

Commentary for Physiotherapy Canada

Critical Reflections on the Physiotherapy Profession in Canada

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The physiotherapy profession (PT) is faced with a number of significant opportunities and challenges in relation to the current socioeconomic and political shifts that affect physiotherapy and healthcare in Canada and the world. This year the Ontario provincial government tabled the *Regulated Health Professions Statute Law Amendment Act, 2009* which will expand the scope of practice and authorized acts of the physiotherapy profession in Ontario to include communication of a diagnosis, treatment below the skin for wound care, assessment and treatment of incontinence and other pelvic disorders, the administering of oxygen, ordering x-rays and other tests. This expansion of PT scope, which is unprecedented in the world, follows closely on the heels of progressive changes to physiotherapy education in Canada and other countries. As of 2010, all 14 of the PT programmes in Canada will have shifted from Baccalaureate programmes to entry-level professional Master's degrees. Furthermore practice is changing with increasingly privatization of PT services, licensure of alternative practitioners and health workforce reform. Within the current global economic crisis and its extraordinary ramifications worldwide, federal budgets are being tightened. Canada's health budget is far from immune, with implications for transfer payments to provinces and implications for funding of physiotherapy services. Together these changes, amongst others, signal that profound shifts are underway in PT as the profession continues to evolve in response to social, political and economic influences. In order to respond to these changes, we argue that it is crucial for PT to develop new approaches for considering what we do, who we are, and where we want to go as a profession.

This is a challenging task, which, we suggest, is even more difficult to navigate because of the lack of a tradition of critical theoretical reflection in the profession. While there is arguably a strong tradition of reflection and visioning in PT, very little of this work critically reflects on the theoretical basis of physiotherapy practice. Others have written about the lack of an established theoretical framework in physiotherapy (Bithell 2005, Cott 1995, Tyni-Lenne 1989, Krebs and Harris 1990, Parry 1992 and Richardson 1993). Although our practice is underpinned by theoretical knowledge, we have largely 'borrowed' our conceptual groundings from elsewhere in order to construct rationales for our practices (Bithell, 2005). In effect, scarce attention is paid to the conceptual assumptions that underpin PT practice, research and education and the implications for the future of the profession.

'Critical social theory' {{776 Kincheloe, J.L. 2005; 231 Williams, S.J. 2003; 832 Danemark, B. 2002; }} provides a lens to explicitly examine some of the ideas and concepts that are dominant, given, or taken-for-granted in PT and reflect on how 'things could be otherwise'. Identifying these dominant ideas allows us to then explore what the implications might be of assuming each is an infallible 'truth' rather than one option amongst others. For example, Nicholls and Gibson have recently submitted a manuscript that examines multiple ways of conceptualizing the body in physiotherapy beyond the dominant 'body as machine' model {{1485 Nicholls, D.A. Under review; }}. Elsewhere, Gibson and colleagues have discussed some of the assumptions underpinning children's rehabilitation such the erroneous relationship between physical

independence and quality of life reflected in a number of outcome measures{{ 1341 Gibson, B.E. In press; }}. The adoption of the International Classification of Functioning, Disability and Health{{ 283 Anonymous 2001; }} and other disablement frameworks provide further examples. These frameworks have tremendous utility but there is also a need and an opportunity to critically explore, expand and critique the conceptual relationship of these models to, for example, different areas of PT practice, the applicability to patients' real life experiences of disablement, the relationship to other models such as Determinants of Health, or conceptualizing the relationships between participation and inclusion. Our intent is not to denounce current dominant ideas as 'bad' or suggest that they should be discarded. Rather it is to highlight that the dominant understandings embedded in PT and other health practices constitute just *one way* of approaching physical therapy practice and that critical reflection opens up potentially fruitful avenues for exploration and growth.

Somewhat paradoxically, the lack of a central organizing concept in PT likely limits our ability to think broadly about future directions. While physiotherapy is a diverse profession with multiple approaches, methods and ways of knowing, arguably other health professions enjoy a clearer sense of identity and purpose, and even branding, by virtue of their clearly defined organizing concepts. These include the concepts of 'occupation' in occupational therapy, 'care' in nursing, and 'healing' in medicine. PT has the Movement Continuum Theory (Cott ref) that appeared in the pages of this journal in 1995 and showed tremendous promise, but was insufficiently taken up by the profession and, as such, has remained under-developed. Other professions also provide models to illustrate how we could enhance theoretical reflection within our profession, such as required theory courses in their professional programs, journals devoted to theory development and application, and spaces in existing journals that welcome and encourage theoretical engagement. For example *Nursing Inquiry* encourages submissions related to 'philosophical inquiries that investigate the assumptions underpinning clinical practice and raise questions such as "Why do we engage in particular practices?"', and encourage papers that 'employ a comprehensive exploration of opposing ideologies and reject conformity in the study of the healthcare professions.' We suggest that the time is ripe for PT to develop and rigorously engage in similar practices of theoretical reflection, development, and application.

Our hope is to stimulate a wider discussion and debate amongst our PT colleagues and inspire others to engage more broadly in theoretical reflection across physiotherapy practice, education and research. We applaud and encourage the publication of theoretically robust papers in the pages of our physiotherapy journals and were pleased to see Sirur et al's paper 'The role of theory in increasing adherence to prescribed practice' in the Spring 2009 issue of *Physiotherapy Canada* (ref). We anticipate that the issues we have raised here might manifest differently in different contexts or that there are aspects that we had not considered. To that end we welcome criticism, debate and ongoing dialogue.