

**Health PEI Board of Directors  
AGENDA  
Silver Fox Entertainment Complex  
Summerside  
Thursday, December 2, 2021  
2:30 – 4:30pm**

4.0 MEETING AGENDA				In	Di	De
4.1	2:30pm	Review of Agenda	Chair			X
5.0 CONSENT AGENDA ITEMS						
5.1	2:35pm	Health PEI Board Minutes <ul style="list-style-type: none"> <li>October 7, 2021</li> <li>October 27, 2021 – AGM</li> </ul>	Chair			X
5.2		Board Correspondence <i>None at this time</i>				
6.0 BUSINESS ITEMS						
6.1	2:45pm	CEO Report to Islanders (10 minutes)	Dr. M. Gardam, CEO	X		
6.2	2:55pm	Board Chair Report (10 minutes)	Chair	X		
6.3	3:05pm	PCH Foundation Presentation (30 minutes)	PCH Foundation Executive	X		
6.4	3:35pm	PCH – Administration Update (20 minutes)	Mr. P. Young, Administrator, Prince County Hospital	X		
6.5	3:55pm	PEI Physiotherapy (15 minutes)	Ms. Sheila MacMurdo, President, PEIPA	X		
7.0 RESOLUTIONS/MOTIONS						
7.1	4:10pm	Resolutions/motions from In-camera session	Chair			X
8.0 QUESTION PERIOD						
8.1	4:15pm	<ul style="list-style-type: none"> <li>Questions (10 minutes)</li> </ul>	Chair		X	
9.0 ADJOURNMENT AND NEXT MEETING						
<ul style="list-style-type: none"> <li>February 3, 2022 – Regular Board Meeting (Location – Charlottetown)</li> </ul>						

# Health PEI

December 2, 2021

## Board of Directors – Public Minutes

Silver Fox Entertainment Complex, Summerside

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**Chair:** Derek Key

**Members:** Ms. Helen Flynn, Mr. Peter MacDonald, Ms. Andrea Slys, Mr. Randy Goodman, Ms. Colleen Parker and Dr. Richard Wedge

**HPEI Staff:** Dr. Michael Gardam, CEO  
Ms. Belinda White, Chief Administrative Officer  
Mr. Paul Young, Administrator – PCH  
Ms. Daphne MacDougall, Executive Assistant

**Guests:** Ms. Jaclyn Casler, PEI Resident  
**PCH Foundation Members –** Mr. Rick Kennedy, Mr. Derek Kwan, Ms. Liz Maynard, Gordon MacFarlane, Les MacLean  
Ms. Sheila McMurdo, PEI Physiotherapy Association President

## 4.0 CONVENING THE MEETING

### 4.1 Review of Agenda Items

The Chair reviewed the agenda for the public session. The December 2, 2021 agenda was approved as circulated.

***MOTION: It was moved by Ms. Helen Flynn and seconded by Ms. Andrea Slys to accept the December 2, 2021 Health PEI Board Public Meeting Agenda as circulated.***

**MOTION CARRIED**

## 5.0 STANDING AGENDA ITEMS

### 5.1 Public Board Meeting Minutes:

#### 5.1.1 Minutes of October 7, 2021

Minutes accepted as submitted.

***MOTION: It was moved by Mr. Peter MacDonald and seconded by Dr. Richard Wedge that the Board minutes of October 7, 2021 be approved as submitted.***

**MOTION CARRIED**

#### 5.1.2 Minutes of October 27, 2021 – AGM

Minutes accepted as submitted.

***MOTION: It was moved by Mr. Peter MacDonald and seconded by Ms. Helen Flynn that the Board minutes of October 27, 2021 be approved as submitted.***

***MOTION CARRIED***

## **5.2 Correspondence**

Mr. Key shared with the Board a thank you note was received from retired Board member, Ms. Kathleen MacMillan, acknowledging her appreciation for recognition of her time on the Board.

## **6.0 BUSINESS ITEMS**

### **6.1 CEO Report to Islanders**

Dr. Michael Gardam, Acting Health PEI CEO, provided a verbal CEO report along with a written report to Islanders. Some highlights include:

- Budget – developing the next year’s budget is historically a time-consuming process; this year’s budget is taking longer than previous years;
- Pandemic response is ongoing and the impact on Health PEI is constant with additional resource requirements and pressure on the system;
- There is an inadequate infrastructure to support the healthcare system on PEI with the increase in population. The support of government to invest in the system gives our system hope; it will take time, but we are on the right track to improve our system.
- The two recent announcements of Kings County Memorial Hospital replacement and the property selected to build the Community Health Centre in Summerside are both positive indications of the investments by government.

### **6.2 Board Chair Report**

Mr. Derek Key, Health PEI Board Chair, provided a brief verbal report to the public. Mr. Key shared the appreciation of the Board members for recent announcements of the replacement of KCMH and a site for the Community Health Care in Summerside being confirmed.

### **6.3 PCH Foundation**

Members of the PCH Foundation Executive team joined the Board meeting to engage in a discussion with the Board on both challenges from their perspective and potential opportunities for improvement. Mr. Rick Kennedy, Chair of the PCH Foundation, led the conversation on behalf of the group.

Mr. Kennedy outlined several challenges the foundation has identified:

- 1 in 3 on call model in OBS/GYN currently being used is not working for PCH but would like to have a 1 in 4 model for retention of current gynecologists. This would put PCH at an advantage for recruitment;
- ICU concerns in vacancies – the Foundation became involved in the recruitment of nursing staff with incentive funds to ensure the unit not be closed due to resource shortages;
- General surgery – A general surgeon was recently hired at PCH to fill the complement of four surgeons. The surgeon's spouse is a pediatric specialist currently in a temporary position until April 2022. A commitment to obtain a permanent position for the pediatrician is required as there is a risk of losing both physicians to another province with vacancies for both specialties;
- Anesthetists – there are no permanent anesthetists at PCH right now. The organization is hiring locums when available; Family Physician Anesthetists are not new to health organizations and there are additional opportunities to utilize these specialized family physicians within PCH including hospitalist work, Emergency Medicine and Family Medicine within the community;
- Concerns being raised by longstanding Foundation donors regarding continued support as the slow movement to purchase high cost equipment is frustrating after raising the funds;
- Opportunities for new specialties if available and the Foundation have financial resources to assist with supporting initiatives. Mr. Kennedy added a Foundation member mentioned the implementation of a 24/7 early learning centre within the hospital for staff use is a unique recruitment opportunity for PCH.

Dr. Gardam suggested the PCH Foundation executive meet with him as CEO to discuss a number of these concerns as they are operational in function and would not be dealt with at the government and Health PEI Board level. The foundation executive responded the intention is not to go around operations to address their concerns but looking for opportunities to support the organization. Dr. Gardam encouraged the Foundation to invite him to their meetings and he would happily participate and provide updates.

Mr. Goodman shared with the foundation there has been implementation of an HR Committee of the Board. This Committee is working closely with the organization to develop and move a Human Resource strategy ahead to address the resource issues across the province.

Mr. Key thanked the Foundation Executive for their open discussion and commended the foundation for the work they do for Prince County Hospital.

#### **6.4 PCH Administration Update:**

Mr. Paul Young, Administrator – Prince County Hospital, joined the meeting to provide the Board with an update on the current state of PCH. Some highlights of the attached presentation include:

##### Challenges:

- Chronic staffing shortages



- Physician services – anesthesia, family medicine, ED, OBS/GYN, medical leadership
- Nursing – ED – close to 40% vacancy rate, medical units
- Increasing demands on our health system
  - Bed capacity
  - Occupancy
  - Space
- Staff morale and job satisfaction
- Pandemic response – ongoing

Present Day Initiatives:

- Staffing
  - Working closely with partners (Recruitment & Retention Secretariat, City of Summerside & PCH Foundation)
  - Aggressive recruitment and innovative practices
    - Community incentives
    - Nursing videos
    - Technology solutions – virtual reality recruiting initiative
  - Focusing on people
    - Culture, recognition, value, engagement
- Pivoting our model of care
  - Alternate Level of Care wing
  - Advanced care paramedics in critical care
  - NPs in Ambulatory Care
  - Family Practice anesthesia
- Technology
  - Virtual reality, Mindful Garden
- Partnerships
  - St. FX, UPEI, RRS, MSPEI, CADTH, CABHI, HEC
- Engagement
  - Leadership event – positive change through adversity
  - New employee welcome – Chamber will be hosting an event for all new permanent staff over the last two years, approximately 160 employees.
  - Staff recognition opportunities – what is meaningful to our staff?
- Clinical Service Delivery
  - Example – OR services: improved access, utilization, and standardization
    - General surgery, urology, vascular, pain management
    - HIV

Future Opportunities:

- Access to childcare for staff in an essential service organization

- Looking to pilot a 24/7 access to an early learning centre at PCH; this would be the first of its kind in Canada;
- Innovation & Technology leader
  - Mindful garden – a tool that patients with behavior issues would use to assist without the use of medication intervention;
- Green Energy Leader
  - PCH to become its own utility – currently PCH spends approximately \$1M per year on electricity. Using opportunities to decrease this cost with using green energy.
- Policy Leader
- Staff initiatives – mindfulness space
- Deaf Friendly Hospital
- Model of Care Leader
  - ACPs, NPs, FPs, Midwifery
- Housing / Accommodations

The Board members shared their appreciation to Mr. Young for his effort and commitment to improve the morale during his time as both acting and now the permanent administrator at PCH.

#### **6.5 PEI Physiotherapy Association:**

Ms. Sheila MacMurdo, President of the PEI Physiotherapy Association, joined the meeting to present on Physiotherapy in Primary Care.

There are 119 licensed physiotherapists on PEI; approximately only 15 FTE physiotherapists providing outpatient care within HPEI facilities. Ms. MacMurdo provided the Board members with a number of advanced scope potential opportunities for physiotherapy (PT) within primary care that could be much more effective and beneficial to improve healthcare services on PEI.

Teams of providers is the way to go to reform healthcare and physiotherapy is an integral component of these teams. Evidence shows early PT intervention decrease the number of emergency room visits. Ms. MacMurdo provided statistical data on having early access to PT services and the impact this intervention would have on the family physician caseload.

Dr. Gardam stated our system is overwhelming physician and nursing centric and there are clearly opportunities for improvement to increase the scope of our healthcare teams.

The Board members thanked Ms. MacMurdo for her presentation and time to attend today's meeting.

#### **7.0 RESOLUTIONS/MOTIONS FROM IN-CAMERA SESSION:**

1. It was moved by Mr. Randy Goodman and seconded by Mr. Peter MacDonald to draft a letter from the Board Chair to the Premier's office requesting an urgent need to fill the vacant Board positions.
2. It was moved by Ms. Helen Flynn and seconded by Mr. Randy Goodman to increase the number of days for the QIA process from the current 120 days to 180 days.

3. It was moved by Mr. Peter MacDonald and seconded by Ms. Helen Flynn to approve the updated capital budget as presented at the ARP Committee.
4. It was moved by Ms. Colleen Parker and seconded by Mr. Randy Goodman to approve the updated Audit, Risk & Planning Committee Terms of Reference.
5. It was moved by Mr. Randy Goodman and seconded by Ms. Andrea Slys to approve the following CEO Compliance Reports: OE 2.1 Quality & Safety Risk Report – Q2; OE 2.4 Financial Condition & Activities – Q2; and OE 2.7 Communication & Support to the Board as compliant.
6. It was moved by Mr. Peter MacDonald and seconded by Ms. Colleen Parker to endorse the Management Plan as presented with the understanding there will be line changes when required.

## **MOTION**

***It was moved by Ms. Colleen Parker and seconded by Mr. Randy Goodman to approve the in-camera session motions from the December 2, 2021 Meeting.***

***MOTION CARRIED***

## **8.0 QUESTION PERIOD**

The Board held an open question period with all present at the December 2, 2021 meeting. Discussion points included:

- Health PEI Board Member recruitment;
- Public Access to the Board – Meeting Content – The legislation is restrictive of what can be shared in the public sessions; Mr. Key noted the Board continues to review the agendas to determine what can be shared and what is determined by the legislation.

## **10.0 MOTION TO ADJOURN**

**It was moved by Ms. Helen Flynn and seconded by Mr. Randy Goodman to adjourn the December 2, 2021 meeting of the Health PEI Board.**

**ADJOURNED.**

## CEO Public Report to the Board

**December 2, 2021**

Fall has been busy at Health PEI, with the open legislature, multiple initiatives on the go, the annual general meeting, finalizing the strategic plan and accountability framework, all while still in the middle of a pandemic. Most recently, much of our focus has been our working on next year's management plan. Over the past several years, the primary focus of Health PEI has been on keeping our clinical services running. This obviously needs to be a priority; however, we also need to focus on the structures that support our front-line clinical staff, in areas such as human resources, communications, and others.

By providing our staff with more flexible work arrangements, being responsive to their concerns, and communicating with them, we can help improve workplace morale and ultimately staff retention. We have focused so much on the recruitment of new staff, that it has almost been to the detriment of those who already work with us. Clearly, we need to both retain and recruit. Our management plan work for next fiscal year is meant to "level set" our operations so that we bring these key support functions up to where they should be. This doesn't mean that we will be ignoring clinical programs—we simply need to do both. We are doing the work now to set the health system up for success in the future, all the while maintaining and supporting the provision of healthcare now on PEI.

Healthcare systems across Canada are facing staffing pressures while trying to play catch up with services that have been delayed or stopped because of COVID-19 control measures. PEI has fared better than all other provinces in this regard; however, we too have been impacted by the pandemic. Our fragile healthcare system has been made more so with the need to provide additional services (such as vaccination and testing clinics) while at the same time caring for an ever-growing population.

The combination of the pandemic, a rapidly growing population, difficulties in recruitment, and an aging, inadequate infrastructure means that there is no easy, quick fix to our wait times or access challenges. We are now doing the work to get us to a better place and this work is going to take time. Key projects such as rebuilding KCMH, creating a UPEI Medical School, the Primary Care Roadmap, the Electronic Medical Record, our Health Human Resources Taskforce and others are all going to lead us to a better, more resilient system down the road. Closer to home we are also working on improving Health PEI's internal processes to make us nimbler and more responsive in the future.

Submitted by  
Dr. Michael Gardam, Chief Executive Officer



# Physiotherapy in PRIMARY CARE



# Physiotherapy

Master's degree

National examination  
process

Licensed regulated  
profession

'Primary Access' (no  
referral needed)



## Skills/Areas of Expertise

Orthopaedics

Cardio-respiratory

Neurology

Pain

Chronic disease

Pediatrics

Geriatrics



## Skills/Areas of Expertise

Women's health & Pelvic floor

Rheumatology

Oncology

Sports medicine

Amputees

Stroke



## Currently in PEI

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119 licensed physiotherapists

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23 private practice clinics

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6 public practice facilities (hospitals)

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Home Care

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Long Term Care



## Public Practice outpatient services FTE

WH 0.3

CHO  
0.6

PCH  
3.05

QEH  
10.4

KCMH  
0.7

Souris  
0.7\*



# Assess and Optimize Physical Function

Exercise Rx

Modalities

Manual therapy

Education

Braces/Splinting/Taping

Assistive devices

Ergonomics

## Scope of Practice



- Pelvic floor
- Lymphadema
- Administering a substance by inhalation
- Acupuncture, dry needling
- Spinal manipulation
- Tracheal suctioning (ET, NP)

Advanced scope...



- Wound care
- Setting/Casting fracture or dislocation
- Administration of medications
- Diagnostic imaging

Advanced scope...potential



# Status Quo/Challenges

- Lack of emphasis on health promotion and disease prevention
- Lack of continuity between various providers and institutions
- Problems with access \* *particularly in rural areas*

• <https://www.Canada.ca/en/health-Canada/services/primary-health-care/about-primary-health-care.html>



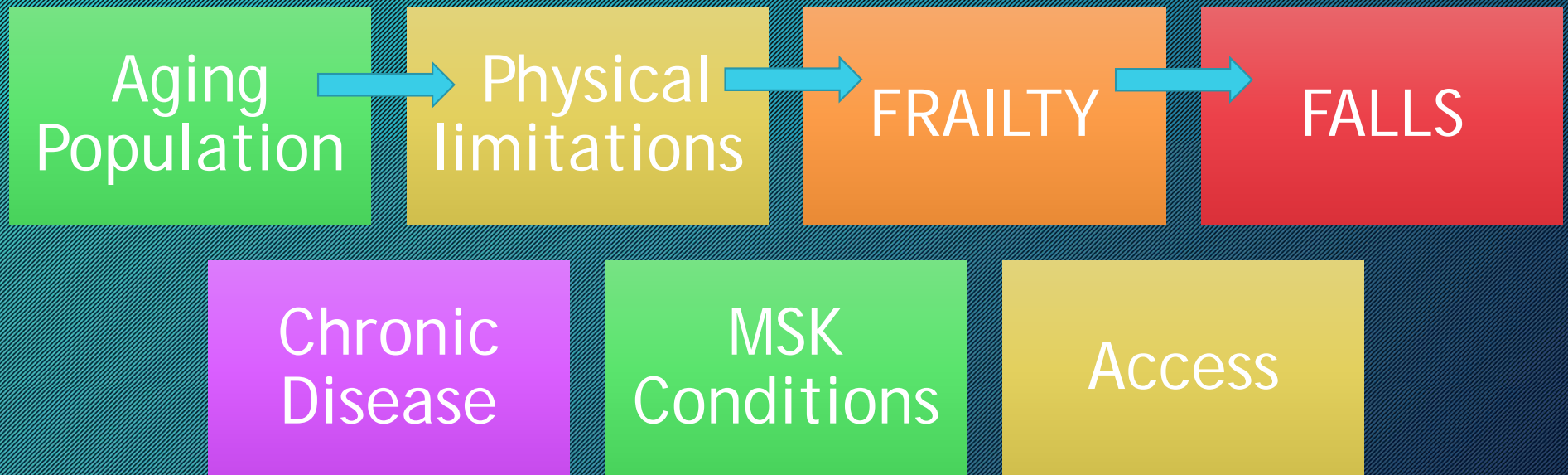
# Primary health care reform

- “a shift to teams of providers who are accountable for providing comprehensive services..”

- <https://www.Canada.ca/en/health-Canada/services/primary-health-care/about-primary-health-care.html>

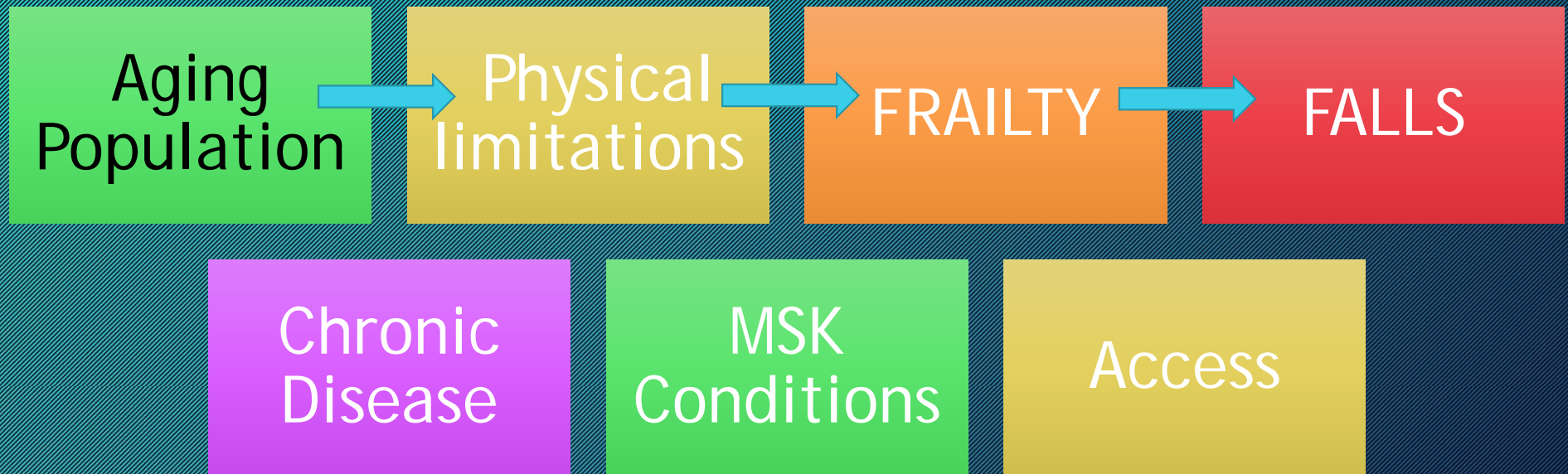


# The Need



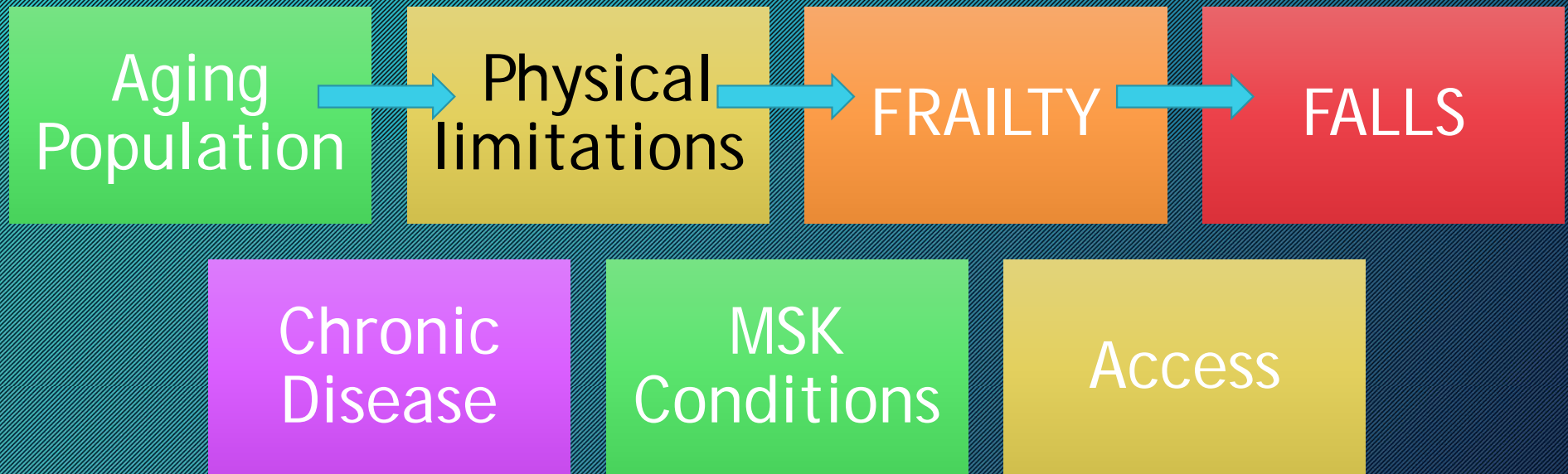


# Physiotherapy Solution



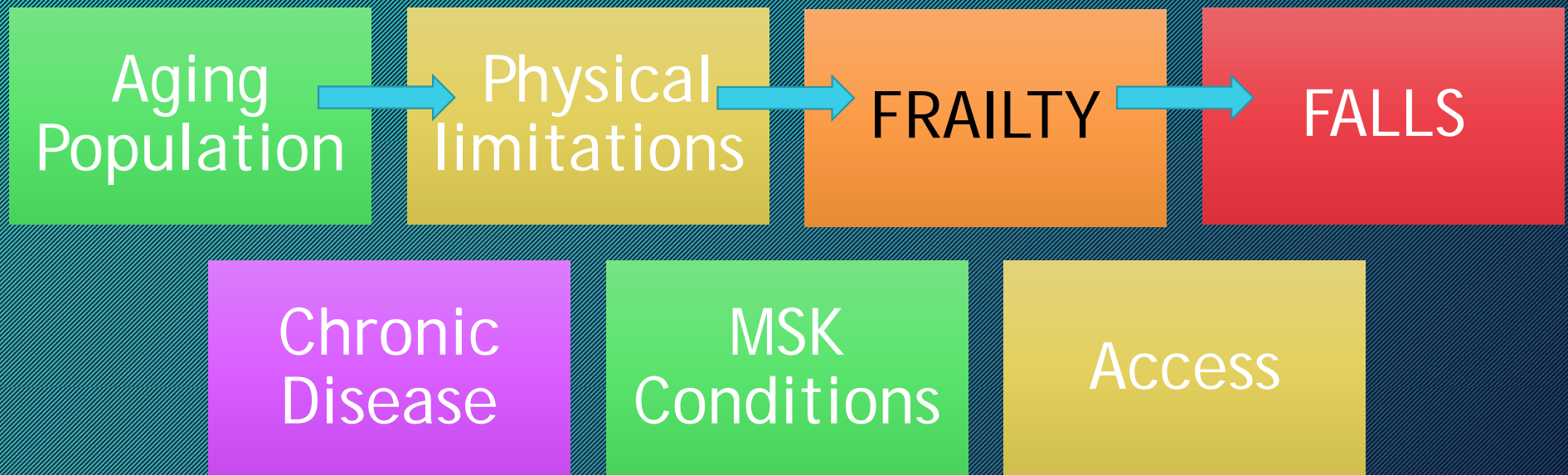


# Physiotherapy Solution



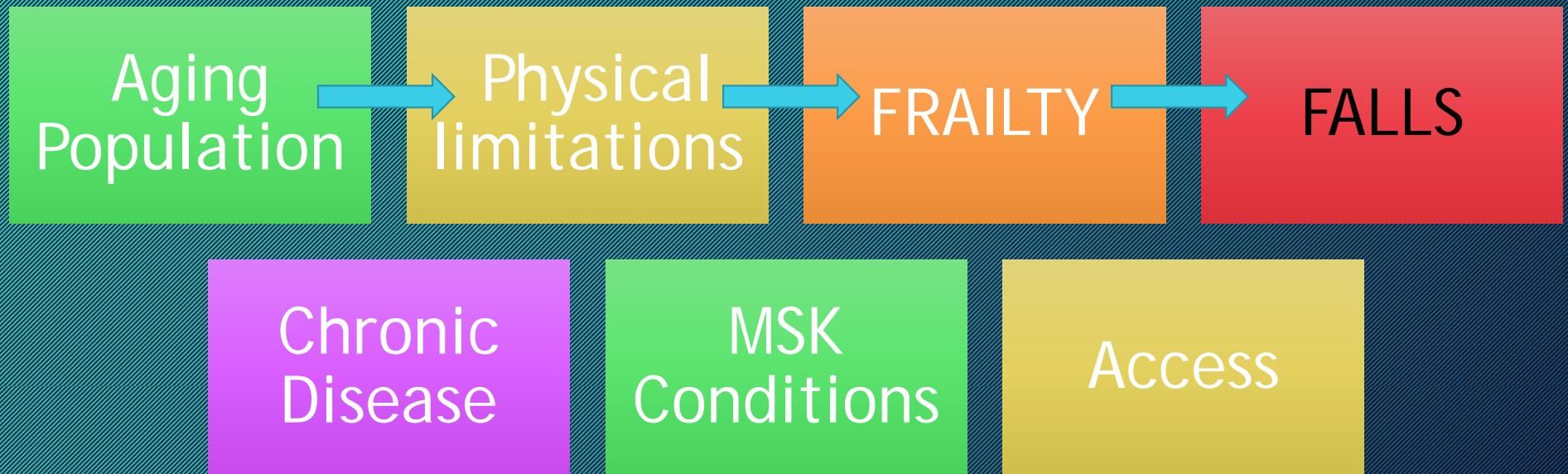


# Physiotherapy Solution



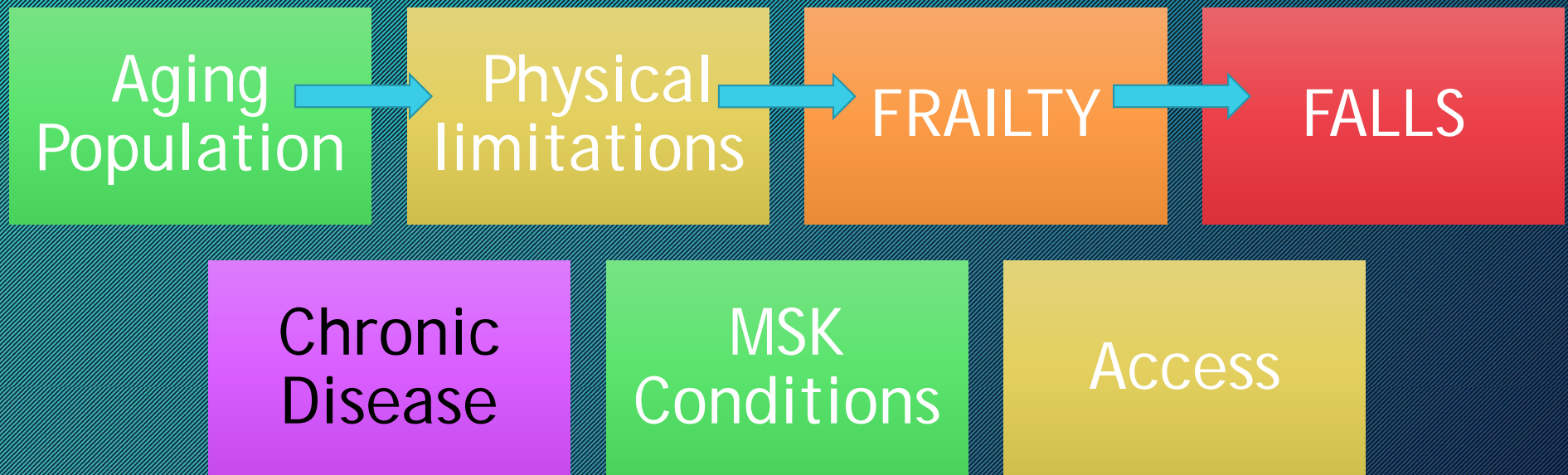


# Physiotherapy Solution



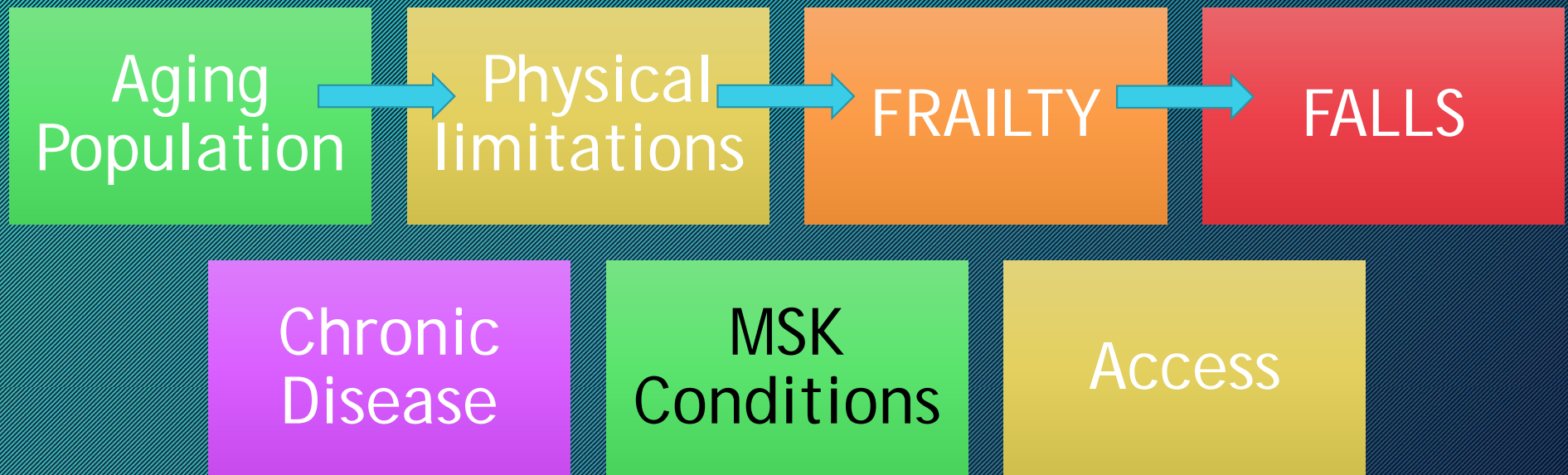


# Physiotherapy Solution



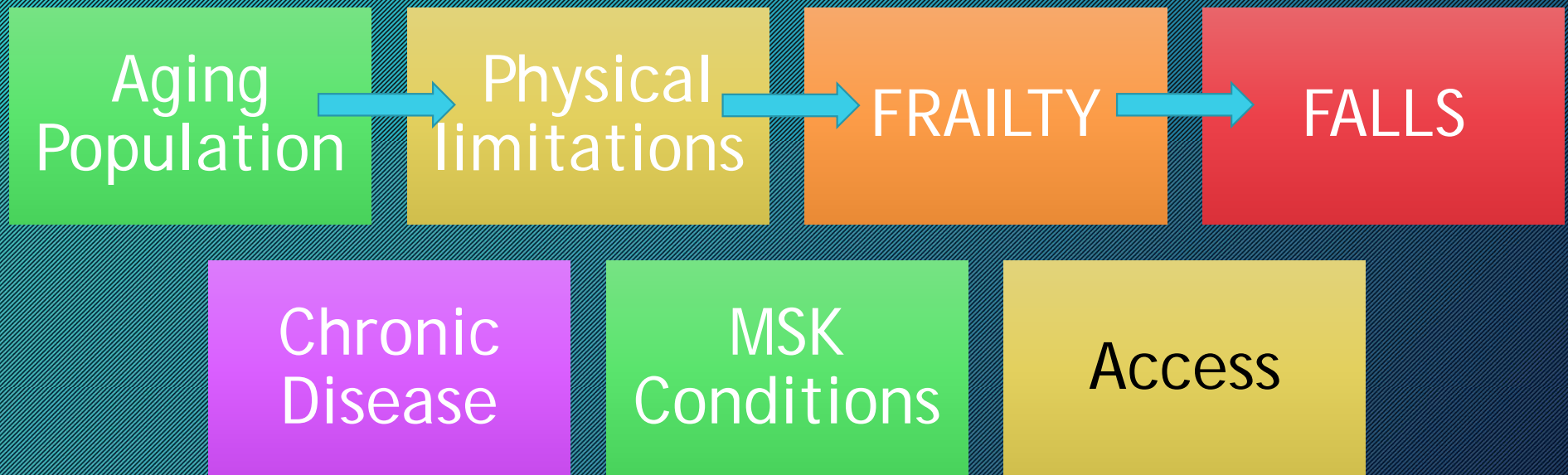


# Physiotherapy Solution





# Physiotherapy Solution





# Strategic Plan 2021-2024 *At a Glance*

## VISION

HEALTHY TEAMS, HEALTHY PEOPLE,  
HEALTHY ISLAND COMMUNITIES



## MISSION

OUR VALUED HEALTH TEAM WORKING WITH  
ISLAND COMMUNITIES TO DELIVER INCLUSIVE,  
INNOVATIVE AND PERSON-CENTERED HEALTH CARE TO ALL

## VALUES



## GOALS





# Physiotherapy in Primary Care

Team Approach

Healthy Aging

↓ falls incidence

Aging in Place/ ↓ Bed Based Care

Earlier RTW

↓ strain on the system



# Think Physiotherapy for Primary Care

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# References

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# THINK PHYSIOTHERAPY FOR PRIMARY CARE

The Government of Canada has long recognized the worth of Primary Health Care - “an approach to health and a spectrum of services beyond the traditional health care system.” Integral to this idea is health promotion, illness and injury prevention, as well as diagnosis and treatment of illness and injury.<sup>7</sup>

Physiotherapists (PTs) are autonomous health care professionals whose practices include health promotion and disease prevention. Physiotherapists have expertise in managing musculoskeletal conditions, acute and chronic pain, neurological and cardiorespiratory conditions with a focus on function and mobility. Physiotherapists screen, assess, diagnose, and provide appropriate treatment, management or referral. They are uniquely qualified to assess, improve and/or maintain a patient’s functional independence and physical performance.

## DID YOU KNOW...

- Physiotherapists are highly effective in the management of many conditions seen in Primary Health Care, including arthritis, obesity, cardiovascular disease, cancer, stroke, and musculoskeletal disorders.<sup>20</sup>
- Physiotherapists increase the capacity of primary healthcare teams to treat more patients, through screening, assessments, diagnosis and providing treatment plans.<sup>6,8-10,17</sup>
- In a general medical practice musculoskeletal conditions account for up to 30% of a physician’s caseload (and up to 50% for patients over 75 years of age).<sup>1,3,8</sup> Approximately 85% of these patients can be effectively managed by a physiotherapist without having to see their GP.<sup>2,13</sup>
- Access to Physiotherapy as part of a Primary Health Care team results in more appropriate referrals to specialists, decreased need for diagnostic imaging and significant improvement in function, mobility and quality of life for patients.<sup>6-8,11,12</sup>
- Physiotherapy in Primary Care is **cost effective** and **improves health outcomes**.<sup>4,7,11,12,17,20</sup>
- Timely access to Physiotherapy results in less surgical consults, a reduction in the need for hospital stays, and enables patients to remain in their homes for longer.<sup>20</sup>
- The estimated cost of treating patients who experience a fall is ~ 1.85 x higher than the cost of implementing a falls prevention program.<sup>20</sup>
- Physiotherapy can result in decreased use of medication for chronic lung disease, diabetes and high blood pressure.<sup>20</sup>

*With an aging population, a disproportionate rate of chronic disease and a struggling system, PEI health care teams need to match available services with the needs of the communities. Physiotherapists are regulated health professionals with the knowledge and skill set to deliver quality care for a wide range of conditions and patient populations. Inclusion of Physiotherapists in Primary Health Care will lead to increased access, improved patient experiences, a healthier population and a decrease in the current strain on our health care system.*

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