

# POSITION STATEMENT

Canadian Physiotherapy Association position statements address political, ethical and social issues that impact patient welfare, the role and practice of physiotherapy, the Association and its members.



Canadian  
Physiotherapy  
Association

Association  
canadienne de  
physiothérapie

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## HOME AND CONTINUING CARE

### STATEMENT

The Canadian Physiotherapy Association (CPA) believes that ‘medically necessary’ home and continuing care services, including physiotherapy, should be available and accessible to all Canadians. Physiotherapists are primary care health professionals whose skills promote function, mobility, independence and quality of life, which are essential components of home and continuing care.

### BACKGROUND

Health Canada describes home and continuing care as encompassing:

“a wide range of health services delivered at home and throughout the community to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social or therapeutic treatment and/or assistance with the essential activities of daily living. Continuing care also includes supportive housing and long-term facility based care.”<sup>1</sup>

The Canada Health Act (CHA) designates home care as an ‘extended health service’ which does not qualify as an insured service applicable under the Act.<sup>2</sup> Although most provinces have either legislation or guidelines that fund the delivery of home care services, there is significant variation in the range of funded services across Canadian jurisdictions. Funding for home and continuing care is a mix of provincial, territorial and municipal funding formulas and workers’ compensation, private or company insurance plans. Physiotherapy is one of many services included in the basket of home and continuing care services.

The need for home and continuing care is increasing.<sup>3</sup> However in recent years, public and private sector funding for physiotherapy and other health services has been diminishing through delisting, alterations to funding formulas and reductions in benefits. Access to home and continuing care physiotherapy is also limited by the shortage of physiotherapists to provide these services. In addition, restricted funding necessitates prioritization of services and providers. As a result, Canadians who need physiotherapy for management of chronic illness or disability, or who are recovering from injury or surgical interventions such as joint replacements are experiencing reduced access to home and continuing physiotherapy care. Clients who received physiotherapy in the hospital setting may not have access to the same needed services when

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<sup>1</sup> Health Canada. Health Care System. Home and Continuing Care. Available at: [http://www.hc-sc.gc.ca/hcs-sss/home-domicile/index\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/home-domicile/index_e.html). Accessed August 14, 2006.

<sup>2</sup> Canadian Home Care Association. Available at: <http://www.cdnhomocare.ca/content.index.php?doc.79>. Accessed January 4, 2007.

<sup>3</sup> Health Council of Canada. Health Care Renewal in Canada: Clearing the Road to Quality. 2006 Annual Report. Available at: [http://www.healthcouncilcanada.ca/en/index.php?option=com\\_content&task=view&id=8&Itemid=10](http://www.healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=8&Itemid=10). Accessed October 12, 2006.

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FEBRUARY 2007

they are discharged. This can have a significant effect on their ability to achieve optimal function and, in the case of chronic disease, may mean repeated admissions for hospital based care.<sup>4</sup>

Provision of physiotherapy in the home or community has been shown to assist clients to gain or re-gain improved strength and mobility, resulting in improved function and a better quality of life. There is evidence that physiotherapy is beneficial with a broad range of conditions. Clients who have had a myocardial infarct and are receiving home care physiotherapy following discharge experience improved quality of life<sup>5</sup> and those who have had a stroke benefit from improved mobility, functional capacity, and balance which in turn reduces risk of falling.<sup>6,7</sup> In some circumstances physiotherapists may be the only health provider contact for individuals in the community, thus the physiotherapist role may encompass addressing other issues such as co-morbidities, social and/or environmental factors that have an impact on independence and quality of life.<sup>8</sup>

## CONCLUSION

CPA believes that home and continuing care, including physiotherapy, should be considered a 'medically necessary' service and be accessible to Canadians who require these services such as those who have chronic conditions, or are recovering from an acute illness, injury or surgical intervention such as joint replacement. These services are as 'medically necessary' in the home and community as they are in hospital. Providing care that allows individuals to regain and maintain optimal function, remain in their homes and enjoy an improved quality of life is a goal that extends from the institution to the community.

Governments at all levels must work to develop policies that ensure support for comprehensive and quality home and continuing care. This requires increased allocation of funds as well as adequate health human resource planning to ensure appropriate service delivery. CPA will strive to promote effective health human resources planning and innovative models of service delivery to ensure that all Canadians have appropriate access to physiotherapy in home and continuing care as a 'medically necessary' services.

February 2007

For related information see CPA Position Statements on Access to Physiotherapy Services, Health Human Resources Planning and Interprofessional Collaboration and Practice.

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<sup>4</sup> Liu-Ambrose T, Khan KM, Eng JJ, Janssen PA, Lord SR, McKay HA. Resistance and Agility Training reduce fall risk in women aged 75 to 85 with low bone mass: a 6-month randomized, controlled trial. *J Am Geriatr Soc* 2004;52(5):657-65.

<sup>5</sup> Yu CM, Lau CP, Chau J, McGhee S, Kong SL, Cheung BM, Li LS. A short course of cardiac rehabilitation is highly cost effective in improving long-term quality of life in patients with recent myocardial infarction or percutaneous coronary intervention. *Arch Phys Med Rehabil* 2004;85(12):1915-22.

<sup>6</sup> Pang MY, Eng JJ, Dawson AS, McKay HA, Harris JE. A community-based fitness and mobility exercise program for older adults with chronic stroke. *J Am Geriatr Soc* 2005;53(10):1667-74

<sup>7</sup> Lin J-H, Hsieh C-L, Lo SK, Chai H-M, Liao L-R. Preliminary study of the effect of low-intensity home-based physical therapy in chronic stroke patients. *Kaohsiung J Med Sci* 2004;20(1):18-23.

<sup>8</sup> Heckman K, Cott C. Home-based physiotherapy for the elderly: A different world. *Physiother Can* 2005; 57(4):274-284.