

**COVID-19 Quick Canadian Physiotherapist Survey:** Summary of the first (May 15-18<sup>th</sup> 2020) pan-Canadian survey of physiotherapists' experiences with COVID-19

On Friday May 15, BC-Primary Health Care Research Network launched the Series 1 of the bi-weekly COVID-19 Quick Canadian Physiotherapist Survey. An email invitation to participate was distributed to physiotherapists through provincial professional associations and divisions, as well as via Twitter, and personal networks. The survey remained open until May 18 at 11:59pm PST.

**Sample:** 1,972 physiotherapists responded from across Canada. Every province was represented and one territory, with the greatest participation from Quebec (39%), British Columbia (27%), and Ontario (19%). The majority (76%) of physiotherapists reported working in private practice with 30% being clinic owners. Public practice physiotherapists made up 20% of the sample. Nearly a quarter (24%) of respondents reported working in a rural setting, 16% worked in a hospital, and 27% reported that more than half of their patients spoke English or French as a second language.

**Severe reductions in patient care and high level of stress**

- Physiotherapists reported they are currently treating an average of 27% of their normal patient caseload whether in person or virtually. This varied from 22% in Ontario to 44% in Manitoba.
- Nearly half (48%) of physiotherapists are concerned about lack of PPE.
- Physiotherapists rated the current level of strain on their practice related to COVID-19 as 5 on a scale from 1=no impact; 5=high impact.

**Financial Implications**

- Over 2/3 of physiotherapists (68%) have sought out financial assistance from government sources since the start of COVID-19.
- Almost 1 of 2 physiotherapists (47%) are concerned about the future of their own practice

**Other main findings:** Physiotherapists are contributing to the containment and management of COVID-19 through the following actions:

- 38% have modified their delivery of in-person care
- 9% are involved in direct patient care of those with COVID-19 in the Intensive Care Unit, hospital, or community settings

Physiotherapists also highlighted their roles working in long term care facilities, developing COVID-19 policy and procedures for physiotherapy in critical care, and transitioning teaching to online. Further, physiotherapists are showing high levels of adaptability.

**Virtual health findings**

- 51% have stopped delivering in-person care
- Among those who have stopped or modified in-person care, 79% reported providing services via virtual health. 27% stated they were as confident providing virtual health compared to in-person care, whereas 63% and 9% were less confident and much less confident that in person care, respectively.

- Reasons for not providing virtual health included: lack of infrastructure or technical knowledge, patients not interested, no access to childcare, or it was not considered an adequate substitute for hands on care.

### **Policy Recommendations**

Physiotherapist practice are under enormous strain, having switched to virtual health in a matter of a few weeks and a lack of PPE. Many are concerned about the future of their own practice due to financial strain. They have a vital role as part of a multi-faceted health system. They provide key preventative and rehabilitative health care that maintains and improves mobility, reduces pain, and positively influences the quality of life of Canadians.

Physiotherapists are urgently seeking clear communication and guidance from governments and health care leaders on how to safely provide effective care for their patients during the COVID-19 pandemic. As health professionals highly trained in chronic disease management, physiotherapists have the potential to provide care for patients who are recovering from COVID-19 and patients struggling with non-COVID-19 related morbidity during the pandemic.

### **483 Physiotherapists provided additional comments:**

**Personal and Financial Stress:** “My biggest barrier to practicing is a lack of childcare. I work as a part of an Interdisciplinary team, so my colleagues (nursing, physician, social work) are trying to fill in the gaps but I still worry about my patients not being seen by a PT.” PT #394

“In the hospital setting: My concern / stress / exhaustion has been directly related to the frequent policy change in the past two months. We have a great team of leaders at our hospital being transparent with these changes, but nevertheless, it is starting to take its toll.” PT #211

“I have many concerns including viability of clinic finances, threat of burnout, dealing with unhappy and anxious employees, changing clinic protocol in an efficient way, extra costs, less revenue, ensuring all patients and employees abide by new rules.” PT #153

**Clear Communication and Guidance:** “We need better guidelines/ direction sooner before opening so we can ensure safety of clients/ staff.” PT #36

“I wish that we would’ve had clearer guidelines regarding return to work protocols. After discussing with my colleagues, we all agree it is very vague and would appreciate a bit more leadership given by our college and government.” PT #81

**Virtual Health:** “I do not feel that I can provide the standards of treatment [with virtual health] that my patients are used to.” PT #306

“Telehealth is costly, there is concern about liability, staff feel our hands-on treatment is what clients want.” PT99

“Telehealth has been surprisingly good. This should remain in our toolbox even after this crisis. There are some patients who a hybrid model will be ideal for and then others who need to be seen in person.” PT #101