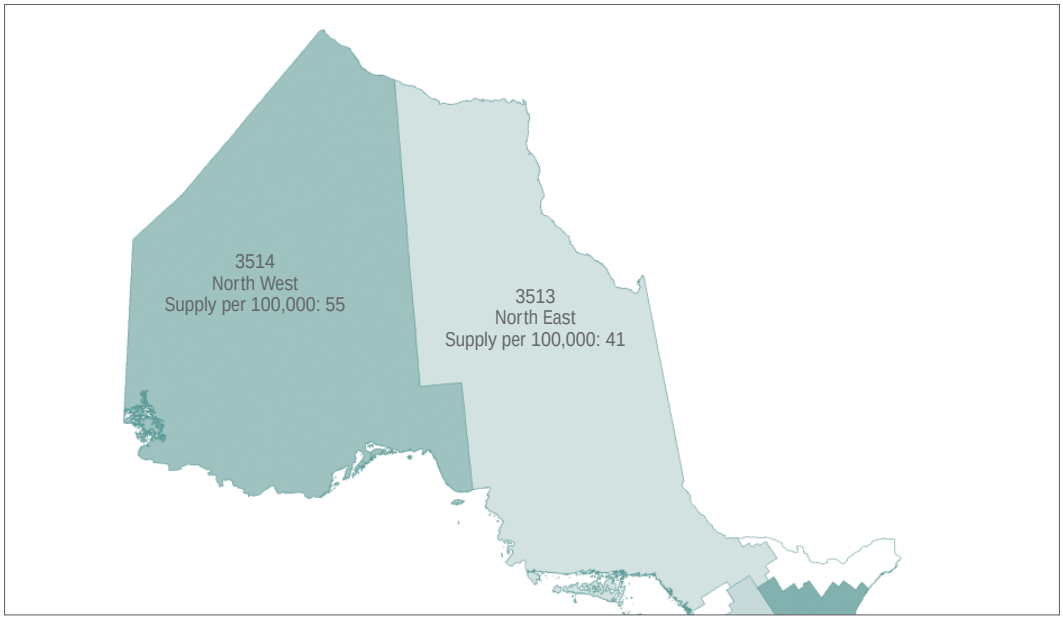
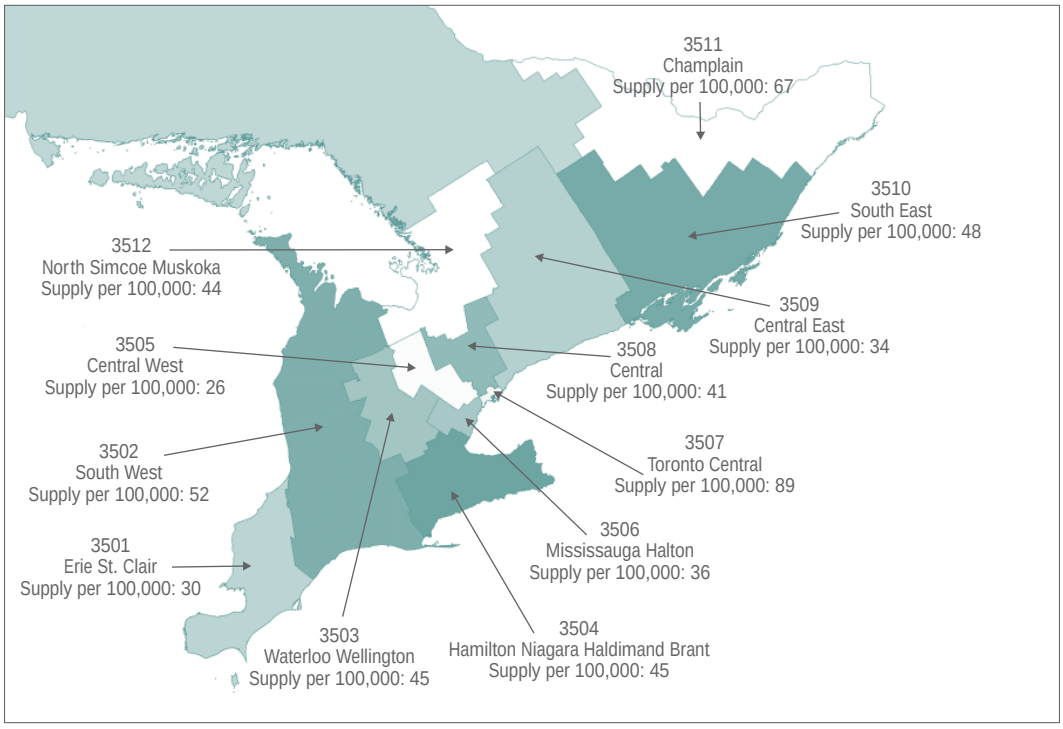
2008 Ontario Physiotherapist Supply per 100,000 Population by 2007 Health Region Classification





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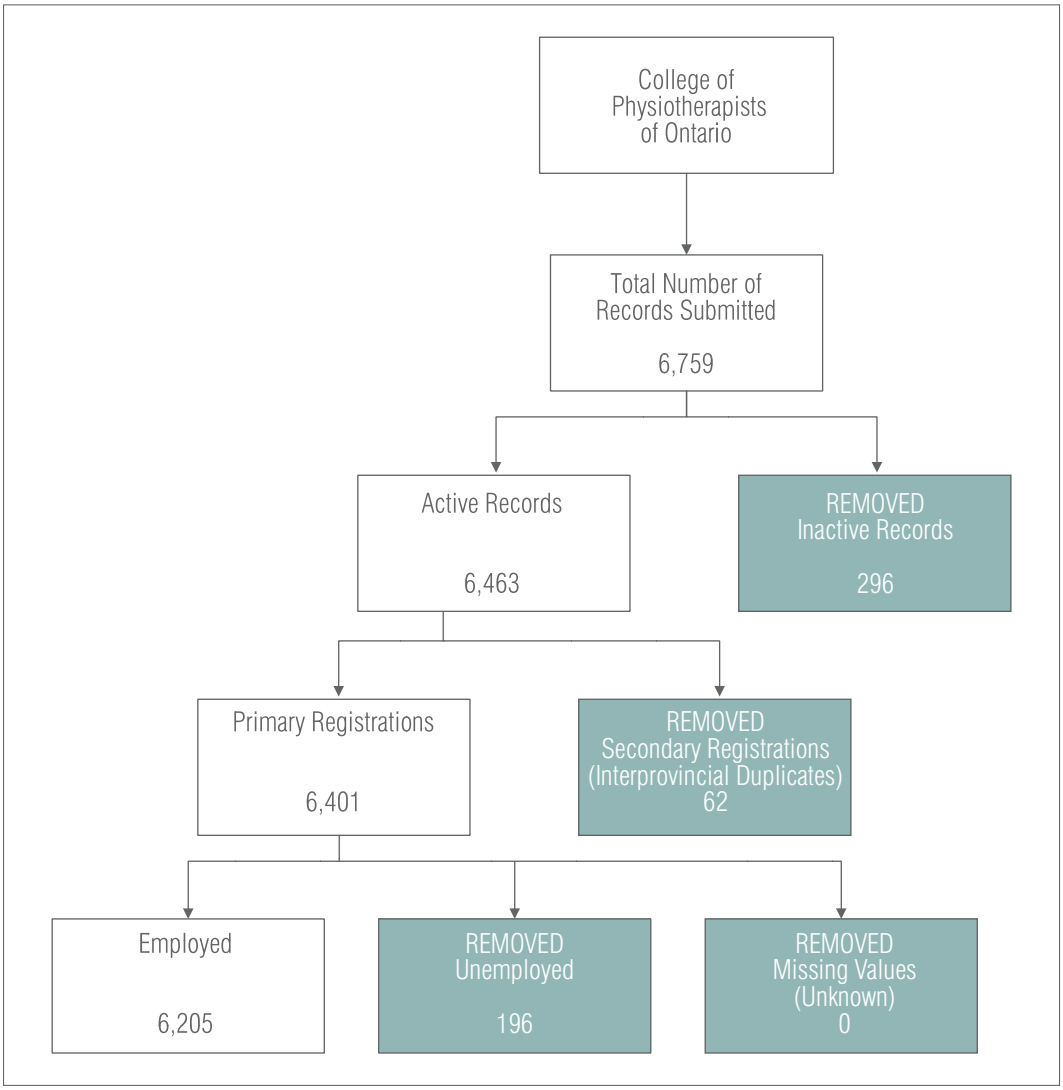

2008 Highlights for Physiotherapists in Manitoba

Supply

- The supply of physiotherapists in Manitoba grew by 2.8% between 2007 and 2008.
- Manitoba had 665 employed physiotherapists, which amounted to 55 physiotherapists per 100,000 population.

Demographics

- Manitoba had a slightly lower proportion of female physiotherapists (77.2%) than the percentage for all jurisdictions included in this analysis (78.4%).[i]
- Physiotherapists in Manitoba had an average age of 41.0, which was slightly lower than the average of 41.4 for all jurisdictions included in this analysis.[ii]
- Manitoba had the second-highest percentage of physiotherapists (29.3%) older than 50, after B.C. (34.3%).

Education

- Manitoba had one university that offered a physiotherapy program; it produced 60 new graduates in 2008.
- Manitoba had 10.2% of its physiotherapist workforce classified as new graduates (graduated in 2007 or 2008), which was the highest percentage in Canada.
- Only 3.2% of Manitoba's physiotherapist workforce were internationally educated, which was the second-lowest percentage for all jurisdictions included in this analysis, after New Brunswick.

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.

Employment

- Among the provinces, Manitoba had the lowest percentage of its physiotherapist workforce (56.8%) reporting full-time employment status for primary employment.
- One-fifth (21.1%) of the Manitoba physiotherapist workforce indicated that they had multiple employers, which was close to the percentage for all jurisdictions included in this analysis (22.5%).[iii]
- Most of Manitoba's physiotherapists worked in hospitals (42.3%), followed by professional practice settings (35.6%).

Geography and Mobility

- Most (90.0%) physiotherapist employers in Manitoba were located in urban areas, which was slightly less than the percentage for all jurisdictions included in this analysis (92.0%).[iii]

iii. Excludes Nova Scotia and the territories.

2008 Manitoba Physiotherapist Workforce Provincial Profile

		Manitoba		2008	
		2007	2008	Man.	Total
Physiotherapists Employed in Physiotherapy		647	665		16,319
Gender[†, §§, †††]	Male	147	151	77.2%	21.7%
	Female	518	510	22.8%	78.3%
	Missing Values	0	4	0.6%	<0.01%
Average Age[‡, §§, †††]	Years	–	41.0		41.4
Age Breakdown[†, §§, †††]	<35	231	231	34.70%	31.6%
	35–49	248	236	35.50%	42.9%
	50+	186	194	29.20%	25.5%
	Missing Values	0	4	0.60%	<0.01%
Full-Time/Part-Time Status[‡]	Full Time	361	377	56.7%	63.6%
	Part Time	279	287	43.2%	33.6%
	Missing Values	7	1	0.2%	2.8%
Employment Category[§]	Permanent	479	459	69.0%	85.5%
	Temporary	21	36	5.4%	3.5%
	Casual	16	20	3.0%	2.3%
	Employee, Unspecified	6	10	1.5%	0.4%
	Self-Employed	123	139	20.9%	6.7%
	Missing Values	2	1	0.2%	1.6%
Place of Employment[†]	General Hospital	286	279	42.0%	31.4%
	Rehabilitation Hospital/Facility	0	0	0.0%	6.9%
	Mental Health Hospital/Facility	0	0	0.0%	0.2%
	Residential Care Facility	21	26	3.9%	3.9%
	Assisted-Living Residence	0	0	0.0%	0.1%
	Community Health Centre	20	21	3.2%	3.2%
	Visiting Agency/Business	23	24	3.6%	5.4%
	Group Professional Practice/Clinic	0	6	0.9%	22.6%
	Solo Professional Practice/Business	220	229	34.4%	16.3%
	Postsecondary Educational Institution	15	*	*	1.7%
	School or School Board	**	25	3.8%	0.6%
	Association/Government/Para-Governmental	34	27	4.1%	2.0%
	Industry, Manufacturing and Commercial	*	*	*	0.4%
	Other	14	18	2.7%	3.4%
	Missing Values	2	5	0.8%	1.7%
Area of Practice[††]	General Practice	194	183	27.5%	26.7%
	Musculoskeletal and Integumentary Systems	247	239	35.9%	38.8%
	Neurological System	42	39	5.9%	5.9%
	Cardiovascular and Respiratory Systems	24	21	3.2%	1.3%
	Multisystem	9	6	0.9%	7.2%
	Other Areas of Direct Service	15	33	5.0%	7.0%
	Prevention, Health Promotion and Wellness	7	7	1.1%	1.2%
	Non-Clinical Practice	42	46	6.9%	3.9%
	Other Areas of Practice	15	22	3.3%	0.4%
	Missing Values	52	69	10.4%	7.4%
Multiple Employment Status[†]	Single Employer	499	524	78.8%	77.2%
	Multiple Employers	146	140	21.1%	22.4%
	Missing Values	2	1	0.2%	0.4%
Current Education in Physiotherapy[†]	Diploma	46	44	6.6%	11.7%
	Baccalaureate	593	612	92.0%	79.6%
	Master's	8	**	**	8.5%
	Doctorate	0	*	*	0.2%
	Missing Values	0	0	0.0%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	614	637	95.8%	81.4%
	Internationally Educated	25	21	3.2%	15.2%
	Missing Values	8	7	1.1%	3.4%

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Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
4610	Winnipeg	667,023	540	81
4615	Brandon	48,912	29	59
4620	North Eastman	41,450	12	29
4625	South Eastman	64,602	6	9
4630	Interlake	80,446	17	21
4640	Central	104,079	27	26
4645	Assiniboine	69,079	6	9
4660	Parkland	40,919	11	27
4670	Norman	22,145	5	23
4680/4690	Burntwood/Churchill	48,024	*	<9
	Missing Values	–	**	–

Notes

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††† Manitoba aggregate counts were provided by Manitoba Health.

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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.
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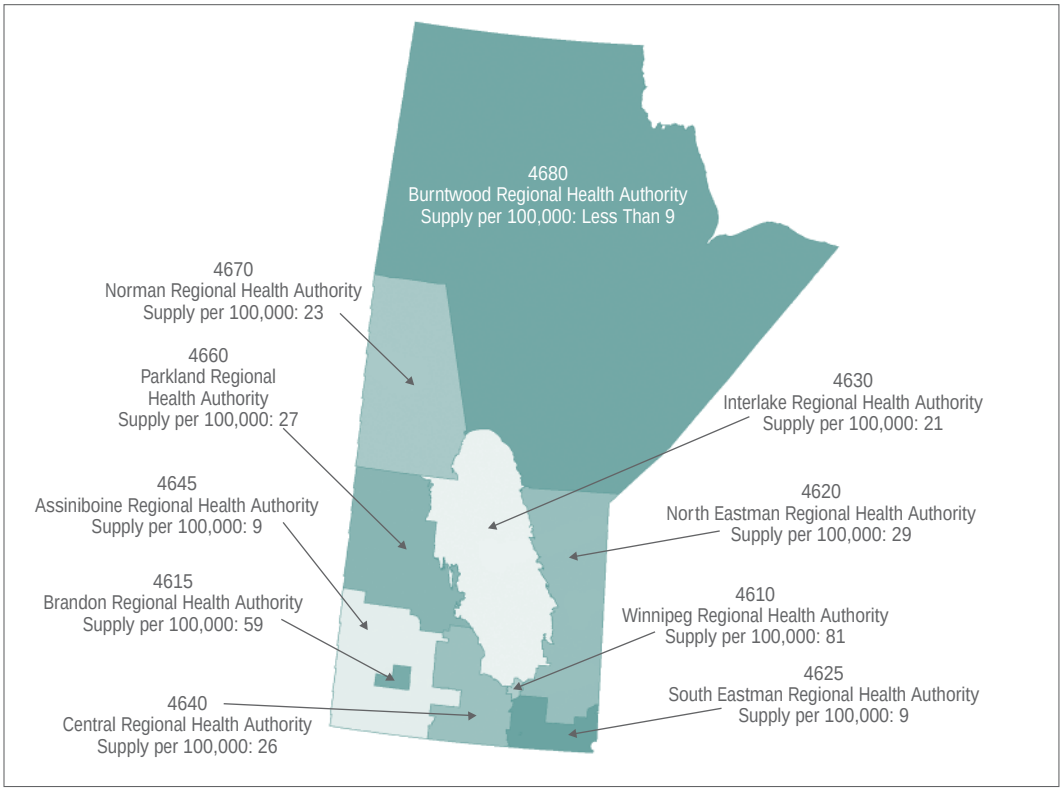

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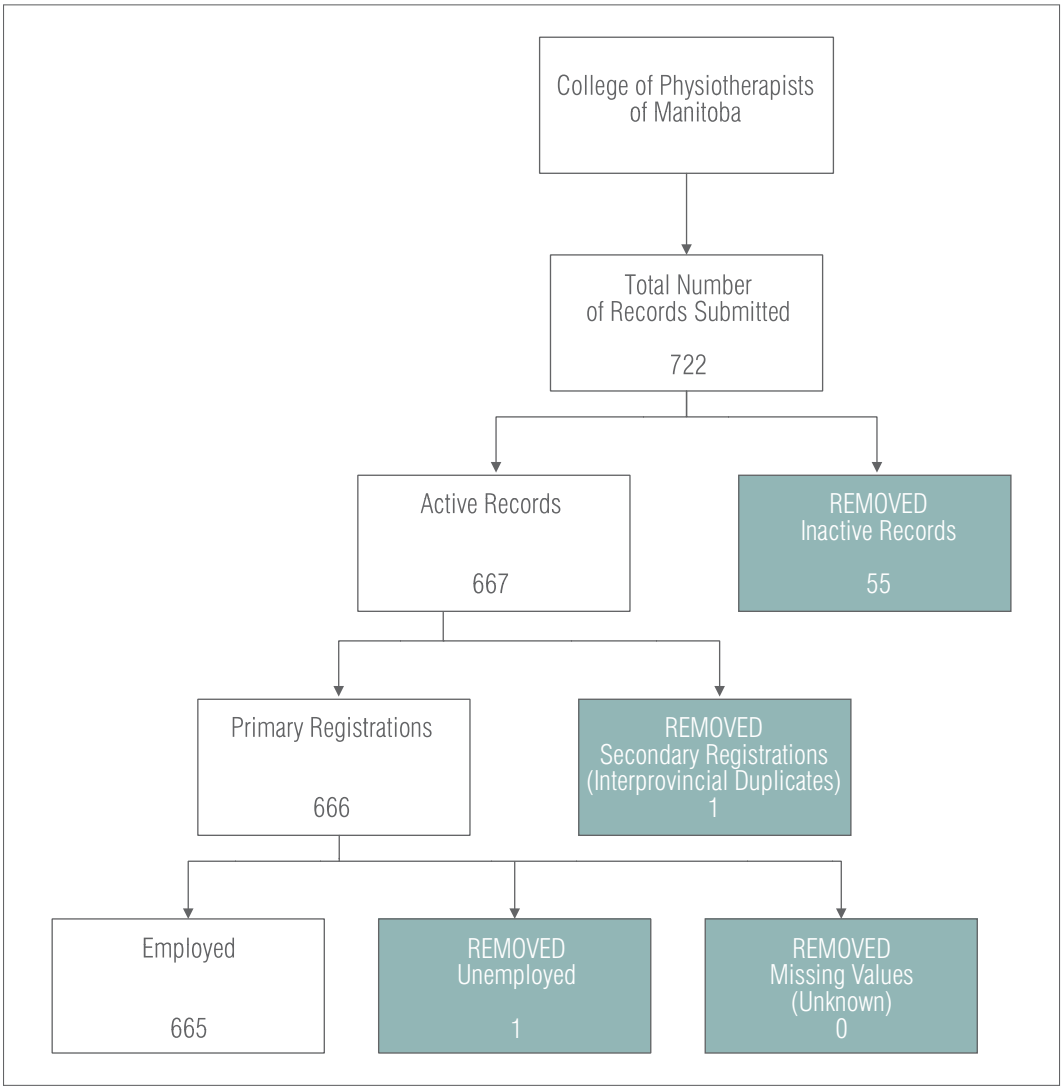

2008 Highlights for Physiotherapists in Saskatchewan

Supply

- The supply of physiotherapists in Saskatchewan grew by 3.6% between 2007 and 2008.
- Saskatchewan had 541 employed physiotherapists, which amounted to 53 physiotherapists per 100,000 population.

Demographics

- Saskatchewan had a slightly lower percentage of male physiotherapists (19.8%) than the percentage for all jurisdictions included in this analysis (21.6%).[i]
- Physiotherapists in Saskatchewan had an average age of 40.6, which was slightly younger than the average of 41.4 for all jurisdictions included in this analysis.[ii]
- In Saskatchewan, half the physiotherapists were younger than 40 and half were older than 40.

Education

- Saskatchewan had one university that offered a physiotherapy program; it produced 31 new graduates in 2008.
- Saskatchewan had 8.8% of its physiotherapist workforce classified as new graduates, which was higher than the percentage for all jurisdictions included in this analysis (5.7%).[ii]
- Saskatchewan had the lowest percentage of male new graduates (14.9%) across jurisdictions.

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.

Employment

- More than one-quarter (28.9%) 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.
- Almost 10 percent (8.9%) 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 (45.2%), followed by professional practice settings (36.0%).
- Most Saskatchewan physiotherapists worked between 31 and 35 hours per week (24.2%). Among the jurisdictions included in this analysis, Saskatchewan had the highest percentage working 41 or more hours per week (21.2%).

Geography and Mobility

- Most (89.8%) physiotherapist employers in Saskatchewan were located in urban areas, which was slightly less than the percentage for all jurisdictions included in this analysis (92.0%).[iii]

iii. Excludes Nova Scotia and the territories.

2008 Saskatchewan Physiotherapist Workforce Provincial Profile

		Saskatchewan		2008	
		2007	2008	Sask.	Total
Physiotherapists Employed in Physiotherapy		522	541		16,319
Gender[†, §§]	Male	107	107	19.8%	21.7%
	Female	415	434	80.2%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	40.1	40.6		41.4
Age Breakdown[†, §§]	<35	186	186	34.4%	31.6%
	35–49	220	227	42.0%	42.9%
	50+	116	128	23.7%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Full Time	367	347	64.1%	63.6%
	Part Time	154	141	26.1%	33.6%
	Missing Values	1	53	9.8%	2.8%
Employment Category[§]	Permanent	446	453	83.7%	85.5%
	Temporary	31	27	5.0%	3.5%
	Casual	13	*	*	2.3%
	Employee, Unspecified	0	*	*	0.4%
	Self-Employed	32	5	0.9%	6.7%
	Missing Values	0	50	9.2%	1.6%
Place of Employment[†]	General Hospital	201	174	32.2%	31.4%
	Rehabilitation Hospital/Facility	50	48	8.9%	6.9%
	Mental Health Hospital/Facility	0	0	0.0%	0.2%
	Residential Care Facility	20	10	1.8%	3.9%
	Assisted-Living Residence	0	11	2.0%	0.1%
	Community Health Centre	29	45	8.3%	3.2%
	Visiting Agency/Business	*	*	*	5.4%
	Group Professional Practice/Clinic	170	163	30.1%	22.6%
	Solo Professional Practice/Business	26	14	2.6%	16.3%
	Postsecondary Educational Institution	12	14	2.6%	1.7%
	School or School Board	0	0	0.0%	0.6%
	Association/Government/ Para-Governmental	7	**	**	2.0%
	Industry, Manufacturing and Commercial	0	0	0.0%	0.4%
	Other	**	*	*	3.4%
	Missing Values	0	50	9.2%	1.7%
Area of Practice[††]	General Practice	145	102	18.9%	26.7%
	Musculoskeletal and Integumentary Systems	241	211	39.0%	38.8%
	Neurological System	36	40	7.4%	5.9%
	Cardiovascular and Respiratory Systems	11	15	2.8%	1.3%
	Multisystem	5	*	*	7.2%
	Other Areas of Direct Service	14	*	*	7.0%
	Prevention, Health Promotion and Wellness	16	25	4.6%	1.2%
	Non-Clinical Practice	52	0	0.0%	3.9%
	Other Areas of Practice	0	20	3.7%	0.4%
	Missing Values	2	123	22.7%	7.4%
Multiple Employment Status[†]	Single Employer	451	450	83.2%	77.2%
	Multiple Employers	71	44	8.1%	22.4%
	Missing Values	0	47	8.7%	0.4%
Current Education in Physiotherapy[†]	Diploma	55	105	19.4%	11.7%
	Baccalaureate	446	418	77.3%	79.6%
	Master's	**	**	**	8.5%
	Doctorate	*	*	*	0.2%
	Missing Values	0	2	0.4%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	492	452	83.5%	81.4%
	Internationally Educated	30	0	0.0%	15.2%
	Missing Values	0	89	16.5%	3.4%

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Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
4701	Sun County	51,850	13	25
4702	Five Hills	52,753	18	34
4703	Cypress	42,449	13	31
4704	Regina Qu'Appelle	243,670	125	51
4705	Sunrise	54,976	20	36
4706	Saskatoon	290,587	213	73
4707	Heartland	43,721	*	<10
4708	Kelsey Trail	40,163	6	15
4709	Prince Albert Parkland	74,588	39	52
4710	Prairie North	68,196	19	28
4711	Mamawetan	20,746	0	0
4712	Keewatin	10,832	*	<10
4713	Athabasca	2,338	0	0
	Missing Values	–	70	–

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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.
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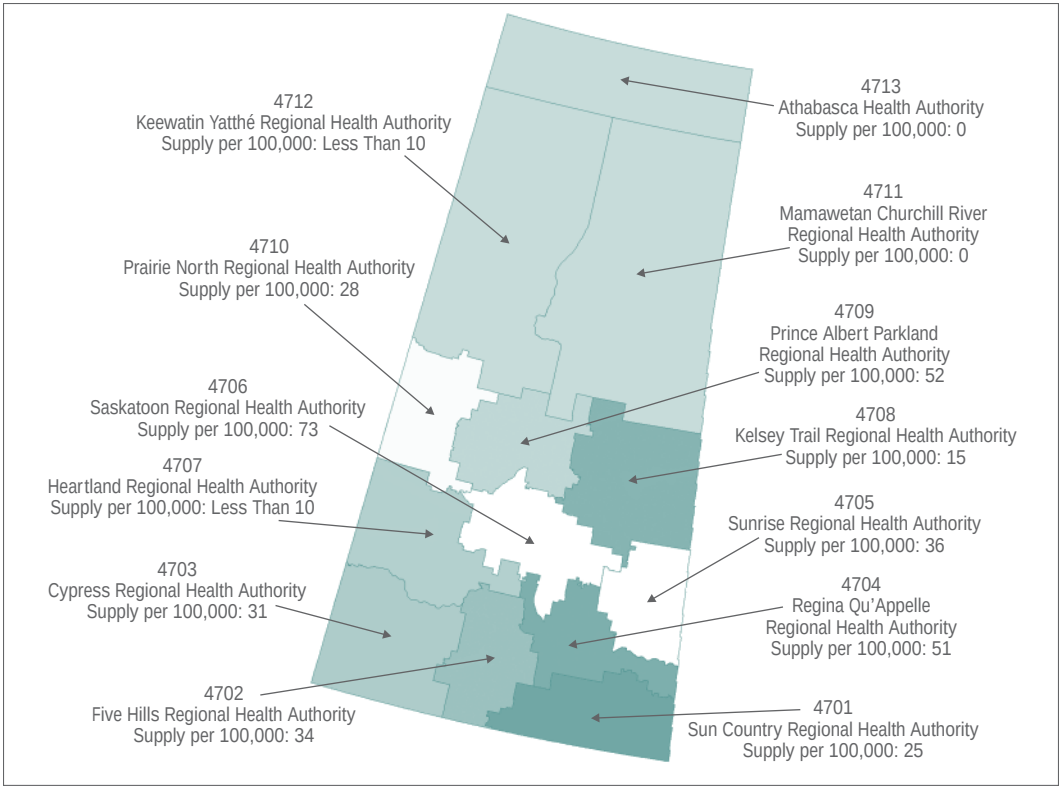

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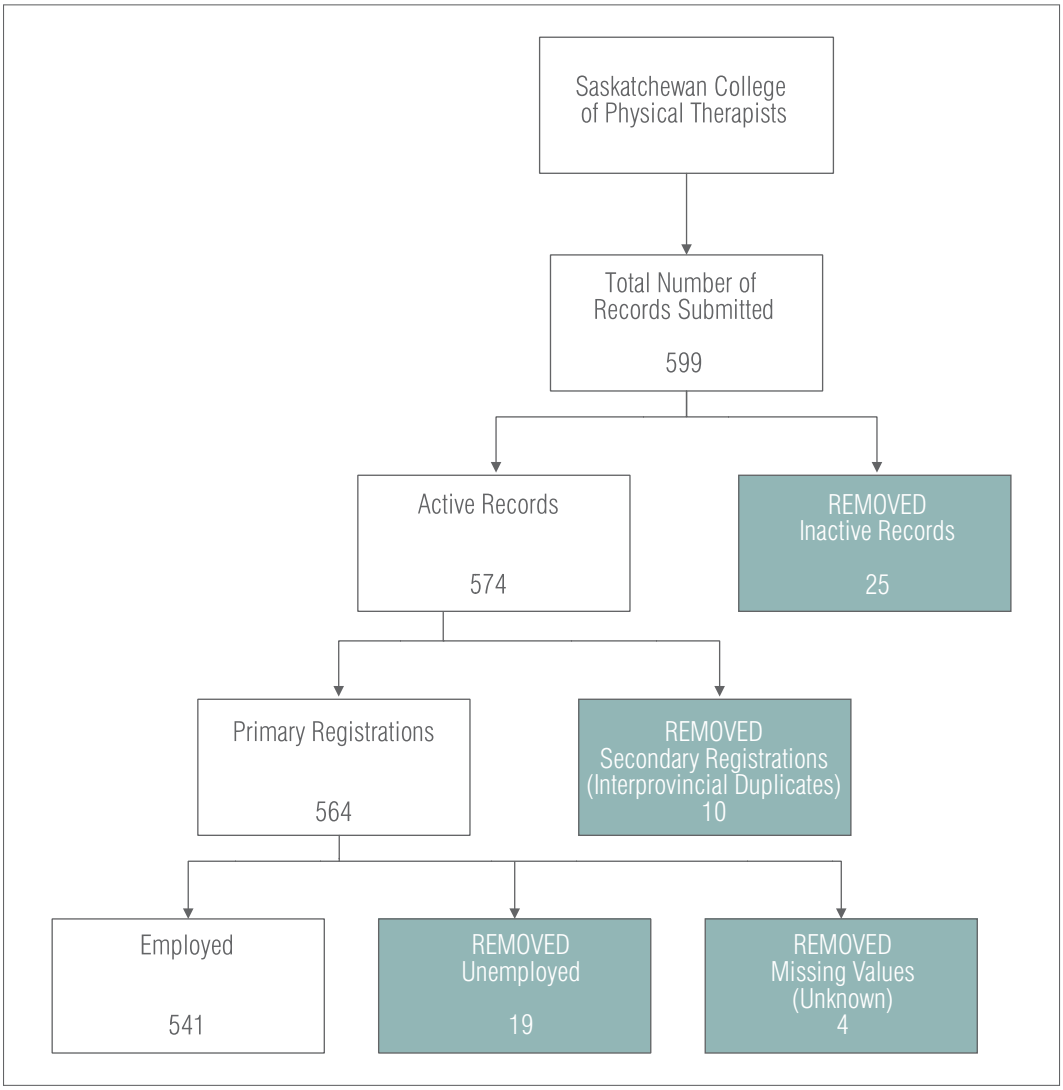

2008 Highlights for Physiotherapists in Alberta

Supply

- The supply of physiotherapists in Alberta grew by 3.7% between 2007 and 2008.
- Alberta had 1,938 employed physiotherapists, which amounted to 54 physiotherapists per 100,000 population.

Demographics

- Alberta's physiotherapist workforce was 22.7% male, which was slightly higher than the percentage for all jurisdictions included in this analysis (21.6%).[i]
- Physiotherapists in Alberta had an average age of 41.3, which was almost right on the average of 41.4 for all jurisdictions included in this analysis.[ii]

Education

- Alberta had one university that offered a physiotherapy program; it produced 76 new graduates in 2008.
- Alberta had 6.4% of its physiotherapist workforce classified as new graduates (graduated in 2007 or 2008), which was higher than the percentage for all jurisdictions included in this analysis (5.7%).[ii]
- Alberta had 15.0% of its physiotherapist workforce classified as international graduates, which was almost the same as the percentage for all jurisdictions included in this analysis (15.7%).[iii]

i. Excludes the territories.
ii. Excludes Nova Scotia and the territories.
iii. Excludes Nova Scotia, Quebec, Saskatchewan and the territories.

Employment

- More than one-third of employed physiotherapists in Alberta (38.0%) worked on a part-time basis at their primary jobs, which was more than the percentage for all jurisdictions included in this analysis (34.6%).[iv]
- More than one-tenth (13.8%) of the Alberta physiotherapist workforce indicated that they had multiple employers, which was less than the percentage for all jurisdictions included in this analysis (22.5%).[v]
- Alberta had the lowest percentage of physiotherapists working in hospital settings (32.9%) of the jurisdictions in the report. Most worked in professional practice settings (41.7%).
- More than one-quarter of Alberta physiotherapists worked fewer than 20 hours per week (26.4%), while slightly less than one-quarter worked 36 to 40 hours a week (22.2%). Among the jurisdictions included in this analysis, Alberta had the second-highest percentage that worked 41 or more hours per week (13.8%).

Geography and Mobility

- Most (90.1%) physiotherapist employers in Alberta were located in urban areas, which was less than the percentage for all jurisdictions included in this analysis (92.0%).[v]

iv. Excludes P.E.I., Nova Scotia, Quebec, B.C. and the territories.
v. Excludes Nova Scotia and the territories.

2008 Alberta Physiotherapist Workforce Provincial Profile

		Alberta		2008	
		2007	2008	Alta.	Total
Physiotherapists Employed in Physiotherapy		1,868	1,938		16,319
Gender[†, §§]	Male	410	440	22.7%	21.7%
	Female	1,458	1,498	77.3%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	40.9	41.3		41.4
Age Breakdown[†, §§]	<35	646	636	32.8%	31.6%
	35–49	772	802	41.4%	42.9%
	50+	450	500	25.8%	25.5%
	Missing Values	0	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Full Time	1,167	1,198	61.8%	63.6%
	Part Time	624	735	37.9%	33.6%
	Missing Values	77	5	0.3%	2.8%
Employment Category[§]	Permanent	**	1,747	90.1%	85.5%
	Temporary	0	31	1.6%	3.5%
	Casual	*	54	2.8%	2.3%
	Employee, Unspecified	0	0	0.0%	0.4%
	Self-Employed	0	101	5.2%	6.7%
	Missing Values	7	5	0.3%	1.6%
Place of Employment[†]	General Hospital	572	553	28.5%	31.4%
	Rehabilitation Hospital/Facility	83	72	3.7%	6.9%
	Mental Health Hospital/Facility	11	**	**	0.2%
	Residential Care Facility	107	98	5.1%	3.9%
	Assisted-Living Residence	0	**	**	0.1%
	Community Health Centre	49	66	3.4%	3.2%
	Visiting Agency/Business	81	88	4.5%	5.4%
	Group Professional Practice/Clinic	16	51	2.6%	22.6%
	Solo Professional Practice/Business	735	756	39.0%	16.3%
	Postsecondary Educational Institution	34	27	1.4%	1.7%
	School or School Board	47	23	1.2%	0.6%
	Association/Government/ Para-Governmental	98	137	7.1%	2.0%
	Industry, Manufacturing and Commercial	5	*	*	0.4%
	Other	29	44	2.3%	3.4%
	Missing Values	1	5	0.3%	1.7%
Area of Practice[††]	General Practice	841	830	42.8%	26.7%
	Musculoskeletal and Integumentary Systems	700	692	35.7%	38.8%
	Neurological System	119	147	7.6%	5.9%
	Cardiovascular and Respiratory Systems	34	41	2.1%	1.3%
	Multisystem	15	14	0.7%	7.2%
	Other Areas of Direct Service	0	0	0.0%	7.0%
	Prevention, Health Promotion and Wellness	6	12	0.6%	1.2%
	Non-Clinical Practice	150	183	9.4%	3.9%
	Other Areas of Practice	0	14	0.7%	0.4%
	Missing Values	3	5	0.3%	7.4%
Multiple Employment Status[†]	Single Employer	1,558	1,667	86.0%	77.2%
	Multiple Employers	309	266	13.7%	22.4%
	Missing Values	1	5	0.3%	0.4%
Current Education in Physiotherapy[†]	Diploma	191	**	**	11.7%
	Baccalaureate	1,510	1,508	77.8%	79.6%
	Master's	**	242	12.5%	8.5%
	Doctorate	*	*	*	0.2%
	Missing Values	0	0	0.0%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	1,593	1,646	84.9%	81.4%
	Internationally Educated	275	291	15.0%	15.2%
	Missing Values	0	1	0.1%	3.4%

(cont'd on next page)

Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
4821	Chinook	162,685	64	39
4822	Palliser	106,856	47	44
4823	Calgary	1,274,920	769	60
4824	David Thompson	316,830	133	42
4825	East Central	118,258	49	41
4826	Capital Health	1,085,647	694	64
4827	Aspen	184,519	52	28
4828	Peace Country	146,757	52	35
4829	Northern Lights	77,512	17	22
	Missing Values	–	61	–

Notes

– Data is not applicable or does not exist.
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** Value suppressed to ensure confidentiality; cell value is 5 or greater.
† The total does not include Nova Scotia and the territories.
‡ The total does not include P.E.I., Nova Scotia, Quebec, B.C. and the territories.
§ The total does not include Nova Scotia, Quebec, Ontario, B.C. and the territories.
†† The total does not include P.E.I., Nova Scotia, Ontario, Saskatchewan and the territories.
‡‡ The total does not include Nova Scotia, Quebec, Saskatchewan and the territories.
§§ The total includes aggregate data for 665 physiotherapists provided by Manitoba Health.

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*.

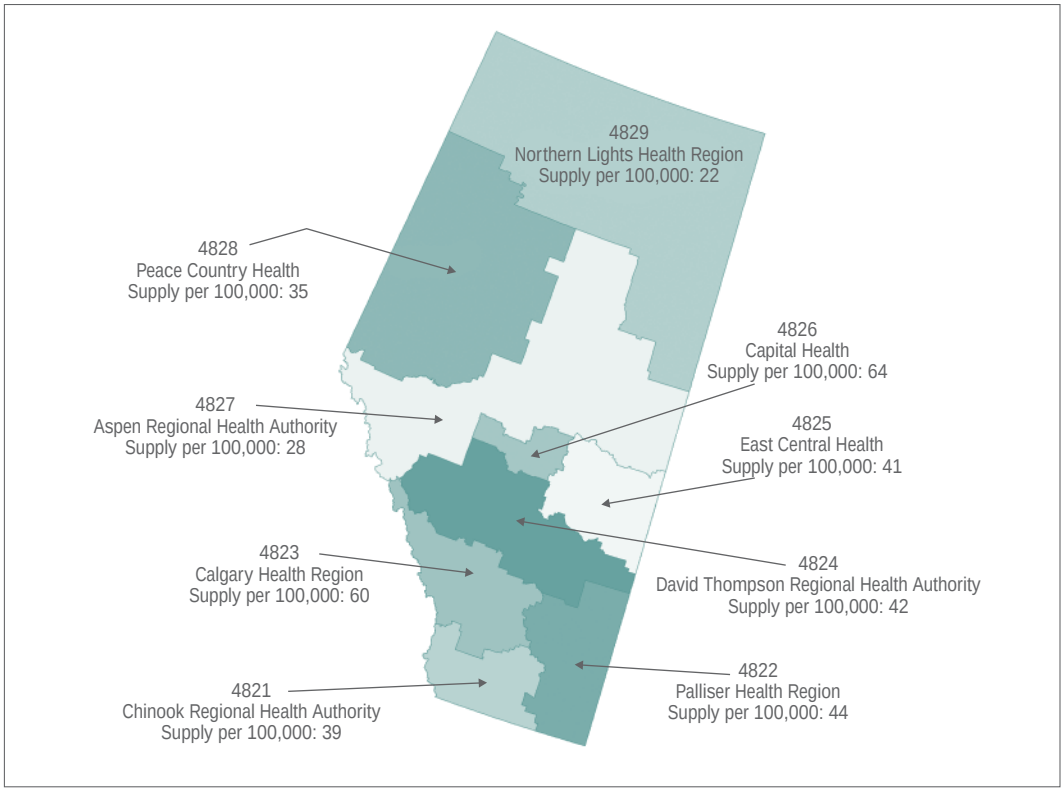
Area of Practice

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 based on the annual (calendar year) preliminary post-censal (PP) estimates of the population counted on July 1, 2007, Canada, provinces and territories (catalogue no. 91-213-SCB, file AS0107.xls), Statistics Canada.
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; and Statistics Canada.

2008 Alberta Physiotherapist Supply per 100,000 Population by 2007 Health Region Classification



Note

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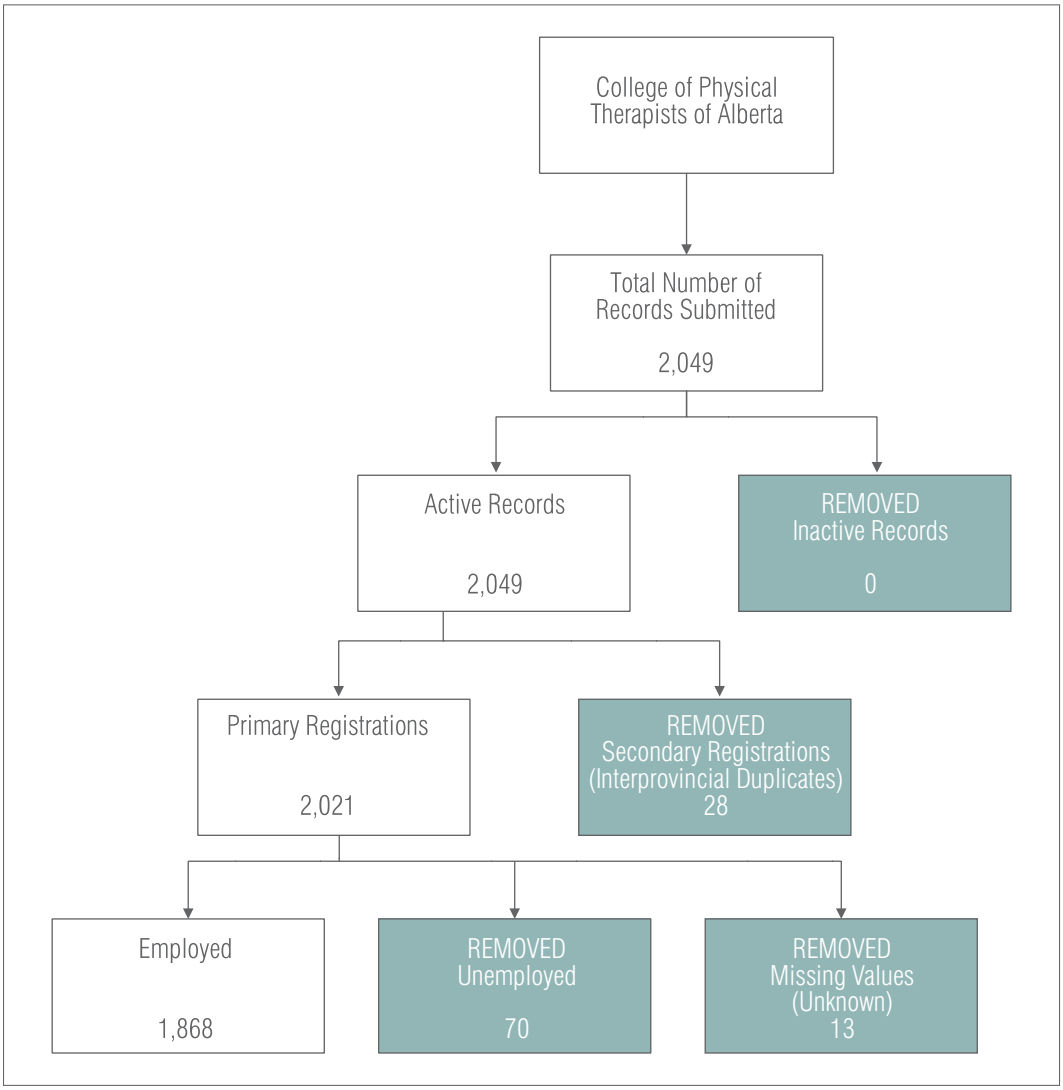
Sources

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

2008 Data Flow From the College of Physical Therapists of Alberta to CIHI



2008 Highlights for Physiotherapists in British Columbia

Supply

- The supply of physiotherapists in British Columbia grew by 7.1% between 2007 and 2008, which was the highest growth rate of the jurisdictions in the report.
- British Columbia had 2,566 employed physiotherapists, which amounted to 58 physiotherapists per 100,000 population.

Demographics

- British Columbia had the second-highest proportion of male physiotherapists (23.1%) across the provinces, after Newfoundland and Labrador (24.2%).
- Physiotherapists in British Columbia had an average age of 43.8, which was older than the average of 41.4 for all jurisdictions included in this analysis,[i] and the oldest across the provinces.
- British Columbia was the only province where most physiotherapists were in the 50-and-older age category (34.3%). It also had the lowest percentage in the 20-to-29 age category (10.9%).
- British Columbia had the oldest new graduates, with an average age of 28.5, compared to 26.4 for all jurisdictions included in this analysis.[i]

Education

- British Columbia had one university that offered a physiotherapy program; it produced 40 new graduates in 2008.
- British Columbia had 3.7% of its physiotherapist workforce classified as new graduates (graduated in 2007 or 2008), which was the lowest percentage across jurisdictions in the report.
- British Columbia had 16.7% of its physiotherapist workforce classified as international graduates, which was second only to Ontario (18.2%).

i. Excludes Nova Scotia and the territories.

Employment

- For all jurisdictions included in this analysis, female physiotherapists were more likely to report part-time status than male physiotherapists. British Columbia data on part-time status was not available.
- Almost one-quarter (22.1%) of the British Columbia physiotherapist workforce indicated that they had multiple employers, which was almost the same as the percentage for all jurisdictions included in this analysis (22.5%).[ii]
- Across the provinces, British Columbia had the highest percentage of physiotherapists working in professional practice settings (43.2%).

Geography and Mobility

- Most (91.7%) physiotherapist employers in British Columbia were located in urban areas, which was very close to the percentage for all jurisdictions included in this analysis (92.0%).[ii]

ii. Excludes Nova Scotia and the territories.

2008 British Columbia Physiotherapist Workforce Provincial Profile

		British Columbia		2008	
		2007	2008	B.C.	Total
Physiotherapists Employed in Physiotherapy		2,395	2,566		16,319
Gender[†, §§]	Male	551	594	23.1%	21.7%
	Female	1,844	1,972	76.9%	78.3%
	Missing Values	0	0	0.0%	<0.01%
Average Age[†, §§]	Years	44.0	43.8		41.4
Age Breakdown[†, §§]	<35	591	661	25.8%	31.6%
	35–49	970	1,025	39.9%	42.9%
	50+	831	880	34.3%	25.5%
	Missing Values	3	0	0.0%	<0.01%
Full-Time/Part-Time Status[‡]	Full Time	0	1,240	48.3%	63.6%
	Part Time	*	901	35.1%	33.6%
	Missing Values	**	425	16.6%	2.8%
Employment Category[§]	Permanent	1,905	1,926	75.1%	85.5%
	Temporary	**	123	4.8%	3.5%
	Casual	*	90	3.5%	2.3%
	Employee, Unspecified	0	9	0.4%	0.4%
	Self-Employed	0	0	0.0%	6.7%
	Missing Values	312	418	16.3%	1.6%
Place of Employment[†]	General Hospital	722	814	31.7%	31.4%
	Rehabilitation Hospital/Facility	37	41	1.6%	6.9%
	Mental Health Hospital/Facility	*	*	*	0.2%
	Residential Care Facility	42	37	1.4%	3.9%
	Assisted-Living Residence	*	*	*	0.1%
	Community Health Centre	95	98	3.8%	3.2%
	Visiting Agency/Business	111	111	4.3%	5.4%
	Group Professional Practice/Clinic	977	1,098	42.8%	22.6%
	Solo Professional Practice/Business	0	0	0.0%	16.3%
	Postsecondary Educational Institution	19	22	0.9%	1.7%
	School or School Board	15	13	0.5%	0.6%
	Association/Government/ Para-Governmental	16	17	0.7%	2.0%
	Industry, Manufacturing and Commercial	*	*	*	0.4%
	Other	252	287	11.2%	3.4%
	Missing Values	105	22	0.9%	1.7%
Area of Practice[††]	General Practice	663	646	25.2%	26.7%
	Musculoskeletal and Integumentary Systems	925	928	36.2%	38.8%
	Neurological System	139	152	5.9%	5.9%
	Cardiovascular and Respiratory Systems	58	59	2.3%	1.3%
	Multisystem	20	16	0.6%	7.2%
	Other Areas of Direct Service	245	277	10.8%	7.0%
	Prevention, Health Promotion and Wellness	24	44	1.7%	1.2%
	Non-Clinical Practice	0	109	4.2%	3.9%
	Other Areas of Practice	0	0	0.0%	0.4%
	Missing Values	321	335	13.1%	7.4%
Multiple Employment Status[†]	Single Employer	1,855	1,994	77.7%	77.2%
	Multiple Employers	539	566	22.1%	22.4%
	Missing Values	1	6	0.2%	0.4%
Current Education in Physiotherapy[†]	Diploma	383	389	15.2%	11.7%
	Baccalaureate	1,771	1,887	73.5%	79.6%
	Master's	178	282	11.0%	8.5%
	Doctorate	6	8	0.3%	0.2%
	Missing Values	57	0	0.0%	0.1%
Place of Graduation[‡‡]	Canadian-Trained	1,671	1,818	70.8%	81.4%
	Internationally Educated	305	364	14.2%	15.2%
	Missing Values	419	384	15.0%	3.4%

(cont'd on next page)

Health Region Code	Health Region Name	Population Estimate	Physiotherapist Count	Per 100,000 Population
5911	East Kootenay	79,014	55	70
5912	Kootenay Boundary	80,101	52	65
5913	Okanagan	345,202	242	70
5914	Thompson/Cariboo	222,124	87	39
5921	Fraser East	274,514	73	27
5922	Fraser North	578,733	244	42
5923	Fraser South	673,124	232	34
5931	Richmond	186,628	89	48
5932	Vancouver	624,666	603	97
5933	North Shore/Coast Garibaldi	275,873	185	67
5941	South Vancouver Island	366,265	263	72
5942	Central Vancouver Island	262,371	122	47
5943	North Vancouver Island	120,990	65	54
5951	Northwest	77,059	21	27
5952	Northern Interior	145,217	55	38
5953	Northeast	68,375	18	26
	Missing Values	–	160	–

Notes

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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.
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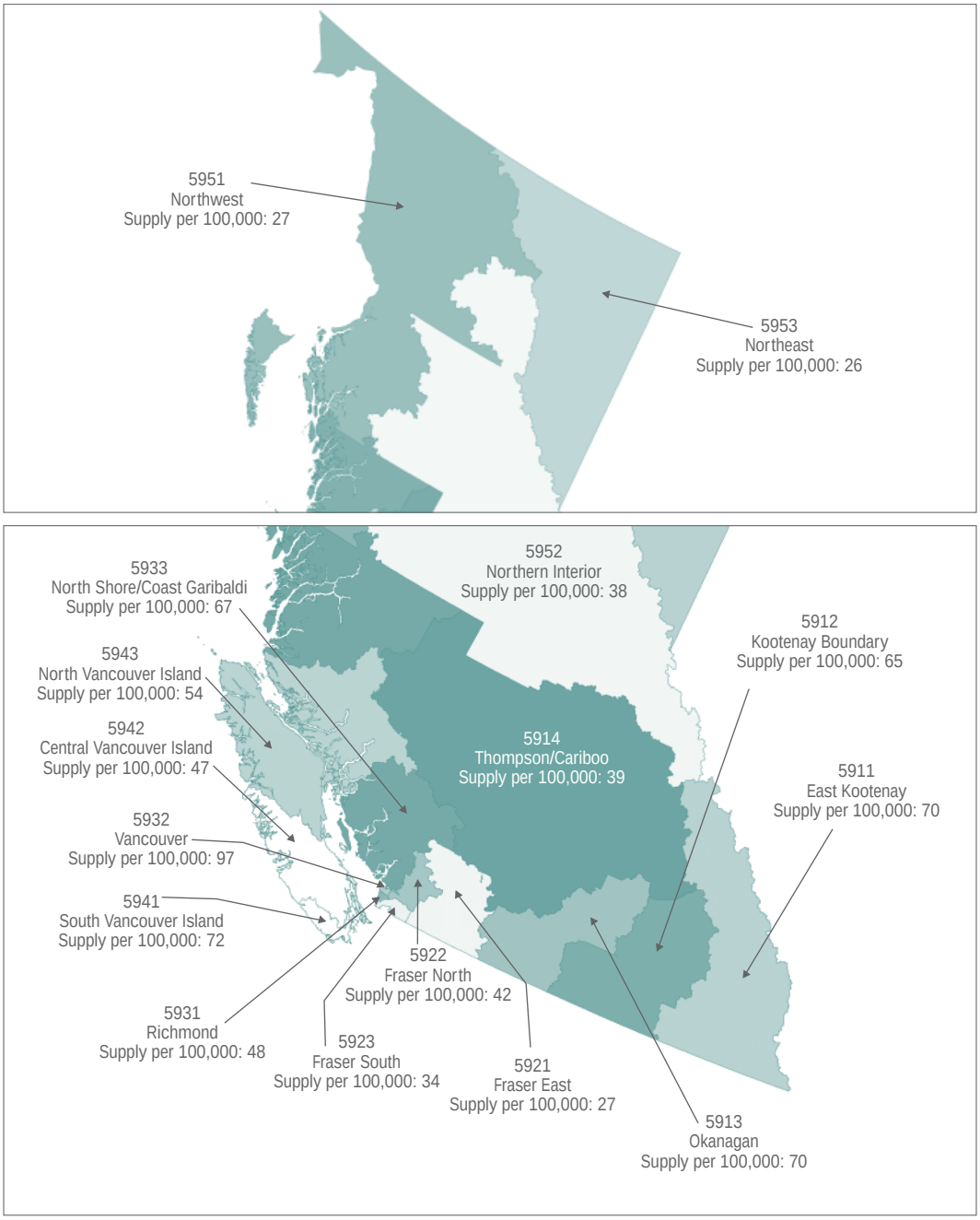

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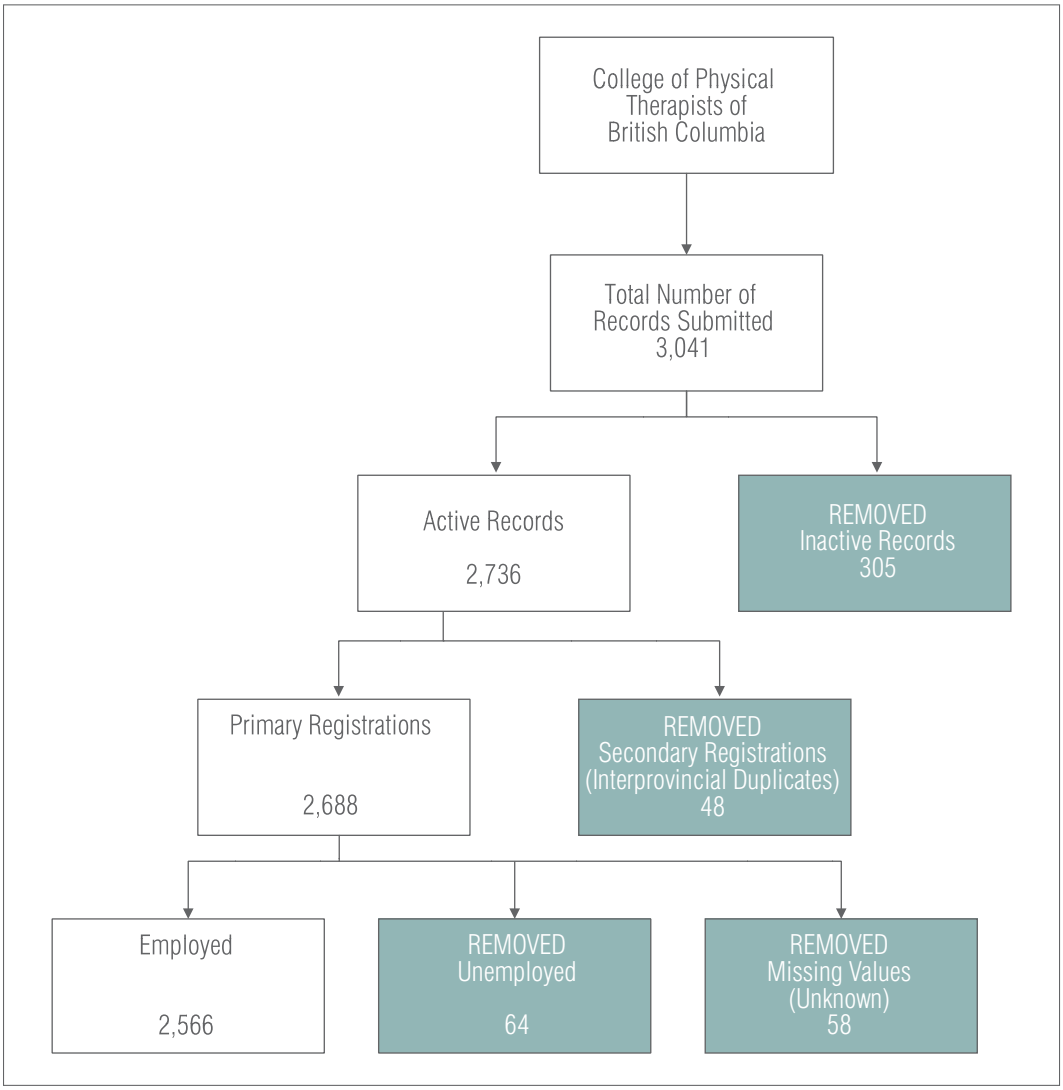
2008 Data Flow From the College of Physical Therapists of British Columbia to CIHI



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 second 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 to 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 decision-making 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 (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 gender.
- All active registrations received by participating jurisdictions before September 1, 2008.
- Depending on the individual business process, some provinces and territories include physiotherapists who are on temporary leave (such as maternity/paternity leave or short-term illness/injury leave) and have maintained their active registration with their provincial regulatory authority or with the Yukon government.

Data Exclusions

Data collected for the PTDB does not include the following:

- For 2007 and 2008, 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.
- Physiotherapists who registered with a provincial regulatory authority or the Yukon government after September 1, 2008.

Data Flow From Primary Data Collector to CIHI

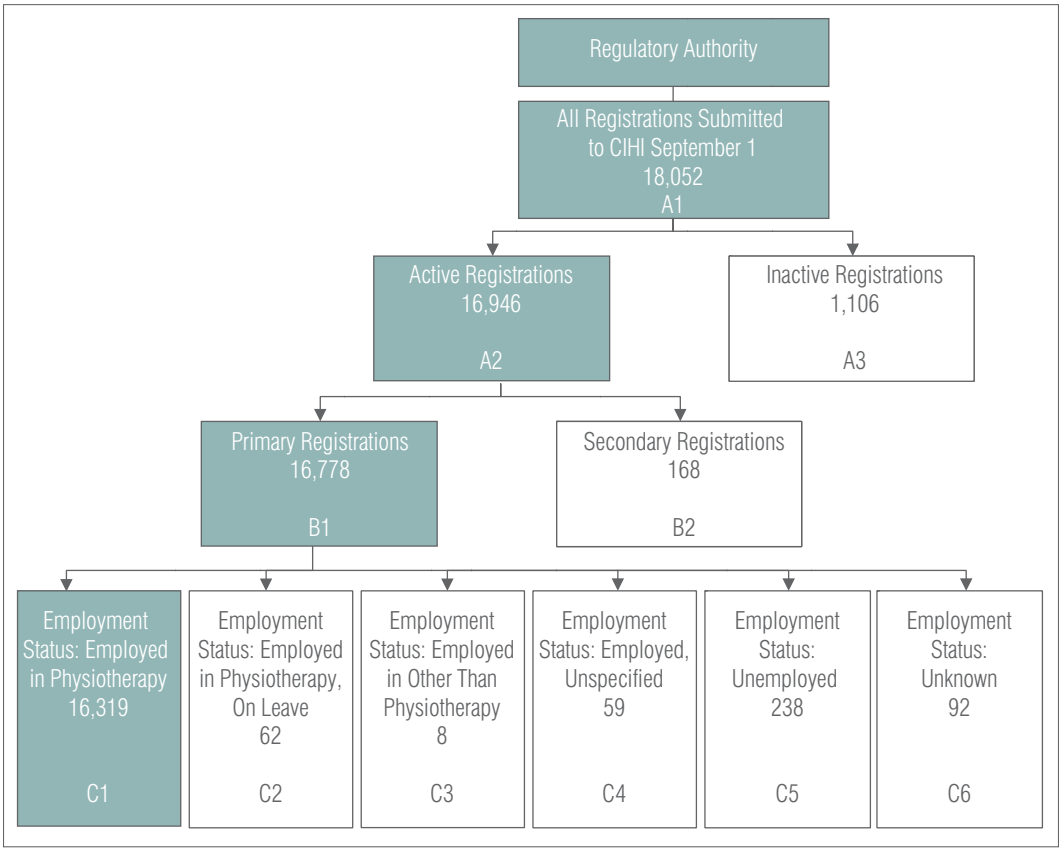
As part of their registration/licensing process, the regulatory authorities collect membership data on an annual basis. They collect data for all members applying for active and inactive registration.

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, 2008.

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 23 Tracing Data Flow From Primary Data Collectors to CIHI



Source
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 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, 2008

	N.L.	P.E.I.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Total Active Registrants Submitted to CIHI	209	55	460	3,733	6,463	667	574	2,049	2,736	16,946
Primary Registrants	207	54	459	3,718	6,401	666	564	2,021	2,688	16,778
Employed in Physiotherapy	198	53	450	3,703	6,205	665	541	1,938	2,566	16,319

Note
Nova Scotia, Yukon, 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, population of reference includes all physiotherapists who hold active registration authorizing them to practise as of September 1, 2008. 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 *PTDB 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 *Physiotherapy Database Data Submissions 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 *PTDB 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 postsecondary 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 postsecondary 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 (2008) 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 Language(s) Ability to Provide Service

Canadian official language(s) 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 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 that 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

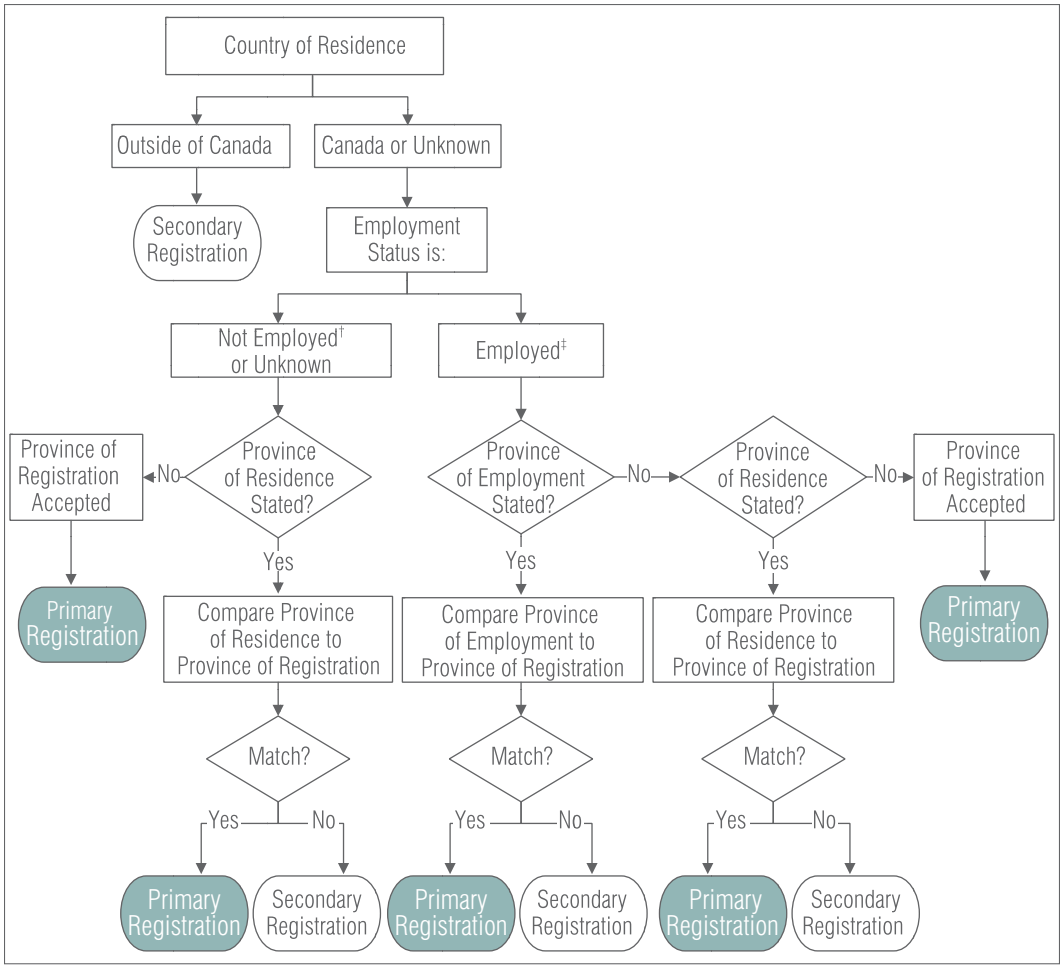
Once the file has passed all validity and logic tests, the second stage of processing begins. Since physiotherapists are able to register simultaneously in more than one jurisdiction, a methodology has been developed to identify those who are living outside of Canada or are registered in more than one 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 p*rovince of registration* is accepted.

Figure 24 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 (permanent, temporary, casual or self-employed).

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.,[11] du Plessis et al.[12] and CIHI.[13]

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 and 2008. 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 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 indentified 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 was no licensing authority 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 data in 2007 and 2008. For 2008 only, the Yukon was unable to submit data to the PTDB. Therefore, Nova Scotia, the Northwest Territories and Nunavut data is not included in the 2008 PTDB.

Table 13 Percentage of Physiotherapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2007 and 2008

	Province or Territory of Registration																			
	N.L.		P.E.I.		N.B.		Que.		Ont.		Man.		Sask.		Alta.		B.C.		Y.T.	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Gender (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0†	0.6†	0.0	0.0	0.0	0.0	0.0	0.0	0.0	..
Year of Birth (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0†	0.6†	0.0	0.0	0.0	0.0	0.1	0.0	0.0	..
Level of Basic Education in Physiotherapy (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.1	0.0	0.0	0.0	0.4	0.0	0.0	2.6	0.0	0.0	..
Year of Graduation for Basic Education in Physiotherapy (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.0	0.0	0.0	0.2	1.1	0.0	0.0	2.7	0.0	3.3	..
Country of Graduation for Basic Education in Physiotherapy (%)	0.5	0.0	0.0	0.0	5.1	4.7	..	..	0.0	0.0	1.2	1.1	0.0	16.5	0.0	0.1	17.5	15.0	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	0.0	0.2	0.0	0.0	0.0	0.1	..	..
Year of Graduation for Post-Basic Education in Physiotherapy 1 (%)	0.0	0.0	0.0	0.0	0.0	0.0	..	..	..	..	0.0	0.0	0.4	1.8	0.0	1.7	0.1	0.1	..	..
Level of Post-Basic Education in Physiotherapy 2 (%)	0.0	0.0	0.0	0.0	0.0	0.0	..	..	..	..	0.0	0.0	..	0.4	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	..	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	..	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	..	0.0	0.0	0.0	0.0	0.0	..	..
Level of Education in Other Than Physiotherapy 1 (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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 1 (%)	17.1	3.5	0.0	0.0	0.0	0.0	0.1	0.0	..	..	0.0	0.0	..	0.0	0.0	0.0	0.0	0.0	..	..
Level of Education in Other Than Physiotherapy 2 (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	..	..	0.0	0.0	..	0.0	0.0	0.0	0.0	0.0	..	..

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Table 13 (con't) Percentage of Physiotherapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2007 and 2008

	Province or Territory of Registration																			
	N.L.		P.E.I.		N.B.		Que.		Ont.		Man.		Sask.		Alta.		B.C.		Y.T.	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Year of Graduation for Education in Other Than Physiotherapy 2 (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	..	..	0.0	0.0	..	0.0	0.0	0.0	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	..	..	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	0.0	..	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	..
Primary Place of Employment (%)	0.5	3.0	0.0	0.0	0.0	0.0	0.2	0.1	2.7	3.0	0.0	0.6	0.0	0.0	0.0	0.0	4.3	0.6	0.0	..
Primary Area of Practice (%)	0.5	4.0	..	..	0.0	0.0	11.9	7.5	20.6	21.5	7.6	9.8	0.0	3.0	0.1	0.0	13.4	12.8	..	..
Primary Full-Time/ Part-Time Status (%)	1.0	3.5	..	..	0.0	0.0	..	..	3.2	3.4	0.8	0.0	0.2	0.6	4.0	..	99.9	16.3	0.0	..
Primary Employment Sector (%)	0.5	3.0	0.0	0.0	2.3	2.4	0.2	0.1	7.1	7.9	0.8	1.4	0.0	56.8	0.8	1.0	4.6	2.1	..	..
Secondary Employment Sector (%)‡	4.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	27.9	31.4	0.3	2.1	7.9	63.0	0.7	1.9	7.8	5.0	..	..
Annual Hours of Work (%)	8.3	11.1	0.0	0.0	6.7	0.0	..	..	30.6	30.6	..	10.4	0.0	8.3	3.2	0.0	0.0	0.0	..	..
Canadian Official Language of Service (%)	..	0.0	0.0	0.0	0.0	0.0	0.1	< 0.1	0.1	0.1	0.0	0.0	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	3.9	4.1	..	..
Urban Versus Rural (%) (Based on Postal Code of Primary Employment)	6.2	4.5	0.0	0.0	2.8	0.0	0.0	< 0.1	1.0	1.0	0.5	0.3	0.6	12.6	0.9	2.6	5.2	5.2	3.3	..

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.

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 14 Physiotherapist Records Where Data Was Not Collected by Data Element and Province or Territory of Registration, Canada, 2007 and 2008

	Province or Territory of Registration																			
	N.L.		P.E.I.		N.B.		Que.		Ont.		Man.		Sask.		Alta.		B.C.		Y.T.	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
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							x	x												‡
Level of Post-Basic Education in Physiotherapy 1							x	x	x	x									x	‡
Year of Graduation for Post-Basic Education in Physiotherapy 1							x	x	x	x									x	‡
Level of Post-Basic Education in Physiotherapy 2							x	x	x	x			x						x	‡
Year of Graduation for Post-Basic Education in Physiotherapy 2							x	x	x	x			x						x	‡
Level of Post-Basic Education in Physiotherapy 3							x	x	x	x			x						x	‡
Year of Graduation for Post-Basic Education in Physiotherapy 3							x	x	x	x			x						x	‡
Level of Education in Other Than Physiotherapy 1									x	x			x						x	‡
Year of Graduation for Education in Other Than Physiotherapy 1									x	x			x						x	‡
Level of Education in Other Than Physiotherapy 2									x	x			x						x	‡

(cont'd on next page)

Table 14 (con't) Physiotherapist Records Where Data Was Not Collected by Data Element and Province or Territory of Registration, Canada, 2007 and 2008

	Province or Territory of Registration																			
	N.L.		P.E.I.		N.B.		Que.		Ont.		Man.		Sask.		Alta.		B.C.		Y.T.	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Year of Graduation for Education in Other Than Physiotherapy 2									X	X			X						X	‡
Level of Education in Other Than Physiotherapy 3									X	X										‡
Year of Graduation for Education in Other Than Physiotherapy 3									X	X										‡
Primary Place of Employment																				‡
Primary Area of Practice			X	X															X	‡
Primary Full-Time/ Part-Time Status			X	X			X	X												‡
Primary Employment Sector																			X	‡
Annual Hours							X	X			X								X	‡
Canadian Official Language of Service	X																		X	‡
Other Language of Service 1	X				X	X													X	‡
Urban Versus Rural (Based on Postal Code of Primary Employment)																				‡

Notes

X Indicates that the percentage of *not collected* was 100.
† Aggregate data was provided by Manitoba Health.
‡ Data not available for 2008 only.

Source

Physiotherapist Database, Canadian Institute for Health Information.

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.

Gender

- *Manitoba*—the CPTM does not provide record-level information on gender; however, aggregate data was provided by Manitoba Health.

- *Nova Scotia*—aggregate data for Nova Scotia was provided by the Nova Scotia College of Physiotherapists. Totals for gender include out-of-province and non-practising registrants as defined by the Nova Scotia College of Physiotherapists.

Education

Current Level of Education

- *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*.

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.

Privacy and Confidentiality

The Privacy 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:

- *Workforce Trends of Physiotherapists in Canada, 2007*
- *Physiotherapist Database Data Dictionary* (for data elements and definitions)
- *Physiotherapist Database Data 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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