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Hello everyone,

Well here it is: November. No sun, no fun, no-vember. But, the end of the calendar year is a good opportunity to reflect on the year that is ending. And what a year it’s been! I had a great winter enjoying activities outdoors, a hot summer was had in many parts of the country, and just finished, an equally hot Congress in Montreal earlier this fall.

Congress opened with Cirque du Soleil’s Bernard Petiot, with a fascinating look at his world of gymnastics and performance. Our Friday plenary session welcomed CPA Past President Dr. Linda Woodhouse, CPA’s Director, Advocacy, Professional Practice and Advancement, Melissa Anderson, Maxi Miciak, Alberta Innovates Fellow, and CIHR’s Scientific Director Dr. Cara Tannenbaum to discuss the opioid crisis. On Saturday, our seniors got their time in the spotlight with a panel including Dr. Jennifer Bottomley and Dr. Hans Hobbelen. Dr. Emma Stokes, current President of the World Confederation for Physical Therapy (WCPT) closed the Congress on Saturday afternoon with an inspirational address concerning physiotherapy’s role in the world. We had TED-Type Talks as well as The Pitch, covering Innovation in Physiotherapy, and several pre- and post-Congress courses (cognitive frailty in seniors, yoga therapy, the female athlete, behaviour-science guide to changing practice to name a few). Finally, we learned how to swing dance, and we broke the record on attendance!

My sincere congratulations to the organizers, the planners and the team players who made this a Congress to remember!

To round out our year of focusing on the CPA’s Strategic Priorities¹, we bring you the Excellence in Physiotherapy issue of Physiotherapy Practice. In the following pages, read about examples of excellence in physiotherapy here in Canada, for example, how our Sports Division (SPC) credentials have been recognized internationally, and Kathy Davidson writes about Visioning in Physiotherapy.

Authors in all three categories of the CPA’s Silver Quill Award (Qualitative or Quantitative Research, Knowledge Translation, and Student Research) are sharing their excellent pieces. As well, you will find this year’s Enid Graham Memorial Lecture winner, Alison Hoens in these pages as she shares her excellent teamwork on the C-spine. Also, check out the new offerings from PD Marketplace, your ‘one-stop shop’ for CPD.

Finally, I would like to take the opportunity to highlight our amazing staff at the CPA office. Every year, they do their job masterfully, and in the past three years have been recognized as national leaders! The Canadian Society of Association Executives (CSAE) awarded the CPA Member Services team the CSAE Award for the Career Path initiative in 2016. Last year the CPA’s Advocacy team (APPA) was honoured for #30REPS: A Reputational Risk Education and Awareness Campaign. For 2018, the CSAE has honoured the CPA with the Award of Excellence for Member Services Onboarding, an initiative that ensures new Member Services staff are comfortable, confident and capable in their new roles within two weeks rather than 12 months.

Congratulations to the staff for their continued efforts. Ironic as it may seem, they are just like physiotherapy professionals, always managing to do more, with less, and for that we thank them.

Happy reading and happy holidays – see you in the New Year!

Sarah C. Marshall, PT, MSc
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My journey with the Special Olympics began in 2014 as an animator for sport activities in special education schools across Quebec. Upon entering my master’s degree in 2016, I was driven to connect my passion for the Special Olympics and its athletes with my integration into the field of physiotherapy. Today, I am proud of how my involvement has grown to give me the opportunity to assist in the movement of inclusivity that the health care system is building.

The Special Olympics is defined as an international sport organization for individuals living with intellectual disabilities. However, watching any of the actual competitions exposes a wide array of physical impairments in addition to the intellectual challenges these athletes must overcome. The contributing factors to these impairments are rooted in both their health condition and years of participation restriction in their youth, adolescence, or adulthood. Regrettably, there is no denying the disparity between the health care needs of this population and the availability of relevant health resources to them. Physiotherapy is in a prime position to advocate for this population and even before starting my professional career I had made it a personal goal to work towards bridging this gap.

Several years ago, I heard about the FunFitness program, a framework for a physiotherapy clinic created by Special Olympics International as part of a greater initiative for increased accessibility to health resources. Unfortunately, the Quebec branch of Special Olympics had never had the personnel to bring it to reality. With a foot in the door with Special Olympics Quebec and increasing access to a network of physiotherapy students and professionals, I found myself in a unique position to implement change. While the Special Olympics provincial office solicited the help of regional private clinics, I polled my physiotherapy classmates at McGill University for their interest in participating in such a clinic and put out a call for volunteers through the Canadian Physiotherapy Association. The results were inspiring.

On January 27, 2018, in a small school gymnasium, the first Special Olympics Quebec FunFitness clinic was established. A team of 25 physiotherapists and physiotherapy students volunteered their time to evaluate 109 athletes in this one-day pop-up clinic. The condensed yet comprehensive screening included assessments for flexibility, strength, balance, aerobic capacity, and cardiovascular fitness. Following the screenings, each athlete received individualized education, a tailored home exercise program, and a referral to a local physiotherapy clinic if needed. The event was an overwhelming success and a great proof of concept for future events. Not one athlete, coach, student, or clinician left that day without a smile on their face.
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This clinic only represents the start of my personal, passion-driven, health-centered, advocacy campaign for individuals with intellectual disabilities. Future goals have already been put into motion, including continuing to grow the clinic and bring the concept to the Special Olympics Quebec provincial games. This involves extending the clinic to three days to be able to serve nearly 400 athletes for the winter games and nearly 800 athletes for the summer games. Backed by a strong team of passionate and caring physiotherapists and physiotherapy students, I am confident that this is achievable.

Of course, this type of endeavor requires man-power. Being a student myself, I strongly believe in the value of student exposure and involvement in programs like these. Along with three graduating classmates and the collaboration of Special Olympics Quebec, a workshop is being established to teach master’s students in physiotherapy about considerations for working with individuals with intellectual disabilities and special needs, including not just the creation of programming and exercises but also strategies for adaptation and communication for this unique population of individuals. The workshop will involve both theoretical and practical learning opportunities, including a hands-on group evaluation and treatment session with adolescents with intellectual disabilities and special needs. The goal is to shift student perspective through direct experience with this population, leading to a more diversified education and clinicians who will be more confident and competent to work with these inspiring individuals in the future. The first of these workshops is scheduled for November 2018. With its potential success, I am hoping that McGill will be the first of many universities to integrate this essential learning into their curriculum.

The long-term goal of my initiative is to create a network of physiotherapists prepared and confident to welcome individuals with intellectual disabilities and special needs into their mainstream practice. I wish to extend the health care opportunities for these individuals beyond specific events, such as the Special Olympics, and make them accessible on a continuous basis on a national scale. Finally, I hope to inspire and encourage others to join this exciting and rewarding movement of inclusivity.

About Zachary
Zachary Weber is completing his physiotherapy degree at McGill University, and has plans to begin work with Concordia Physio Sport following graduation in November 2018. He also holds a master’s in kinesiology from McGill University. Contact him via LinkedIn or email at zachary.weber@mail.mcgill.ca.
It takes a village – clinician, researcher, knowledge broker partnership – to guide PTs in when to seek imaging for patients with traumatic neck injury.
In 2011, physiotherapist Marj Belot had an idea – to share with her BC colleagues a validated tool which could help health care providers identify which individuals who have sustained a traumatic neck injury are most likely to require imaging to rule out serious pathology. Marj approached the Physiotherapy Association of British Columbia (PABC) to see whether they could help. The journey that she would take with colleagues over the next six years could not have been predicted.

The plan seemed feasible – ask PABC to share the tool with its members. Physiotherapists throughout BC would then start using the tool and patients would get evidence-based guidance on whether to ask their family doctor for imaging.

PABC agreed that this was an important issue to address because physiotherapists, as primary care practitioners, could see patients who have had a traumatic neck injury but not had imaging to rule out injury requiring medical intervention (e.g. fracture, dislocation, ligamentous instability). Importantly, the literature showed that this degree of injury is very rare with up to 99% of findings from cervical radiography in the ER being negative for clinically significant injury. Therefore, application of screening tools is important to ensure that patients are not unnecessarily being sent for imaging (X-ray, MRI, CT scan) – thereby reducing needless exposure to radiation for the patient, and unwarranted cost to the health care system.

Alison Hoens, BScPT, MSc, CPA Member since 1986

Marj Belot, BScPT, MSc, FCAMPT, CPA Member since 1986

Carol Kennedy, BScPT, MClSc (manip), FCAMPT, CPA Member since 1979

Linda C Li, PhD, PT, CPA Member since 1990
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— Kerri, Physiotherapist

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The next step in the journey was to request that the BC PT Knowledge Broker, Alison Hoens, assist Marj in identifying strategies to help get the screening tool to the physiotherapists that needed it. A team comprised of an experienced researcher, Dr Linda Li, and talented clinicians (Carol Kennedy, Peter Francis, John Howick, Sarah Hrabi, Melina Kurtakis, Bill Lyons, Guido Wisotzki and Antonio Zenone) was assembled.

The process that unfolded over the next six years was remarkable. First, we undertook training in Knowledge Translation (KT) via the Foundations for KT (https://knowledgetranslation.net/education-training/foundation-of-knowledge-translation/) course from the Li Ka Shing Knowledge Institute in Toronto comprised of a series of workshops over a 13-month period to support teams moving research into practice.

Second, we undertook a literature search that identified the 2 most appropriate screening tools – NEXUS and Canadian C-Spine Rule. The latter was superior in terms of sensitivity and specificity for clinically significant cervical spine injury. Additionally, and importantly, there was evidence that relying on clinical judgement alone resulted in over-prescription of radiological imaging – 18% higher than that indicated by adhering to the C-Spine Rule.

Next, we used the Knowledge-to-Action Process, to guide our activities. First, we established that a gap in practice existed. As there was no literature on PTs’ use of the C-Spine Rule, we surveyed 889 physical therapists in BC to determine whether PTs were aware of, practiced according to, and could identify potential barriers to using the Canadian C-Spine Rule. The survey included:

1. Clinical vignettes of hypothetical cases (one in which, according to the Rule, imaging would be indicated and one it which it would not);
2. Questions about attitudes toward clinical practice guidelines and awareness/knowledge of the C-Spine Rule
3. Questions regarding perceived barriers to using the Rule. 467 PTs responded to the survey, of those, 58% were unaware of the Rule. Moreover, 43% would direct a patient back to the GP for an imaging referral when the patient did not need it and
4. Questions regarding facilitators to using the rule.
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The most commonly endorsed barriers to using C-Spine Rule included the perception that the Rule was too rigid, that the content was outside of PT scope of practice, fear of missing serious injuries, belief that clinical judgement was as good or better, and concern that they may forget some details about the Rule.

Then, based on best practices in supporting clinician practice change, and facilitators identified by survey participants, specific strategies were used to target each of the identified barriers. These included:

- a laminated FAQ sheet which specifically included suggestions to address the barriers;
- a YouTube video of a respected clinician (based on a Cochrane review revealing that use of opinion leaders is effective in changing clinical practice) using the Rule with 2 patients (one in which imaging was indicated and one in which it was not);
- a webinar providing key clinically relevant information regarding the Rule and specifically addressing the barriers;
- a template of a letter which could be personalized and sent to all referring physicians to foster awareness about the use of the Rule in the clinic’s practice;
- a template of a letter to the physician (co-developed with a physician partner) on which the logo of the clinic could be added and sent to foster initial communication with the physician;
- access to the Rule via an app which could be used on a mobile device during the clinical visit to ensure all components of the Rule were included in the exam; and finally,
- inclusion of the Rule in the curriculum of pre and post-licensure courses for PTs in BC.

The final step was to strategically share our results and the resources developed. We leveraged partnerships to post the products on three existing websites: PABC, the University of British Columbia (UBC) Department of Physical Therapy and Physiopedia. A social media campaign of six weeks using Twitter and Facebook presented mini case scenarios - views of the resources tripled during this period with a total of more than 20,000 views since their release. Additionally, the project has been shared at provincial, national and international conferences. Finally, the manuscript published this past year in Physiotherapy Canada, was recently awarded the Silver Quill Award for Knowledge Translation.

Clearly, this was a journey that Marj and the team could not have foreseen. Undoubtedly, this was an incredible amount of work, but the outcome has been like “the gift that keeps on giving”. The UBC Faculty of Medicine has recently approached the group and is developing a video describing the process that the team undertook – highlighting the knowledge translation/implementation science theory and processes that were used in this real-life story of supporting the movement of research to practice. Truly an incredible journey undertaken by a remarkable group of physiotherapists.

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<td>CURTIN UNIVERSITY</td>
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<td>Perth, Western Australia  <strong>June 2019</strong></td>
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<tr>
<td>PORTUGAL</td>
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<td>Vilamoura  <strong>September 2019</strong></td>
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<tr>
<td><strong>INSTRUCTORS</strong></td>
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<td>Manual Concepts team including: Kim Robinson, Dr Toby Hall, Prof Peter O’Sullivan, Michael Monaghan, A. Prof Helen Slater, Vaidas Stalioraitis, A. Prof Ben Wand and Dr Tim Mitchell.</td>
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SPC is thrilled to share that as of September 2017 the SPC Credential Program has received approved pathway status by the International Federation of Sports Physical Therapists (IFSPT). SPC Diploma holders can obtain recognition as a Registered International Sports Physical Therapist by simply registering with IFSPT (ifspt.org).

IFSPT President, Dr. Nicola Phillips, announced the approval at the Executive Board meeting in Rome. “We are very pleased to announce that Norway, Italy and Canada have received approved pathways by the IFSPT,” Dr. Phillips says. “It’s a rigorous process to develop these programs within our member organizations, and an equally rigorous process to gain approvals from the IFSPT. The number of countries who have pathways leading to Registered International Sports Physiotherapist status continues to increase, and this reflects the importance of promoting our skills and expertise as sports physical therapists globally.”
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Information on registration and how to apply: http://www.sportphysio.ca/professional-development/registered-international-sports-physical-therapist/SPC

Members with questions or needing help sending in their registration for RISPT can contact SPC.

As of 2nd quarter in 2018, SPC is proud to have 52 Canadian Registered International Sport Physiotherapists. For more information on the Sport Division visit sportphysio.ca and more information on IFSPT visit ifspt.org.

Canadian members may gain the International title, RISPT, status through the SPC Credential Program. According to Ashley Lewis, Executive Director of Sports Physiotherapy Canada, “SPC sought recognition of our credentials from IFSPT to increase the promotion of our very skilled member therapists. We are thrilled that the registration committee through their rigorous review has granted recognition of the SPC Diploma as eligible for competency as Registered International Sports Physical Therapist. We look forward to collaborating and meeting our international colleagues at upcoming events. Thanks for welcoming SPC...we are thrilled to be a part of such a distinguished group of individuals.”

Don’t miss the opportunity to experience a World Class conference in 2019. SPC is thrilled to be the host of the 2019 IFSPT 3rd World Congress. Registration is open at spc2019.com
Showcase!
Meet the incredible recipients of the CPA and Silver Quill Awards

Kerry Kittson, PT, PFC and CPA Awards Manager, Canadian Physiotherapy Association

The CPA Awards Committee is pleased to announce the following recipients:

Enid Graham Award:
Alison Hoens
Alison is perhaps best known for her role as Physical Therapy Knowledge Broker, a position jointly funded by several partner organizations (the University of British Columbia (UBC) Department of Physical Therapy, the Physiotherapy Association of British Columbia, Vancouver Coastal Health Research Institute, and Providence Health Care Research Institute).

Clinical Education Award:
Roland Fletcher
Roland has made an outstanding contribution towards the education of UBC Master of Physical Therapy students. He has been a clinical instructor for numerous students and has utilized knowledge to enhance and deliver the UBC pain science curriculum.

Global Health Award:
Robin Roots
Robin is a dedicated physiotherapist whose passion is rural and remote physiotherapy. She is responsible for supporting the Northern and Rural Cohort of the Master of Physical Therapy program at UBC. Robin is a preceptor for telehealth programs and introduces many students to physiotherapy practice in First Nations communities.

Helen Saarinen Student Leadership Award:
Zachary Weber
Zachary is nearing the completion of his Master of Physical Therapy degree at McGill University. He is the McGill representative for the CPA’s Orthopaedic Division, has volunteered as student physiotherapist for McGill’s men’s football team, and lead the inclusion of physiotherapy in Special Olympics Quebec.

Life Membership Award:
Nancy Walker
Nancy has been an active CPA member since 1982. Nancy has served on the Board and numerous committees in the Newfoundland and Labrador Physiotherapy Association, and upon moving to Halifax, Nancy became active in committees and continues to hold Board positions in the Nova Scotia Physiotherapy Association.

Life Membership Award:
Jennifer Cummings
Jennifer has been an active CPA member since 1976. She has served on the CPA National Board of Directors and served for eight years on the OPA Board of Directors - helping the profession through a time of change in the Ontario health system.
thank you to all award recipients, and the awards committees, for your worthy and deserving contributions to our profession! if you have any questions, please reach out to kerry kittson at kkittson@physiotherapy.ca.

learn more about physiotherapy canada here: www.physiotherapy.ca/publications/physiotherapy-canada
Background/setting the stage
The role of occupational therapist assistants (OTAs) and physiotherapist assistants (PTAs) in Canadian health care has steadily evolved over the past few decades. These health care team members are employed as OTAs, PTAs, OTA/PTAs, rehabilitation assistants (RAs), or therapist/therapy assistants (TAs) depending on the province and the employer. In the past, many of these assistants were trained on the job without formal education. OTA and PTA education programs in Canada have existed and collaborated over the past 20 years. But in the past decade more formal recognition of those education programs and of OTA and PTA roles has existed. This recognition is due in part because of increased consistency between education programs, in part due to the publication of the Practice Profile for Support Personnel in Occupational Therapy (CAOT, 2009) and the Essential Competency Profile for Physiotherapist Assistants in Canada (NPAG, 2012) and in part as a result of the development and implementation of an accreditation program for OTA & PTA education programs. While accreditation is voluntary for all programs (OTAs and PTAs are not regulated in Canada except in the province of Québec, where physical rehabilitation therapists (PRTs) are regulated by the OPPQ), the availability of accreditation has resulted in the creation of membership eligibility criteria for students and graduates of accredited programs at the Canadian Physiotherapy Association (CPA) and the Canadian Association of Occupational Therapists (CAOT). And there is a growing awareness on the part of employers, occupational therapists (OTs), and physiotherapists (PTs) of the quality of graduates from these accredited programs.
The education programs currently affiliated with the accreditation body are almost exclusively programs which jointly train OTAs and PTAs, and whose graduates identify as “OTA/PTAs” or “OTA and PTAs”. While these graduates are often employed as either OTAs or PTAs, the number of employers choosing to hire jointly trained OTA/PTAs from accredited education programs with the ability to complete tasks assigned by either an OT or a PT is growing. The number of high quality graduates from accredited OTA/PTA education programs will continue to increase, and these key health care team members will continue to join the workforce. Yet there lacks an overall shared vision for how OTA/PTA practice might evolve in the coming years.

Where did the idea of a vision for OTA/PTA practice come from?
During its October 2015 strategic planning, the OTA & PTA Education Accreditation Program (EAP) gathered key stakeholders together to contribute to goals being developed for the accreditation program. During these facilitated discussions the concept of a vision for how OTA/PTAs could best contribute to health care teams was brought forward and it was recognized that not all key stakeholders were present to collaborate towards such a vision, nor was the group sure that all stakeholders would agree about the potential contribution that OTAs and PTAs could make. Therefore, the concept of Vision OTA PTA was tabled until the right stakeholders could be brought to the table together.

Stage 1 – The survey
In early 2017 a ten-member Steering Committee representing key stakeholders was convened with the goal to establish a context to discuss such a vision. As Steering Committee members, we represent the CAOT, CPA, COPEC, OTA & PTA EAP, Physiotherapy Education Accreditation Canada (PEAC), the Canadian Alliance of Physiotherapy Regulators (CAPR) and the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), as well as a practising PTA representing the National Physiotherapist Assistant Assembly (NPAA) of CPA and a practising OTA from Saskatchewan. Initially we planned a face-to-face forum to gather perspectives as a starting point for the work of the Committee. When insufficient funding was secured for an in-person meeting, we instead developed and circulated a survey to the members of all key stakeholder groups to identify barriers and facilitators to the contribution of OTAs and PTAs to Canada’s health care system. The questions targeted topics such as practice context, supervision, regulation, and resources relating to current and future OTA and PTA practice. We needed to know whether there were disparate views about how OTAs and PTAs practice currently and about how they might practice in five to ten years; this would be a starting point for the next stages of the project. The survey was circulated to as many OTs, PTs, OTA/PTAs, PRTs, and other health care professionals as we could reach through our membership and our networks nationally. We received 1549 survey responses from 584 PTs, 125 OTs, 834 OTA/PTAs, 20 PRTs, and 6 other regulated health professionals.

What else was happening in the worlds of OT and PT?
In October 2017, Mandy Snively and Jacklyn Penner, OTA/PTAs working at Hamilton Health Sciences Centre (HHSC), reported on a research project titled “OTA & PTA Current role and perceptions within interprofessional health care teams” following an online survey and focus groups conducted across HHSC sites. The webcast is archived on the OTN website.

In 2018 two OTAs (Caity Heath and Jeena Parmar) and an OT (Naomi Hazlett) in Toronto created the Occupational Therapist and Physiotherapist Assistant Coalition of Canada (OPACC). The launch is planned in late 2018 and involves a website and an online discussion platform available to help connect OTs, PTs, OTA/PTAs, PRTs, and other health care professionals as we could reach through our membership and our networks nationally. We received 1549 survey responses from 584 PTs, 125 OTs, 834 OTA/PTAs, 20 PRTs, and 6 other regulated health professionals.

What did the Vision OTA PTA survey results tell us?
We have a lot of data from the quantitative and qualitative responses gathered in late 2017 and have begun the data analysis. Here is what we know so far.
We asked respondents to choose Yes/No/I don't know to a series of statements. The five statements most endorsed by OTA/PTAs (shown as Yes %), compared with the responses from PRTs, OTs, and PTs are:

<table>
<thead>
<tr>
<th>Statement: “I would like...”</th>
<th>OTA/PTA Yes %</th>
<th>PRT Yes %</th>
<th>OT or PT Yes %</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTA/PTAs working everywhere that PTs and OTs are working and willing to supervise</td>
<td>97</td>
<td>75</td>
<td>73</td>
</tr>
<tr>
<td>OTA/PTAs working in private OT and PT practice</td>
<td>92</td>
<td>65</td>
<td>79</td>
</tr>
<tr>
<td>the “assistant” title standardized nationally (i.e. always “OTA/PTA”, or “therapist assistant” or “rehabilitation assistant” or similar)</td>
<td>95</td>
<td>60</td>
<td>83</td>
</tr>
<tr>
<td>OTA/PTAs working where there are periodic onsite supervision AND constant remote supervision by the supervising OT or PT</td>
<td>75</td>
<td>55</td>
<td>53</td>
</tr>
<tr>
<td>OTA/PTAs regulated by their own college</td>
<td>74</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>(as compared with...) OTA/PTAs regulated by OT or PT regulators</td>
<td>46</td>
<td>70</td>
<td>55</td>
</tr>
</tbody>
</table>

Here are the statements least endorsed by OTA/PTAs (shown as No %):

<table>
<thead>
<tr>
<th>Statement: “I would like...”</th>
<th>OTA/PTA No %</th>
<th>PRT No %</th>
<th>OT or PT No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTA/PTAs working only in institutional/facility settings</td>
<td>82</td>
<td>75</td>
<td>76</td>
</tr>
<tr>
<td>OTA/PTA to work only where there is constant supervision</td>
<td>80</td>
<td>65</td>
<td>48</td>
</tr>
<tr>
<td>OTA/PTA to remain unregulated</td>
<td>72</td>
<td>90</td>
<td>72</td>
</tr>
</tbody>
</table>

From this information, we can see that most respondents would like to see the regulation of OTA/PTAs, but there are differing opinions about whether there should be an OTA/PTA-specific regulatory college or whether the existing OT and PT colleges should regulate OTA/PTAs. Further to this, regulators are likely able to identify several barriers to achieving regulation, especially in the short term. With these responses alone, we have identified disparate views about what the future should hold with respect to the regulation of OTA/PTAs.

We can also see that 75% of OTA/PTAs support working not only where there is constant supervision from the supervising OT or PT but also when periodic or remote supervision is possible. OTs and PTs are less supportive of this model (53%) and yet most regulatory practice standards allow for it, provided the supervising OT or PT has confirmed the OTA/PTA's competency to perform the task and a clear communications strategy has been discussed and documented.

In another series of survey questions, respondents were asked about the contribution of OTA/PTAs to the Canadian health care system in the future, and to rate on a scale of 1-5 (low value-high value) the value of actions which would optimize that contribution. The actions most valued by OTA/PTAs are:

<table>
<thead>
<tr>
<th>Action</th>
<th>OTA/PTA Mean rating/5</th>
<th>PRT</th>
<th>OT or PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of more continuing education (related to OTA/PTA for OTA/PTAs and for OTs and PTs)</td>
<td>4.5</td>
<td>3.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Ensuring an OTA/PTA voice at provincial and national levels</td>
<td>4.4</td>
<td>3.8</td>
<td>3.7</td>
</tr>
<tr>
<td>The ability to influence change in OTA/PTA practice in your workplace (i.e. to have a voice)</td>
<td>4.4</td>
<td>3.6</td>
<td>3.7</td>
</tr>
</tbody>
</table>

The actions least valued by OTA/PTAs include:

<table>
<thead>
<tr>
<th>Action</th>
<th>OTA/PTA Mean rating/5</th>
<th>PRT</th>
<th>OT or PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing eligibility for membership in relevant associations</td>
<td>3.8</td>
<td>3.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Development of a certification examination for OTA/PTA (with or without regulation)</td>
<td>3.8</td>
<td>3.5</td>
<td>3.6</td>
</tr>
</tbody>
</table>

The value placed on “Provision of more continuing education” confirms past research that has identified the need for the provision of continuing education geared to the practice of OTA/PTAs.
Missed appointments-osis
Productivity
Anemia
Late
Documentation-ism
with stomach
in knotsum
Cashflow-itis
Telus, HCAI, WSIB, Teleplan
and OHIP Integrated
Business Growth Tools
Billing + Scheduling
Documentation/EMR
Integrated with

Osteopathic Studies
Osteopathy manual practice provides the necessary therapeutic reasoning skills and manual treatment approaches to achieve optimal results by viewing the body as a whole.

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- Proven clinical methodology
- Supervised clinical practice

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- Toronto Campus: April 24th May 29th, June 26th and July 24th at 7:00 pm
- Vancouver Campus: April 19th at 7:00 pm
- Halifax Campus: May 24th at 7:00 pm

For further details regarding the program or the information evening, or to enroll in the program, please contact our registrar by phone:
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Toronto: 1-855-381-6388
www.ceosteo.ca

Next Semester
Fall 2018
What is happening with the project now?

Further analysis of the survey’s quantitative and qualitative data will undoubtedly reveal more about the perspectives held by respondents, but this analysis has not yet been completed. However, an informal review of the survey comments has been used to inform Stage 2 of this multi-stage project. With funding generously provided by CPA, CAPR, and CAOT, the Steering Committee has contracted Garnette Weber and itracks to facilitate a series of online focus group discussions. The Steering Committee secured ethics approval from the Behavioural Research Ethics Board at the University of British Columbia and recruited over 100 participants from across the country (OTs, PTs, OTA/PTAs, educators, regulators, employers, and patients) to participate in online discussions on September 20, 21, and 24, 2018. The participants provided further online input on October 23 and 24 when they clarified or expanded upon the summary of responses gathered from the earlier discussions. A thematic analysis is being conducted to add to the quantitative and qualitative data already gathered in the earlier survey.

The preliminary survey results were presented at Congress Montreal18 and an abstract has been submitted to WCPT Congress 2019 for consideration. A presentation of the project to INPTRA in Geneva in May is also being prepared.

Next steps

Defining the role of OTA/PTAs now and into the future will benefit not only OTA/PTAs but the patients, OTs, PTs, and other health care team members who work with them. Further, when there is better clarity about what OTA/PTAs can contribute to service delivery models in all contexts, then employers can better understand health resource needs, and policy makers can align policies appropriately. Our process ensures that we include OTA/PTAs as it is their future in health care being discussed.

Throughout this project, our knowledge has evolved about what is required to best optimize the contribution these team members can make to the health and wellness of Canadians in partnership with OTs and PTs. We have made efforts to ensure that the collective voice of clinicians, educators, employers, and regulators in both OT and PT practice contexts in Canada is heard. And at the conclusion of the project, we will be able to articulate a vision for the evolving role of OTA/PTAs. More importantly, we hope to have collectively determined a path forward to achieve it.

Steering Committee:
Grace Torrance, Canadian Occupational Therapist Assistant and Physical Therapist Assistant Educators Council (COPEC)
Amanda Walton, OTA & PTA Education Accreditation Program (OTA & PTA EAP)
Janet Craik, Canadian Association of Occupational Therapists (CAOT)
Alison Douglas, Canadian Association of Occupational Therapists (CAOT)
Chantal Lauzon, Canadian Physiotherapy Association (CPA)
Amy Stacey, National Physiotherapy Assistant Assembly (NPAA)
Denis Pelletier, Canadian Alliance of Physiotherapy Regulators (CAPR)
Kathy Davidson, Physiotherapy Education Accreditation Canada (PEAC)

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18. Disability 68812-d87c-4778-bb2a-fdc796da4a
21. Physiotherapy Canada from Saskatoon, Abstract A041, p. 16; The Post-Professional Education Needs of Occupational Therapist and Physiotherapist Assistants in Ontario
22. Langendort T. University Health Network. Conclusions: Despite a variety of learning methods and course content identified by respondents, OTAs/PTAs recognize a need for ongoing education throughout their professional careers.

About Kathy
Kathy Davidson is a physiotherapist and an independent consultant. One of her roles is as Executive Director of Physiotherapy Education Accreditation Canada, and she also works with the College of Physical Therapists of BC. She is an Adjunct Professor in the Occupational Science and Occupational Therapy Department at the University of British Columbia and teaches in UBC’s Master of Rehabilitation Sciences online program. Her past and current consulting work relates to accreditation and regulation with several health professions in Canada. She currently chairs the Vision OTA PTA Steering Committee.

About Chantal
Chantal Lauzon is the Senior Practice Manager at the Canadian Physiotherapy Association. She is focused on professional practice issues such as the role of physiotherapist assistants as well as program planning for CPA Congress and Forum. @CPA_Chantal

Resource:
OCCUPATIONAL THERAPIST AND PHYSIOTHERAPIST ASSISTANT COALITION OF CANADA (OPACC) www.opaccanada.org
The CPA PD Marketplace is supported and powered by Embodia and is a national one-stop shop for the physiotherapy profession looking for quality continuing professional development with high-quality, peer-rated courses, tracked for each user.

CPA members have full access to the PD Marketplace, a platform for expanding your clinical knowledge and skills through online courses, discussion forums, webinars, videos, exclusive CPA Member discounts and much, much more. With the PD Marketplace interactive dashboard, you can bookmark your favourite resources, track course completion and earn certificates for completing courses, all stored in your own account, for easy access in the future.

PD Marketplace also encourages collaboration and national clinical conversation through course forum discussion boards available for each online course. We have two exciting opportunities coming up:
Managing Complex Regional Pain Syndrome (CRPS)

Janet Holly and Michael Sangster are Clinical Specialists in Pain Sciences with 40 years of combined experience working in complex pain and CRPS. Ms. Holly is part of the International Research Consortium on CRPS and a faculty member of COMPACT. Her research explores the use of virtual reality in CRPS. Ms. Holly contributed a chapter on CRPS to Skirven's Rehabilitation of the Hand and U/E, 7th Ed. As part of a multidisciplinary research pain team, Dr. Sangster has participated in numerous research studies on complex pain and CRPS in adolescents and is a contributing author to a chapter in the Oxford Textbook of Pediatric Pain. He is an adjunct clinical associate at Dalhousie University, and has been an invited speaker on the management of CRPS across the globe.

Complex Regional Pain Syndrome (CRPS) is a perplexing multisystem disorder that remains poorly understood presenting significant diagnostic and therapeutic challenges for the clinician. Indeed, the consistent characteristic of the CRPS presentation is the extreme variability of the condition across individuals and broad diagnostic populations. Equally challenging is the plethora of misinformation about the condition available to patients and clinicians about the care of this complex condition. Conventional physical rehabilitation focuses on the peripheral pathophysiology of the condition, yet therapeutic interventions that specifically target maladaptive neuroplasticity have been shown to yield substantial improvement in pain and disability. This multi-modular course will discuss the neuropathic and nocicplastic mechanisms associated with CRPS. Targeted mechanisms-based interventions as well as predictive and prognostic factors will be presented. Emerging novel brain-based approaches to management are examined. The use of emerging technologies in CRPS are explored. Modules will develop skills through didactic and case-based presentations.

Whiplash Associated Disorders

Ashley Smith and Geoff Schneider will lead this professional development opportunity

Whiplash Associated Disorders (WAD) is a potentially disabling and costly problem that commonly presents for physiotherapeutic management. Drs Schneider and Smith have been investigating WAD in a multidisciplinary, clinical setting for over a decade and are interested in translating research findings into clinical practice. To that end, Drs Schneider and Smith are happy to provide their modular course framework into an online format to assist with the day-to-day management of WAD. The course focusses on factors that influence clinical care. From acute care - when will this patient improve, how do I communicate this, does this patient require adjunct diagnostic imaging, pharmacological management or psychological assistance, hands-on, hands-off management? to chronic care - is a tissue lesion evident in the clinical presentation, and how do I manage sensorimotor disturbances and various headache presentations. Differential diagnosis, pain science and factors which influence therapeutic outcomes will be discussed to assist with the ultimate goal when managing WAD - how do I provide the most appropriate management for this individual at this moment in time?

CPA members also have access to discounted Embodia-created online courses as well as an Embodia App Exercise Prescription.

Contact Tim Paquette, CPA’s Career Pathway Programs Manager, for more information.
Physiotherapy: An evidence-based passion

I was very honoured to be selected as 2018 Silver Quill Award Recipient from The Canadian Physiotherapy Association, for outstanding contribution to the peer reviewed journal Physiotherapy Canada in Qualitative or Quantitative Research, for the article entitled “La version franco-canadienne de l’outil Assessment of Multiple Systematic Reviews (AMSTAR)”[1]. This article is a French-Canadian validation study of the AMSTAR tool using the Vallerand’s cross-cultural validation method[2]. This was team work! Indeed, 27 co-authors contributed to this scientific paper. This University of Ottawa multidisciplinary research team involved 12 physiotherapists (PT), 11 rehabilitation specialists (i.e. audiologists, occupational therapists and speech language pathologists), 3 nurses and 1 linguist. This paper also involved professional translators, Master’s and PhD graduate students (PT and Rehabilitation sciences), as well as undergraduate summer students in health sciences.

Lucie Brosseau,
BSc PT, MSc, PhD;
CPA Member since 1982
ZeroG has been used since 2008 to safely treat a wide range of adults and children with dynamic body-weight support and fall protection.
The Vallerand’s cross-cultural validation method[2] is a complex and structured translation process comprising five steps. Firstly, a parallel back-translation of AMSTAR tool [2] was performed, by both professionals and clinicians. Next, the first committee of experts examined the translations to create a first draft of the French-Canadian version of the AMSTAR tool [2]. Thirdly, the draft was evaluated and modified by a second committee of experts. Following that, 18 future professionals (master’s students in physiotherapy) rated this second draft of the instrument for clarity using a seven-point scale (1: very clear; 7: very ambiguous). The principal co-investigators then reviewed the problematic elements and proposed final changes. A supplementary step involving a back translation from newly completed AMSTAR French translation to English can be done according to Beaton et al.[3] in order to achieve a similar result to the original English version of the AMSTAR tool [2]. An inter-raters reliability study of the new French Canadian version of the AMSTAR tool was performed using 4 independent evaluators to assess 20 systematic reviews that were published in French after the year 2000. A future cross-cultural validation study will be planned with AMSTAR2 [3]. Similar cross-cultural validation studies on several physiotherapy [4, 5] and methodological quality assessment tools [1, 6, 7] were also published. These scientific works are part of my global research program.

The Knowledge-to-Action (KTA) [8] framework guided my academic career. Two main concepts underlying this framework drove my research program: 1) the Knowledge creation and 2) the Action cycle (Application/Implementation/Knowledge translation (KT)).

As part of the knowledge creation of my research activities, several outcome measures, validation studies, systematic reviews, evidence-based clinical practice guidelines and randomized clinical trials (RCTs) were conducted over the years. As part of the knowledge creation of my research activities, several outcome measures, validation studies, systematic reviews, evidence-based clinical practice guidelines and randomized clinical trials (RCTs) were conducted over the years.

As part of the knowledge creation of my research activities, several outcome measures, validation studies, systematic reviews, evidence-based clinical practice guidelines and randomized clinical trials (RCTs) were conducted over the years. The knowledge creation research phase allows clinical researcher to either identify 1) validated scales or effective interventions ready to be implemented (KT RCT); 2) to develop clinical guidelines based on existing evidence to be implemented; 3) to develop a RCT when insufficient evidence on a specific and innovative physiotherapy (PT) intervention [20].

Validation of English and French PT [9, 10, 5, 4] and methodological tools [7, 6] are essential to conduct RCTs to investigate the effectiveness of innovative interventions or to assess the methodological quality of RCTs [4], guidelines [20], systematic reviews [1], observational studies [6] and qualitative study [5].
McMaster University
Contemporary Acupuncture Program has been teaching Neurofunctional Electroacupuncture to health care professionals for 20 years. Physiotherapists trained through the program have consistently achieved their goals.

The scope of the Program is beyond simple needle insertion; it provides the practitioner with a unique framework for assessment and treatment. The Neurofunctional Operating System has been shown to consistently generate clinical results above and beyond traditional treatment models.

I would highly recommend this course to any health care practitioner! I took both the main and the advance course concurrently and it has totally changed the way I look at the body. I have become much more holistic in my practice and have a much greater understanding of both the nervous and fascial system. It has allowed me to get patients better quicker and has significantly increased my caseload as a result. Could not be more thankful that I took this course. \textit{Inderjeet Talhar, PT, Cambridge, ON}

Among all the courses I have taken so far the Contemporary Acupuncture program is by far the best. The clarity in which Dr. Elorriaga presented this material truly makes him an expert in this field. I personally enjoyed observing Dr. Elorriaga treat patients in the live case studies and was amazed by his results. The instructors at the program were very knowledgeable, friendly, and acted as great mentors. I truly was excited and looked forward to each unit of the program. Since completing the program I use acupuncture on a daily basis with most of my patients. I continue to be amazed on the effectiveness of this modality on improving function, healing, and nociception. I constantly review the course material along with anatomy to continue to hone my technique. \textit{Eric Lau, MSc, PT, Oakville, ON}

After taking other courses offered by other acupuncture groups, I found the Contemporary Medical Acupuncture Program to be superior in many ways. The instructors were very approachable, their small group teaching was outstanding and the anatomy labs helped to solidify a deeper understanding of my acupuncture practice. This course was easy to integrate into my practice right away and I’ve seen my client base grow directly because of this course. \textit{Darlene Losier, PT, Caledonia, ON}

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UNIT 2 - March 22-23-24, 2019
Upper Extremity Problems - Acute Pain
UNIT 3 - April 12-13-14, 2019
Axial Skeletal Problems - Visceral Regulation
UNIT 4 - May 3-4-5, 2019
Head & Face Problems - Chronic Pain Syndromes
UNIT 5 - May 24-25-26, 2019
Lower Extremity Problems - Integrated Mgmt.
Registration Deadline Feb 1, 2019

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The challenge for physiotherapists is to implement this available evidence into their daily clinical practice.

As part of knowledge translation research activities (Action cycle), several KT RCTs in the field of PT or in rehabilitation were conducted in the community by implementing an effective walking program or bilingual online evidence-based self-management educational program for arthritis: The People Getting a Grip on Arthritis (PGrip program) [37-39]. PGrip program is adapted for individuals with arthritis (juvenile idiopathic arthritis (JIA), osteoarthritis (OA) or rheumatoid arthritis (RA)) and can be used as a patient educational tool for physiotherapists. It is a collection of videos (lectures as well as practical sessions) based on high-quality RCTs analyzed in the Ottawa Panel Guidelines on programmes involving physical activity and is also available on a bilingual YouTube channel through the following link: https://www.youtube.com/channel/UCQGLA1Pgu855VBdMRymWFmQ. Evidence is available to PTs in scientific literature. However, the challenge for physiotherapists is to implement this available evidence into their daily clinical practice by consulting local potential users, by identifying promising KT strategies, barriers and facilitators as well as adopting validated outcomes to measure the effectiveness of a sustained implementation [8].

Lucie Brosseau (BSc PT, MSc, PhD); CPA member since 1982
Full Professor/Professeure titulaire
University of Ottawa/Université d'Ottawa
Faculty of Health Sciences/Faculté des sciences de la santé. School of Rehabilitation Sciences/Ecole des sciences de la réadaptation 451 Smyth Road/451 chemin Smyth, Ottawa (Ontario) Canada. K1H 8M5

References
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CPA’s Clinical Specialty Program

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The CPA Clinical Specialty program certifies physiotherapists who have focused their careers and can demonstrate advanced clinical competence, leadership, continuing professional development, and involvement in research in a specific area of practice. This self-directed program consists of a written portfolio submission and an oral presentation that is assessed by a panel of peers. The components of the program allow candidates to demonstrate their professional competencies and development as a clinical specialist.

The program is targeted to candidates who have a minimum of five years of full-time, applied clinical experience, and a minimum of 300 clinical contact hours per year for the past five years in the clinical specialty area.

Why become a Clinical Specialist?

Professional growth
• Improve your clinical skills and advanced clinical reasoning in a chosen practice area
• Documentation and evidence of quality of the candidate’s submission in the form of an exhaustive evaluation report which can help the candidate identify areas of strength and areas of improvement

Recognition
• Recognition from professional peers and the public which could increase the number of opportunities to carryout presentations to health care providers, patient support groups and other health groups

Patient care
• Enhance patient care through better pattern recognition, self-monitoring and reflective skills

Credibility and Accountability
• National recognition of your commitment to excellence that is transportable to every province.
• A positive public image and validation of your work and accomplishments
• Increased credibility with funding agencies/organizations
• An opportunity for staff and management to be thoughtful about their practice

Benefits of the Self-Directed Process
• Set your own pace of involvement in the specialization process
• Affords you a chance to step back, take stock, and look at the “big picture”
• A tool for benchmarking your skill set against the program’s current thresholds identified in the four program requirements and the nine program competency areas
There are currently 43 CPA Clinical Specialists in nine specialty areas, who have been certified by the Physiotherapy Specialty Certification Board (PSCBC). Here’s what some have to say about why they became a Specialist:

By far the most rewarding part of the specialty program was meeting the other candidates. I was surrounded by bright, dedicated and passionate colleagues who generously shared their knowledge and experience.

~ Jacqueline Levy, Neurosciences

The specialty program fostered the time to reflect on my clinical practice and my clinical reasoning process. Reflecting on my practice allows for continuous growth and development as a clinician.

~ Geoff Schneider, Musculoskeletal

I have worked as a clinician in pelvic floor health for 20 years and have watched other countries develop specialization certification in my field. From a global perspective, I was excited to see Canada now offering this process and felt that it was important to show my support.

~ Kelli Berzuk, Women’s Health

I thought that this would be a challenge and could expose the weaknesses that I have in my clinical practice and knowledge so that I can focus where I want to learn and gain experience in the second half of my career as a sport physiotherapist.

~ Greg Redman, Sport

My initial interest was due to my curiosity. Given that my professional areas of passion seem to be atypical areas of focus for many Physiotherapists, I was looking for a mechanism to guide my ongoing professional development. The clinical specialty program provided a framework to help me identify my strengths and my gaps in knowledge, and subsequently create a strategy for advancing my training. It also provided me with a measuring stick to assess my clinical skills against, as well as having the benefit of providing a nationally recognized credential.

~ Todd Wolansky, Seniors’ Health

Many potential program applicants want to know, ‘How will the specialization designation change my practice?’ Oren explains that being a specialist has not changed his day-to-day practice, but it has changed his engagement beyond the “bedside”. Specifically, he has been involved in more presentations to health care providers, patient support groups and other health groups. The Clinical Specialty Program is a rigorous process to demonstrate and celebrate what a physiotherapist who is specializing is already doing.

~ Oren Cheifetz, Oncology

**Why should your organization have a Clinical Specialist on staff?**

- Companies benefit from both the status and being involved in the process of specialization since it increases knowledge level within a specialty area
- Increasingly savvy public is becoming more demanding of specialists
- Governing authorities better educated about the scope of practice standards
- Increased level of professionalism

**Leverage and Support**

- A valuable tool in lobbying all levels of government
- Improved relationships with other like-minded organizations, both private and public

**Benefits of the Peer Review process**

- An outside perspective on the candidate’s area of strengths and areas of improvement
- Motivation for improvements and addressing neglected areas

The self-regulatory process of specialization works. It helps to create a higher learning system in the Association that is diverse with quality, yet accessible to all organizations.

Self-regulation assures self-responsibility, builds pride and a skilled workforce.

**For more information:**

Learn more about the program here:

www.physiotherapy.ca/about-program

Learn about the application process and apply to the program here:

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Contact Tim Paquette, Career Pathways Manager, for more information.

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