A HISTORY OF THE PROFESSIONAL AND EDUCATIONAL DEVELOPMENT
OF PHYSIOTHERAPY IN SASKATCHEWAN

A Thesis
Submitted to the Faculty of Graduate Studies and Research
in Partial Fulfilment of the Requirements
For the Degree of
Master of Education
in the
Department of Educational Foundations

by
Conal Tompson
Saskatoon, Saskatchewan
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Head of the Department of Educational Foundations
University of Saskatchewan
SASKATOON, Canada
ABSTRACT

A study and analysis of documents has been conducted to establish the history of physiotherapy in Saskatchewan. Abraham Flexner's model for determining professional development has been applied to physiotherapy in Saskatchewan to evaluate its professional development.

This thesis examines the gradual development of physiotherapy in Saskatchewan from 1945. The study is divided to describe (1) professional development, (2) educational development, and (3) the evaluation of physiotherapy as a profession in Saskatchewan.

Before 1945, physiotherapy lacked organization and direction. Anyone could call himself a physiotherapist and practise physiotherapy, which gave no protection to the public.

In 1945, the provincial government established a regulatory, or, licensing body for physiotherapists in Saskatchewan, for the protection of the public against unqualified practitioners. This action had the effect of compulsorily organizing physiotherapists. From this step, a professional association was established in the province in 1960.

The functions of professional organizations are described, these being basically regulatory, and professional. The former relates to the protection of the public, while the latter relates to the advancement of the profession and its members. These functions are discussed in relation to the physiotherapy regulatory and professional associations that were established in Saskatchewan.

Abraham Flexner described six characteristics that an occupation must possess if it wishes to style itself a profession. These criteria
are applied to evaluate physiotherapy development in Saskatchewan, and the resulting strengths and weaknesses are discussed.

The historical development of professional education in Canadian universities is outlined, particularly at the University of Saskatchewan, to describe the acceptance of the physiotherapy programme at the University of Saskatchewan. The background circumstances which led to the programme's establishment are described, along with the gradual development of its curriculum, and levels of training.

The physiotherapy educational trends in other Canadian universities are described, with their gradual transition from diploma level training, to baccalaureate degree level only.

The thesis of this study is that the professional development of physiotherapy has contributed to the development of the physiotherapy programme at the University of Saskatchewan.
ACKNOWLEDGEMENTS

I wish to thank my advisor, Professor John Lyons, for his help and encouragement during the preparation of this thesis. Appreciation is also expressed to Professor Joyce Manton and Dr. G. Langley for their comments and suggestions.

Particular thanks are due to Miss Lucille Marshall and Mrs. Rose Schwartzzenberger, for their help in typing the many draft copies of this thesis.

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To those physiotherapists, past and present, who have contributed to the development of physiotherapy in Saskatchewan, and across Canada.
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Chapter 1

INTRODUCTION

STATEMENT OF THE PROBLEM

In 1945, physiotherapy was first placed on a professional footing in Saskatchewan, with the establishment of a regulatory, or, licencing body for physiotherapists in the province.

Before this time physiotherapy lacked recognition, organization, and direction. After 1945, it gradually evolved into a more professional organization. The Saskatchewan Physical Therapists Association was formed, empowered by provincial legislation to license physiotherapists for the protection of the public; an affiliated association of the Canadian Physiotherapy Association was formed, to promote the interests of the profession within Saskatchewan; and a physiotherapy training programme was established at the University of Saskatchewan.

This study will record the professional and educational development of physiotherapy in Saskatchewan, with the thesis that the professional development of physiotherapy has contributed to the development of the educational programme in physiotherapy at the University of Saskatchewan.

This study is basically divided into three sections: (1) a history of physiotherapy professional development, (2) a history of physiotherapy educational development, and (3) the evaluation of physiotherapy as a profession in Saskatchewan.
LIMITATIONS

A therapist interested in the history of physiotherapy in the province is faced with a lack of published material describing its development. This lack of documented material is further compounded by the mobility of so many therapists that there are few therapists in the province who are familiar with the development of physiotherapy, with any degree of continuity.

Another major limitation is the loss of the minutes of the Saskatchewan Physical Therapists Association during its formative years from 1945 to September, 1953.

DELIMITATIONS

The author has decided to limit this study to:

1. physiotherapy professional development, by studying the Saskatchewan Physical Therapists Association, the provincial affiliation of the Canadian Physiotherapy Association, and the Canadian Arthritis and Rheumatism Society (Saskatchewan Division).

2. physiotherapy educational development, by studying the historical development of professional education in Canadian universities, particularly at the University of Saskatchewan, to describe the acceptance of the physiotherapy programme at the University of Saskatchewan.

3. the evaluation of physiotherapy as a profession in Saskatchewan, by using Abraham Flexner's six criteria for determining professional development.
SOURCES OF DATA

The following sources were utilized for this study:

1. Minutes and reports of:
   b. The North Saskatchewan District of the Canadian Physiotherapy Association.
   c. The Canadian Arthritis and Rheumatism Society (Saskatchewan Division).
   d. Faculty of Medicine, University of Saskatchewan.
   e. School of Physiotherapy, University of Saskatchewan.

2. University of Saskatchewan Archives, for correspondence and reports of university meetings.

3. Federal and provincial government reports and commissions.

4. Statutes of Saskatchewan.

5. Journal articles.

6. Personal interviews and correspondence.

7. Newspaper articles.

8. Briefs and presentations to the government of Saskatchewan.


APPROACH

A study and analysis of documents has been conducted to establish the history of physiotherapy in Saskatchewan. Abraham Flexner's model for determining professional development has been accepted, and applied to physiotherapy in Saskatchewan to evaluate its current professional development.
SIGNIFICANCE

This study will be the first to record the professional and educational development of physiotherapy in Saskatchewan. Also, it will be the first time that physiotherapy in Saskatchewan, or elsewhere in Canada, has been evaluated by using Flexner's model.

The functional advantage of evaluating physiotherapy by Flexner's model is that strengths and weaknesses can be identified, for possible future remedial action.
Chapter 2

PHYSIOTHERAPY PROFESSIONAL DEVELOPMENT
IN SASKATCHEWAN

The respective functions of professional organizations are discussed in this chapter. There are basically two functions to be considered. The first is concerned with the advancement of the profession and its members. The second is concerned with the protection of the public. Also discussed is the importance of keeping these two functions separate, and the possible areas of conflict which might arise if this separation is not observed.

Prior to 1944, there was no organizational structure in Saskatchewan to which physiotherapists could belong. After this date, a regulatory association was established by provincial legislation, and much later, a provincial professional association was formed. In the intervening time between the establishment of these two associations, the Canadian Arthritis and Rheumatism Society (C.A.R.S.) (Saskatchewan Division) established a treatment programme in the province for arthritic patients, which was very physiotherapy oriented. This programme was valuable in indicating the need for physiotherapy in the province, and in demonstrating the contribution of physiotherapy in the rehabilitation process. As a result, the C.A.R.S. programme had a secondary effect of contributing to the establishment and development of physiotherapy in Saskatchewan. This was a period of widening growth for physiotherapy in the province, and some of its current professional concerns are discussed.
THE FUNCTIONS OF PROFESSIONAL ORGANIZATIONS

A primary purpose of professional organizations is to achieve "...the promotion of study and research designed to improve the work of the profession."¹ A secondary purpose is to protect and advance the interests of the profession and its members.² However, in addition to these functions are others devoted to the protection of the public, and the public interest.

The following list is a summary of the various functions in which professional organizations may be involved:

1. The protection of the public, by ensuring a minimum standard of professional or technical competence. This can involve establishing minimum standards for entry into practice (licensing, registration or certification), and on-going supervision (police, by peer-evaluation, review committees, disciplinary committees). In some cases continuation in registration is dependent upon the completion of specified refresher or further education courses.

2. The accreditation of training programmes, and the evaluation of diplomas and degrees from Canadian and foreign schools.

3. The advancement of professional standards - upgrading of the acceptable minimum through organization of further education programmes, specialist education, and the sharing of experience in special interest groups.

4. Securing adequate compensation for the members - the obvious form is negotiation of satisfactory remuneration for services provided, but there is the related area of raising the status of the occupation, the arrangement of upward mobility to higher positions or qualifications, and job satisfaction in general.³

This list of functions can be separated into two categories, those relating to the public, and those relating to the profession. The first point covers those functions relating to the public, while the following three relate to the profession. A method used to keep these functions isolated from each other has been to create separate associations within
the professional organization. The first can be referred to as the "regulatory" association, concerned with the protection of the public. While the second, the "professional" association, is concerned with the interests of the profession.

This separation of functions has been a subject of interest with a number of government reports published within the last few years concerned with health professions.4

These reports have all emphasized that the individual health professions much separate the respective functions of their regulatory and professional associations to avoid possible conflicts of interest between the public and themselves.

The regulatory body of each health care profession...exists to protect the public and not to advance the interests of the profession; this latter and clearly important function is properly the concern of the voluntary professional association.5

Some of the reports cite as reasons for their concern:

... the positive effects of the regulatory bodies, whether they are licensing or merely certifying in nature, in ensuring professional competence would be strengthened if the appropriate role and responsibilities of the regulatory body were clearly understood by members of the profession, the public and government.6

Also,

... the primacy of the licensing or regulatory body's duty to the public has not always been understood by the body and its practitioners or, if understood, not always acted upon. It is not true, in our opinion, that what is good for a profession is necessarily good for the country. Our survey of the entire question leads us to believe that even the courts (composed, of course, of professionals) have not always seen the validity of this point.7

Another reason offered for the lack of understanding of, or action upon, the principle of separation of professional and regulatory functions, might be the system of electing the regulatory body from the general
membership of the profession. A person elected to such an office might naturally think that he had a primary obligation to the membership to serve their best interests, forgetting, or unaware of the fact that a profession does not possess knowledge or skill for its own sake, but for the purpose of applying it to society's needs.

Regulatory bodies are given their authority by legislation, and their powers may be considerable in maintaining standards and competence of practice amongst their members. As this authority is derived from public legislation, it follows that the lay public has an important interest in the regulations and activities of the regulatory body to see that its interests are not subordinated to those of the profession.

The concern of separating the respective functions of the regulatory body from the professional body of a professional organization relate to a potential, or actual conflict of interest. Such a conflict might develop between the profession and the public. The possible areas of conflict arising between the regulatory body and the public have been classified into six areas:

1. **Remuneration and Fees**

The regulatory body may influence directly, or indirectly, the establishment of fee schedules. If the corresponding professional body is absent, the regulatory body might establish unusually high fees, if fees are unilaterally decided, and not negotiated.

2. **Disciplinary Proceeding**

The public should be represented on professional discipline committees to see that justice is not only served, but seen to be served. This would help to allay any doubts in the mind of the public that members of a profession may deal more lightly with their own members than a court
of law.

3. **Restrictive Practices and Limited Entry to the Profession**

The monopolistic power of the regulatory body may place unnecessary barriers in the way of professional advancement.

4. **Scope of Practice Limitations**

Narrow legal definitions of the scope of practice between various health professions may restrict the full utilization of available services to the patient. Such a narrow approach might prevent an inter-disciplinary team approach to patient care, which would be detrimental to the public interest.

5. **Scope of Practice Domination by One Profession Over Another**

This practice may lead to restrictive practices, or further limitation to the concept of the inter-disciplinary team approach to patient care.

6. **Obsolete Professional Regulations**

A periodic review of professional regulations is necessary with the rapidly changing social needs and expectations.

The importance of the separation of functions of professional organizations is an essential aspect to understand, particularly with government taking an increasing interest in public protection. As will be discussed subsequently, the history of physiotherapy's professional development in Saskatchewan is the history of its regulatory and professional associations. It is only the comparatively recent interest of government in these matters that has clarified and defined the respective functions of a professional organization, which are now so easy to see in retrospect.
In 1944, a Health Services Survey Commission was established by the newly elected Co-operative Commonwealth Federation government of Saskatchewan. This Commission was the first part of an electoral promise:

... to set up a complete system of socialized health services with special emphasis on preventive medicine, so that everybody in the province will receive adequate medical, surgical, dental, nursing and hospital care without charge.

Dr. Henry E. Sigerist was appointed Commissioner of the Health Services Survey Commission, and was to study the facilities which would be necessary for the training of all types of personnel, and consult with all interested individuals and organizations. The Commission was also charged to include any relevant questions for consideration, and recommend a more efficient and expanded health services programme to all parts of the province.

Prior to the establishment of the Health Services Survey Commission in 1944, physiotherapy as a health service in Saskatchewan was unorganized and unrecognized. There was no professional association, with official representation with the national association (The Canadian Physiotherapy Association), and no regulatory association. As a result physiotherapy was not a legally protected term, and anyone could call himself a physiotherapist and practice physiotherapy. This state of affairs gave no protection to the public and in turn reflected a poor public image of physiotherapy.

In the subsequent Report of the Commissioner (the Sigerist Report), the practice of physiotherapy as a health service is described as follows:

At present there are no regulations concerning the practice
of physiotherapy so that the public has no means of ascertaining who is a qualified masseur or general physiotherapist. An Association of Physiotherapists [sic] was organized on September, 30, 1944 and it would be advisable, in consultation with them and the Canadian Association of Physiotherapy, to set standards and require a license for the practice of physiotherapy.\textsuperscript{14}

As the Sigerist Report was published on October 4, 1944, the organization of an "Association of Physiotherapists" five days earlier, appears to have been a hasty measure for the immediate purpose of having an official, if last minute, organization with whom the provincial government could conduct future discussions. The absence of any organizational structure in Saskatchewan served to inhibit the development of physiotherapy, as it was unable to achieve any of the functions of a professional organization.

THE PHYSICAL THERAPISTS ACT

On March 30, 1945, as a result of the Sigerist Report, "An Act Respecting the Practice of Physical Therapy" was passed by the Legislative Assembly of Saskatchewan (Appendix A).

This Act was a controversial one between the Saskatchewan "Association of Physiotherapists" and the national Canadian Physiotherapy Association (C.P.A.).\textsuperscript{15} Prior to the passage of the Act, the C.P.A. had attempted to stop, or change, the proposed Act. It was concerned that some poorly trained therapist would be allowed to register under the Act, and ". . . be recognized on the same basis as those who were more fully trained. . . ."\textsuperscript{16} However, the C.P.A. was unsuccessful in its attempt, and the Act was passed despite the representations that the C.P.A. made to the provincial government.\textsuperscript{17}

The Act, known by its short title as the Physical Therapists Act,
1945, created the Saskatchewan Physical Therapists Association (S.P.T.A.). This association was the regulatory body for physiotherapists in Saskatchewan, and its establishment had the effect of organizing physiotherapy for the first time in the province. The Act was also unique in that it was the first physiotherapy licensing legislation in Canada.

The major features of the Act included the following points: it defined physiotherapy, and the scope of physiotherapy; it established a licensing mechanism, and made it an offence for any unlicensed physiotherapist to practice in the province; it defined who was eligible to be licensed to practice; it created an executive body known as the "Council of Physical Therapists;" it established an ethical code of practice, and laid down mechanisms for disciplinary proceedings.

The result of the Physical Therapists Act provided physiotherapists with a regulatory body which contained the necessary authority whereby criticisms of physiotherapy referred to in the Sigerist Report were satisfied. Also, the legislative creation of the S.P.T.A. provided a compulsory organization from which professionalism was gradually developed.

PROBLEMS OF PROFESSIONAL IDENTITY

A singular feature of the Physical Therapists Act was the inclusion of masseurs and physiotherapists together in the S.P.T.A., and the definition of a physical therapist as a physiotherapist or masseur. While masseurs and physiotherapists had a common historic background through the use of massage, physiotherapy had progressed beyond the limitations of massage, as the definition of the practice of each indicates. It was presumably thought that because of their common origin in massage, both these groups would be compatible in one organization. But, as subsequent
events transpired, the incorporation of both these groups in the one organization must have been a little strained even in 1945, as is indicated by the legislation that was enacted later to discontinue this liaison.

Gradually, over the next few years, amendments to the Physical Therapists Act of 1945 were made to exclude additional masseurs from becoming members of the S.P.T.A., and to redefine the term physiotherapist. In this way the S.P.T.A. was changed to represent physiotherapists only, with the exception of those early masseurs who had gained original membership as "grandfather" members.

The Physiotherapy Act of 1945 laid down that the first members of the association would be those who could satisfy the executive body of the association (the Council of Physical Therapists) with their qualifications and moral character. The categories through which memberships could be attained were: those who had practiced in the province for five years prior to April 1, 1945; those who had been involved on active military service; and those Saskatchewan residents who had graduated from a recognized physiotherapy college, and whose practice had been disrupted by military service. Council could also, at their discretion, admit to membership those who had practiced in the province for ten years prior to April 1, 1945.21

In practice, however, any one working in the province as a masseur or physiotherapist within the specified time, could be registered with the new association, and therefore not debarred from their existing employment. Returning servicemen who were not Saskatchewan residents were also admitted. The members who were admitted under these regulations, but who did not possess recognized qualifications, were known informally as "grandfather" members. The act also did not specify any time limit for
registration as a first member of the association.

On April 1, 1947, the first act to amend the Physical Therapist Act of 1945 was approved by the Legislative Assembly. This act stipulated that no more first members would be admitted to the association unless their application was received prior to July 1, 1947. This act was primarily directed to preventing servicemen, who were usually masseurs, from registering with the association. There was apprehension amongst physiotherapists that because of the looseness in the wording of the act, too many servicemen might be encouraged to come to Saskatchewan and adversely affect the existing physiotherapy orientation of the association. Perhaps the degree of apprehension might be gauged from the fact that applicants had to register within three months of this amendment, or forfeit the right to be admitted as first members of the association. After this date, the qualifications of applicants would be more carefully appraised.

Additional amendments to the Physical Therapist Act of 1945 occurred in March, 1948, which further altered the orientation of the S.P.T.A. away from massage to physiotherapy. In this new Act (Appendix B), a number of important changes to the original Act of 1945 were made. The section that stated that "'masseur' means a person who practices massage" was repealed; the classification of membership in the S.P.T.A. into separate groups of physiotherapists and masseurs was repealed; the classification which divided the Council of Physical Therapists into separate groups of physiotherapists and masseurs was amended to discontinue this categorization; and the title of "masseur" was deleted from the protected titles of "physiotherapist," "physical therapist" or "masseur," which only members of the S.P.T.A. could legally use in Saskatchewan. Probably the most important change that was made was the amendment to allow the Council of
Physical Therapists to make regulations, subject to the approval of the Minister of Public Health, instead of the other way around.

As a result of the 1948 Act, physiotherapists would not be officially referred to as masseurs, simply because they practiced massage. "Physiotherapist" and "physical therapist" were maintained as protected titles, but, "masseur" was released from the list of protected titles, and could be used by anyone without penalty. Finally, the classification of separate membership for physiotherapists and masseurs in the S.P.T.A. and on the Council of Physical Therapists was discontinued, and Council was permitted to take the initiative in regard to making regulations.

In 1949, further amendments were made to the Physical Therapy Act of 1945 (Appendix C), when "masseur" was deleted from the original interpretation of terms that stated that "physiotherapist," "physical therapist," and "masseur" were interchangeable terms. Also, an additional membership regulation was introduced which was to become the usual method of entry into the S.P.T.A. This was to admit anyone who was a member in good standing of the Canadian Physiotherapy Association.

The last amendment concerning the seeming desire of the S.P.T.A. to expurgate itself from its original association with masseurs was the Act of 1954, which amended the revised Physical Therapists Act of 1953. This new Act even deleted a definition of massage from the 1953 Act, and added a subsection which made clear the relationship between masseurs and physiotherapists:

Nothing in this Act shall be construed so as to preclude any person from using the title "Masseur" or "Masseuse" or engaging in practice as masseur or masseuse.

This Act appears to complete the final disassociation of masseurs and physiotherapists which had begun in 1945. The S.P.T.A. had clearly
demonstrated through legislative amendments that it was a physiotherapy organization, interested only in the practice of physiotherapy.

THE CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

The Canadian Arthritis and Rheumatism Society (C.A.R.S.) was founded in 1948, as a result of a conference called by the Hon. Paul Martin, Minister of National Health and Welfare. Representatives of medical schools, health departments and medical and allied professions were invited to consider:

... what should be done to control arthritis, and to alleviate the pain, disability, social and economic loss it causes tens of thousands of Canadians. 28

Following the example of other organizations who sought to overcome the problems of tuberculosis, blindness and cancer, it was decided that:

... national voluntary agencies were effective vehicles through which Canadians could plan together their struggle against problems which had plagued them. 29

The Society established four initial objectives to achieve its purposes. The first three objectives were: (1) to increase the number of rheumatologists in the country, (2) to develop rheumatic disease research, and (3) to establish arthritis clinics and public out-patient departments. The fourth objective concerned physiotherapy and the need to develop physiotherapy resources, and other paramedical services, as these treatments "... are frequently essential for the preservation or correction of disability due to arthritis." 30

In 1949, a Saskatchewan Division of the Society was established with its offices in Regina. A year later, reporting to the Annual Meeting on the achievements of the Society over the year, the president reported
that two physiotherapists had been recruited from abroad to work for the Society, an arthritis treatment centre had been established at the Regina General Hospital, and that another centre was due to be established at the Victoria Union Hospital in Prince Albert. He also reported that the provincial government had allocated a grant to the Society to cover the cost of equipping five mobile units with physiotherapy equipment.\(^{31}\)

These mobile units, consisting of a medical consultant and a physiotherapist, were an important feature of the Society's early work throughout the province. They provided local physicians in the smaller centres with a mobile diagnostic and treatment clinic to assist them in dealing with the arthritic problems of their patients.

As the Society expanded its services in the province the contribution of physiotherapy in the treatment and management of arthritis became more apparent, and the demand for more physiotherapy services was increased. Reporting on the physiotherapy programme over the year at the Annual Meeting of the Society in 1951, the President commented on the "... desired and necessary expansion in this field..." and stated that "... we must foster a school for the training of physiotherapists in Saskatchewan."\(^{32}\) The idea of a school was to help alleviate the general shortage of physiotherapists across the country, and in particular, to overcome the local difficulty of the Society in recruiting physiotherapists to work and stay in the province.

An important change in the delivery of physiotherapy services occurred in 1952, when the original concept of "mobile units," consisting of a medical specialist and physiotherapist, was modified. This change was to further extend the availability of physiotherapy in the province, and make its services more widely known and appreciated.
A problem with the mobile units was that it was found to be impossible to provide more than one or two visits a year, and that during these visits too many patients had to be seen for satisfactory examination and treatment. Also, it was questioned whether any particular patient would benefit from these visits other than through general treatment advice and management of the disease, and through up to date instruction to their family doctors on the treatment of arthritis. To meet these difficulties three separate services were developed from the original mobile units.

The first service was the establishment of regular out-patient clinics for arthritics for the medical specialists in Regina, Moose Jaw, Prince Albert, Saskatoon and Yorkton. In all these cities, except Yorkton, physiotherapy was available so that patients could be referred back to their family doctor and sent for physiotherapy treatment if necessary.

The other two services developed from the "mobile units" were entirely physiotherapy oriented. They consisted of providing (1) a different form of mobile service, and (2) home visits.

The new mobile physiotherapy service was a rural service, visiting the smaller centres in the province. It was based on a different concept than had been previously employed, and was designed to treat those patients who were living too far away from any centre providing out-patient physiotherapy services. The physiotherapist was provided with a car and equipment, and a certain region of the province to cover. The visits were on a regular basis, visiting each town on a certain day of the month where special clinics were available to treat and instruct these patients. The family doctor was also able to send patients directly for treatment to the physiotherapist, without having to refer through the Society's medical
specialists. In 1958, the mobile services were further modified to enable patients to be visited in their own homes, where more comprehensive types of treatment could be provided.

The "home visits" were a mobile urban service, with the physiotherapist provided with a car, but centred in the larger cities in the province. The service was designed to treat those patients who were too ill or crippled with arthritis to attend the out-patient clinics for treatment, and for whom a prolonged stay in hospital would not be indicated.

A concern which the Society had regarding physiotherapy services, in particular the mobile units, was the cost of operating these services on the scale which would be necessary to provide adequate service to all the province. The Society was, after all, a voluntary association, and funds were not unlimited.

To try to overcome this problem a concept was developed which was to have an effect on the general development of physiotherapy services in the province. This concept was:

... to show the advantages of adequate physiotherapy treatments to the smaller centres and to see that the physiotherapists are locally employed rather than through the Arthritis and Rheumatism Society. ...

In other words, by increasing awareness of the usefulness of physiotherapy and by acting as a channelling agency, better services for arthritic patients might be developed in a larger number of the towns through the province.

To encourage the establishment of physiotherapy departments, or departments of rehabilitation medicine, the Society purchased physiotherapy equipment for hospitals using the Dominion-Provincial Health Grants, and Provincial Government Grants that it received. These grants had been received in the early years of the Society's existence to help establish
its programme in the province. But, they had been progressively diminished as the Society was expected to become self-supporting. These grants were discontinued in the fiscal years 1958/59, and 1956/57, respectively (Appendix D), but the Society continued to encourage the establishment of physiotherapy departments by using the bequests and memorial gifts that it received.41

Another aspect of the Society's work in encouraging the development of physiotherapy in the province was the provision of bursaries and scholarships. Up to 1965, five awards were made. These awards, valued at $1,200.00 a year, were for Saskatchewan residents to be trained as physiotherapists outside the province. The Society hoped that at some time these therapists would eventually return to live and work in their home province. If this were not the case, then this policy would be generally beneficial by adding to the number of physiotherapists available across the country. Later, when a physiotherapy training programme was established at the University of Saskatchewan, the Society provided generous Prizes and Awards to assist the students in their studies.

In 1960, after eleven years as a voluntary organization in Saskatchewan, the C.A.R.S. had very effectively demonstrated the value of physiotherapy as a health care service, and in doing so had substantially contributed to the professional development of physiotherapy in the province. The work of C.A.R.S. had demonstrated the need for more physiotherapy facilities and this had been recognized. The Society was also in a position to point out, through its experience, the particular need for a local physiotherapy training programme, if rehabilitation services were to be sustained and developed in the province. In a brief to the provincial government in 1960, on the work of C.A.R.S. in the province, the
Society was able to report:

... the development of physiotherapy services by the Society had led to the introduction of such services by the community. This had been accomplished to a remarkable extent as evidenced by the setting up of physiotherapy departments in Prince Albert, North Battleford, Swift Current and Estevan. This points up one of the important roles of a voluntary health agency such as this Division; namely, that it stimulates activity towards meeting a certain need and when that need is met the agency may withdraw from this activity and devote its energies elsewhere.42

In this same brief, the Society recommended that a school for physiotherapy and occupational therapy be established at the University of Saskatchewan.43

With the development of physiotherapy in the province, the Society gradually phased out its services as it had achieved its objective of ensuring that sufficient physiotherapy services were available to treat arthritic patients. In fact, its efforts had been so successful that in its latter years the Society was treating more non-arthritic patients than arthritic patients. In 1968, 27 arthritic patients were treated in comparison to 139 non-arthritics; in 1969, the ratio was 47 arthritic to 94 non-arthritics; and in 1970, the ratio was 91 arthritic patients to 139 non-arthritics.44

On April 5, 1971, the Board of Directors of the C.A.R.S. (Saskatchewan Division) decided to discontinue physiotherapy services in Saskatchewan, and direct its resources to achieving other objectives in its campaign against arthritis. A transition period was allowed to phase out these services, and on October 31, 1971, physiotherapy services were finally discontinued. It was decided that the future priority of the C.A.R.S. (Saskatchewan Division) would be to expand its support of research and professional education through the Society's Rheumatic Disease Unit programme, and from 1971, the majority of the C.A.R.S. (Saskatchewan Division) resources were channeled towards these objectives.45
However, the society still continued to provide Prizes and Awards to the students in the physiotherapy programme at the University of Saskatchewan.

THE SASKATCHEWAN PHYSICAL THERAPISTS ASSOCIATION

When the Saskatchewan Physical Therapists Association (S.P.T.A.) was established in 1945, it was the only physiotherapy organization in Saskatchewan for fifteen years. No consideration appears to have been given to the necessity of having both a regulatory and a professional physiotherapy organization within the province. Examples of this lack of appreciation regarding the function of the S.P.T.A. as a strictly regulatory body appear in the early minutes of the association. For example, at a S.P.T.A. Council meeting, a question appears to have been raised regarding the desirability of having a branch of the national professional association, the Canadian Physiotherapy Association, formed in the province. To this question the President replied "... that the executive feels that this Association can do a better job for Physical Therapy in this Province without two Associations working in the Province." 46

As the S.P.T.A. was the sole physiotherapy organization in the province for so long, it assumed some of the functions of a professional organization. For example, it became involved with the provincial government in determining the fee for service schedule for its private practitioners. Strictly, this was not the proper function of a regulatory body operating for the public good, as a potential conflict of interest was involved. However, because there was not a professional organization in the province that represented all physiotherapists, 47 the S.P.T.A. was the only representative organization that could negotiate with the provincial government on this matter.
This particular situation fits an example from the 1973 McLeod Report, which offered a solution for a regulatory body to determine a fee schedule with a public body. The McLeod Report made the point that if a professional body was not available to perform this function, and if the fee schedule was not a unilateral decision, but a negotiated one, then the public interest should be satisfied even if the regulatory body was involved. The essential point was that the fees were negotiated. In fact, this was how the S.P.T.A. fee for service schedule was determined. So while the S.P.T.A. appeared to be in conflict with its function as a regulatory body in fee discussions with the provincial government, on closer examination, it proved not to be the case.

Even when a provincial affiliation of the national professional body, the Canadian Physiotherapy Association, was created in the province, this organization took a long time in establishing itself. Also, it, like the S.P.T.A., was not very aware of the importance of separating the regulatory and professional functions of an organization. As a result, the professional association was content to let the S.P.T.A. continue in the functions it had assumed. The following example illustrates some of the various activities that the S.P.T.A. has engaged in, which could be said were strictly the functions of the professional body:

... a meeting was held. [with] the Minister for the Social Services to discuss the need for physiotherapy as an insured service for nursing homes. An ad hoc committee of the association has been studying the need for training in Level IV care methods and the possibility of bursary service for this. A brief was presented on behalf of the association to the committee studying the need for physical education in schools, emphasizing the need for physical therapy assistance in detecting and treating abnormal conditions at this stage.

However, with the publication of a number of government reports which were concerned with the subject of regulatory and professional
functions of health professions, the S.P.T.A. gradually re-evaluated its function as a regulatory body. For example, a new regulation was devised in 1972, in regard to membership requirements. Previously, the normal qualification for membership in the S.P.T.A. was to admit anyone who was "... a member in good standing of the Canadian Physiotherapy Association." The amendment that was made to this requirement was to add "... or is eligible for membership in the Canadian Physiotherapy Association." This amendment indicated that the S.P.T.A. was aware of the difference between its function and that of a professional association, in that the regulatory association should not require mandatory membership in the professional association. Professional development was seen as an individual responsibility, and not the responsibility of the S.P.T.A. to enforce. The licensing association could only require "eligibility" for membership in the professional association, otherwise the S.P.T.A. was exceeding its function by promoting the professional association through compulsory membership.

In 1973, a further stimulus was provided to examine the respective functions of the regulatory and professional bodies with the publication of the McLeod Report. This report, entitled "Consumer Participation: Regulation of the Professions: Decentralization of Health Services," had been commissioned by the Saskatchewan Minister of Health, the Hon. Walter E. Smishek, to examine these topics as they related to Saskatchewan. In a letter to Saskatchewan Health Agencies and Health Professional Organizations, the Minister invited examination of the concepts in this report, as it was of "... considerable importance to us all."

At the Annual General Meeting of the S.P.T.A. in April 1974, the secretary reported:

A great deal of time has been spent on revising the current Act of the Association to update it and bring it into line with many of the recommendations of the Hastings Report, the McLeod
Report, the Castonguay Report, Manitoba White Paper on Health, and the Ontario Report of the Healing Arts. All of these reports voice the same concern and suggestions.  

At the same meeting the President also reported:

It has been my major concern over the past year to ensure that these affairs are those prescribed by the Act - namely - registration and admission to practice, maintenance of standards, investigation of complaints against members and discipline if necessary, and the prevention of unregistered persons from practicing or calling themselves physiotherapists. This has required an attempt to separate the true function of this association from that which it has tended to acquire. 

The President elaborated further on the special functions of the S.P.T.A. as a regulatory body, and emphasized that members elected to the executive body of the S.P.T.A. (The Council of Physical Therapists) were not elected to further their "... individual or collective personal aims and aspirations. ..." The President also suggested that the name of the S.P.T.A. be replaced with one: "... which does not suggest a group of people associated for the furtherance of their own interests." The term "College" was suggested i.e. The Saskatchewan College of Physical Therapy.

A year later, at the 1975 Annual General Meeting of the S.P.T.A. the President reported that a preliminary review of the Physical Therapists Act had been completed, and that a start had been made to review the Regulations. At the 1976 Annual General Meeting, the President reported that the review of the Physical Therapists Act and Regulations was now almost complete.

In recognizing that social changes were demanding greater responsiveness on the part of professional health organizations, the S.P.T.A. has initiated a review of its whole function. It has almost revised its Act and Regulations; it has informed its members of the necessity of separating
the functions of the regulatory and professional bodies; and in disengaging itself from its non regulatory functions, the S.P.T.A. has tried to encourage and stimulate the professional body to assume more responsibility in this area.

THE CANADIAN PHYSIOTHERAPY ASSOCIATION

The Canadian Physiotherapy Association (C.P.A.) is the professional body for physiotherapists in Canada, with its National Office in Toronto. It was incorporated by Dominion Charter in March, 1920 (Appendix E), with the objective of advancing the interests of the profession and its members. The early objectives of the C.P.A. could now be expanded to include the following major functions:

1. The formulation of a basic professional syllabus, which all physiotherapy training establishments must adopt if they are to receive C.P.A. accreditation.

2. The accreditation of physiotherapy training establishments for its students to receive eligibility for C.P.A. membership.

3. The accreditation of hospitals for physiotherapy internships.

4. The evaluation of credentials of foreign trained physiotherapists for C.P.A. memberships.

5. The examination of foreign trained candidates for C.P.A. membership.

6. Establishing reciprocal arrangements with other countries for C.P.A. members to practice abroad.

7. Publication of a journal.

8. Organization of an annual congress, with a professional education programme.
9. Representing the interests of physiotherapists to the federal government.

In 1960, the first local association of the C.P.A. was established in the province. This was forty years after the national association had been founded in Toronto, and fifteen years after the S.P.T.A. had been created. This association was called the Regina Saskatchewan Branch. Later, it became the Regina-Moose Jaw Branch, and in 1969, it was renamed the South Saskatchewan District.

One of the reasons for the delayed establishment of a local professional body was the lack of C.P.A. members necessary to form such an association. C.P.A. regulations require that eight members are necessary to form a local association, and at the first meeting of the Regina Saskatchewan Branch, eight members were present.

In 1965, the second local association, the North Saskatchewan District, was established in Saskatoon. With the two associations established in the province, one centred in Regina, and the other in Saskatoon, the province was divided by an east-west line through Davidson into membership areas. North of this line, but excluding Yorkton, was the area of the North Saskatchewan District, and South of this line was the area of the South Saskatchewan District.

In retrospect, the simple division of the C.P.A. in the province into two districts was an organizational error, as no corresponding executive structure was established to co-ordinate their respective activities or functions. As a result, both Districts became virtually autonomous, with little or no official contact occurring between them.

This development was contrary to achieving the objectives of a professional association, in respect to advancing the interests of physiotherapy
in the province, or working for the benefit of its members. For example, without an executive structure established between the two districts, neither district possessed the independent authority to represent the national professional association in any dealings with the provincial government, or any other representative organization or profession. These latter bodies could not in turn deal with any confidence with a district that did not possess this authority. The C.P.A. could not involve itself directly in provincial affairs, because, as a national body, it had no jurisdiction in provincial matters. Any matter concerning the national association had to be conducted through the provincial associations. Therefore, as there was no one organization to represent the national authority of the C.P.A. in the province, the effectiveness and consequent development of the local association was seriously impaired.

Gradually, with the frequent focus of attention being directed to analysing and separating the functions of professional organizations, one of the major problems that prevented the C.P.A. from becoming a more viable organization in the province was recognized as:

We must have a group which will represent all therapists in the province, to promote the profession, protect it from being down graded by other groups; to express a united opinion in matters affecting the profession and therapists, and in discussion with other professions, disputes, or requests for information in developing programmes. The only way this can come about is by the formation of a Saskatchewan Branch of the C.P.A. drawing from both the North and South Saskatchewan Districts. 64

In 1975, as a result of the recognized need to have a different organizational structure in the province to represent the authority of the national association, and to co-ordinate the functions of the two districts, it was agreed by both districts that a Saskatchewan Branch of the C.P.A. should be formed. 65 Both districts are working on a constitution for such
CURRENT PROFESSIONAL CONCERNS

The following concerns are of current professional interest, which involve both the S.P.T.A. and the C.P.A. in Saskatchewan.

The S.P.T.A. has sought to define or interpret a crucial regulation in the Physical Therapists Act regarding the scope of practice of physiotherapy in the province. A meeting was held in March 1976, with representatives from the Saskatchewan Medical Association to discuss this matter. The particular section in question stipulates that a physiotherapist can only treat a patient under the direction of a physician or surgeon, otherwise an offence under the Physical Therapists Act would be committed.

The S.P.T.A. suggested that physiotherapists should practice on a referral basis, rather than the present one of direction. This suggestion was taken back to the Saskatchewan Medical Association, and a further meeting agreed to. The actual problem relates to the restrictive nature of the scope of practice contained in the Act, so that:

... a physiotherapist cannot legally carry out the most elementary assessment or basic care procedures without a directive or referral from the patient's physician - and this may include many activities that unqualified staff in the institution would perform routinely.

This situation fits several examples in the McLeod Report as to how conflict can occur between the regulatory body and the public. The first example would be how the narrow scope of practice limitations operating between the various health professions may work to the disadvantage of the patient. This is contrary to the public interest, and also contrary to the function of the legislation granted in trust to the regulatory body, to serve the best interests of the public. The second example, that is
applicable to this situation, is that the scope of practice regulations are obsolete, and do not reflect the changing patterns of health care needs. Consequently, there is a need to periodically revise the various professional Acts in the interests of the public. The situation is also an example of what the Manitoba White Paper on Health has to say about the restrictive nature of scope of practice legislation, in that the early regulatory bodies were more concerned about what a member could not do, rather than what he could do. 71

In addition to its efforts to revise its regulatory function, the President of the S.P.T.A. announced, at the 1976 Annual General Meeting, that the Council of Physical Therapists was considering submitting a proposal to the Minister of Public Health to amend the Physical Therapists Act to allow the provincial government to appoint two members to Council. 72 This was to introduce a "public" element into the deliberations of Council, to ensure that the interests of the public were represented.

The C.P.A. in Saskatchewan is concerned with another major aspect of physiotherapy representation, besides the need to have a Saskatchewan Branch in the province. This problem is involved with the status of some of the "first" members of the S.P.T.A. Some of these members, known as "grandfather" physiotherapists, did not possess qualifications recognized by the C.P.A. Therefore they were not eligible for C.P.A. membership, and also not eligible for membership in the North and South Saskatchewan Districts. This exclusion denied them the advantage of belonging to an association whose objective was professional advancement, and, at the same time, diminished the authority of the professional association as it could not claim to represent the interests of all physiotherapists in the province.
In 1972, the C.P.A. changed its regulations concerning membership to allow actively practicing Ontario "grandfather" physiotherapists to become members of the association, without examination. This change in regulations recognized the principle of accepting therapists who were already licensed to practice. The C.P.A. felt that it was to the advantage of the provincial professional body to allow "grandfathers" to become members of its association, so that they could participate in the professional affairs of their province, and also take advantage of the continuing education programmes, which are a feature of association membership. Also, it was to the advantage of the Ontario professional body in that it now represented all physiotherapists in the province.

With the Ontario precedent established, the C.P.A. notified the S.P.T.A. that:

... if Saskatchewan wishes that similar recognition be given to their grandfather members, this request must come from the C.P.A. Districts in Saskatchewan.

The North Saskatchewan District of the C.P.A. discussed this matter and requested that "grandfather" members in the province be admitted to C.P.A. membership. This request was communicated to the South Saskatchewan District and to the C.P.A. However, the South Saskatchewan District did not agree:

... with the North Saskatchewan District's blanket proposal to admit all the "grandfather" members in Saskatchewan to C.P.A. membership. Instead, the South Saskatchewan District thought that each "grandfather" should make individual representation for membership.

From the suggestion that each "grandfather" make individual application for membership, it would appear that the principle involved was not clearly appreciated by the South Saskatchewan District. If both districts had approved this policy, it would not have compelled the "grandfathers" to
have joined the C.P.A. (with the consequent payment of fees). Whether the "grandfathers" wished to join or not would have been their decision. The North Saskatchewan District felt that it was important that all physiotherapists should be eligible to join the professional body. As long as the "grandfathers" were excluded it could not claim that it was the body that represented the professional interests of all physiotherapists in the province.

The principle involved in admitting "grandfather" members to the professional body of the provincial C.P.A. is an extremely important one, and until it is recognized and achieved, the professional body will not be able to assume its full functions and responsibilities to its members. Also, the S.P.T.A. is inhibited in relinquishing some of its non professional functions, as there is no professional body representing all physiotherapists in the province that can assume these functions.

The professional association has frequently suffered in comparison with the regulatory association in the eyes of many therapists and non therapists. While this can be due in part to ignorance about the respective functions of each organization, the following factors are suggested:

1. The S.P.T.A. has the authority of the provincial government to license, discipline, and regulate physiotherapy in the province, while the C.P.A. is a voluntary association with no such authoritative powers.

2. Membership in the S.P.T.A. is compulsory for practice in the province, while C.P.A. membership is optional.

3. The S.P.T.A. is representational of all physiotherapists working in the province, while the C.P.A. in Saskatchewan is not.

4. The S.P.T.A. in the course of its history has engaged in functions which were those of a professional association. The lateness of the
entry of the C.P.A. in the province encouraged this activity, and contributed to the weakness of the C.P.A. in regard to some of its functions. As a result, the value of subscribing to the professional association appeared to be questionable as the regulatory association seemed to be performing the same function.

5. The organizational structure of the C.P.A. in Saskatchewan, with its independent North and South Districts has contributed to its ineffectiveness in some of its professional concerns.

The problems of the professional association in performing some of its important functions are being increasingly recognized by the C.P.A., both nationally and provincially, and also by the S.P.T.A. Remedies are being sought by both the regulatory and the professional bodies to improve the situation and make the C.P.A. a more viable organization in the province. It appears to be realized that in order to develop physiotherapy to its maximum potential as a health profession, a balanced strength is needed between the regulatory and professional associations if both interests are to be served satisfactorily. However, if this is to be achieved, the two outstanding problems that need to be resolved are the creation of a single provincial C.P.A. Branch, to unify and co-ordinate the two Districts in the province, and the admission of "grandfathers" into the association.

**SUMMARY**

The basic functions of professional organizations are regulatory and professional. The former is concerned with the protection of the public, and the latter, with the advancement of the profession. These two functions are contradictory in one organization, and therefore should be
kept separate by the creation of distinct regulatory and professional bodies. Also described are various areas of conflict which could arise if these functions were not kept separate.

The S.P.T.A. was established in 1945, as the regulatory body for physiotherapists in the province. The Physical Therapists Act which established this body was amended over the years in a way that allowed the S.P.T.A. to be transformed into an organization with a single physiotherapy purpose. The C.A.R.S. (Saskatchewan Division) programme for arthritic patients had a beneficial effect on the development of physiotherapy in Saskatchewan. This programme was created four years after the establishment of the S.P.T.A., and was of considerable help in establishing physiotherapy in the province, by demonstrating its therapeutic value in the rehabilitation of C.A.R.S. patients.

The C.P.A. was eventually established in Saskatchewan as the professional body for physiotherapists in the province. But, there was little understanding in the early years of the different and separate functions that this organization, and the S.P.T.A. should perform. There are currently two basic functional weaknesses in the C.P.A. organization in Saskatchewan that need to be revealed. One is that the organization does not have the single authority to represent the national C.P.A. in the province. The other is that as a professional body it is not representative of all physiotherapists in the province.
FOOTNOTES FOR CHAPTER 2


2. Ibid.


6. Ibid.


8. Ibid., pp. 43-44


10. Ibid., pp. 74-79.


13. Ibid.

14. Ibid. The term, "Association of Physiotherapists," should have used lower case letters, as the name of the association formed was the Saskatchewan Registered Physical Therapists' Association. This association was a very informal one, and was discontinued after the creation of the S.P.T.A.


16. Physiotherapy (Journal of the Canadian Physiotherapy Assn.), 1, No. 12 (July, 1945), 16.

17. Ibid.

18. Vide Appendix A, s. 4.

19. Vide Appendix A, s. 2(5).

20. Vide Appendix A, s. 2(3,7).

21. Vide Appendix A, s. 9(1,2,3,4,5,).

22. Statutes of Saskatchewan 1947, c. 77.


24. Continuous membership in the C.P.A. was not required. After being admitted to the S.P.T.A., renewed membership in the C.P.A. was voluntary.

25. Statutes of Saskatchewan 1954, c. 76.

27 Statutes of Saskatchewan 1954, op. cit., s. 4.


29 Ibid.  
30 Ibid., p. 87.


33 CARS. Medical Director's Report to the Medical Advisory Committee of the C.A.R.S. (Sask. Division), October 1, 1952, p. 3.

34 Ibid.  
35 Ibid.  
36 Ibid., p. 4.

37 M. G. Cameron and Rae H. Farmer, "Home Physiotherapy for Arthritic Patients in Rural Saskatchewan: A Programme of the Canadian Arthritis and Rheumatism Society (Saskatchewan Division)," Canadian Medical Journal, 85 (September 16, 1961), p. 694.

38 Ibid.

39 CARS. Medical Director's Report to the Medical Advisory Committee of the C.A.R.S. (Sask. Division), October 1, 1952, p. 4.


41 CARS. Presentation to the Advisory Planning Committee on Medical Care to the Government of Saskatchewan. Submitted by the Canadian Arthritis and Rheumatism Society (Sask. Division), September, 1960, p. 9.

42 CARS. Brief to the Advisory Planning Committee on Medical Care to the Government of Saskatchewan. Submitted by the Canadian Arthritis and Rheumatism Society (Sask. Division), December, 1960, p. 12.

43 Ibid., p. 24.

45 Ibid.


47 Vide infra, pp. 30-32. 48 Vide supra, p. 8.


51 Vide supra, p. 7.

52 Statutes of Saskatchewan 1949, c.84, s.3.

53 Saskatchewan Regulations 130/72, s.28 (1) (b).


58 Ibid., p. 6. 59 Ibid.


Ibid.


Physiotherapy (Journal of the Canadian Physiotherapy Association), 28, No. 3 (July, 1976), 170.


Revised Statutes of Saskatchewan 1965, c.322, s.11 (1).

Every person who practises physiotherapy either alone or in conjunction with any other method of treatment of the human body for disease and the cause of disease, for hire, gain, reward or remuneration, or in the hope of expectation thereof, unless he is duly registered to practise as a physical therapist under this Act and unless he practises under the direction of a physician or surgeon is guilty of an offence under this Act.


Vide Supra, p. 9.


Vide supra, p. 13.


In 1973, the number of "grandfather" physiotherapists practicing in Saskatchewan was under ten. Statement by Mr. V. J. Cottrell, President, S.P.T.A., in a personal interview, Saskatoon, Sask., July 28, 1976.

A profession has been described as:

... an occupation based upon specialized study and training, the purpose of which is to supply skilled service or advice to others for a definite fee or salary.¹

A characteristic feature of many occupations is their tendency to strive towards achieving "... prestige, authority and autonomy..."² to seek in some degree recognition as a profession. This striving is termed professionalism, and physiotherapy is not an exception to this characteristic.

The history of physiotherapy in Canada, if one dates it from the founding of the Canadian Physiotherapy Association in Toronto in 1920, is only fifty-six years old. But, within this comparatively short time, physiotherapy has come a long way along the road of professionalism, since those few masseurs and gymnasts first obtained their Dominion Charter for the Canadian Physiotherapy Association.³

How then does one evaluate an occupation, or compare it with another, to see how "professional" it is? One of the earliest methods used, and one still valid today, was formulated by Dr. Abraham Flexner in 1915. Flexner described a number of characteristics that an occupation must possess if it wishes to style itself a profession. The six distinguishing criteria that a profession must possess are: it must be intellectual, learned, practical, possess techniques or skills, be organized, and be guided by altruism.

... a profession is intellectual, and carries with it great personal responsibility for the proper exercise of choice and...
judgement. It is learned, for it is based on a substantial body of knowledge, developed over a long period of years and transmissible to students who wish to enter the profession. . . . A profession is practical, since its knowledge can be applied to real life situations in the here and now. In other words, it can solve human problems. A profession also has techniques, or skills, which can be taught, and which serve as mechanisms by which knowledge can be applied to the solution of problems. It is organized into associations or groups of practitioners for various professional purposes, including those of guiding the education of students and regulating the entrance into the profession. And last, but extremely important, a profession is guided by altruism, by concern for the patients or clients who come to it for help. Its purpose is to benefit mankind.  

These six criteria of Flexner will be applied to the occupation of physiotherapy in Saskatchewan to see how far it has advanced in its quest for professional status.

Periodic evaluations of this functional nature are useful exercises, particularly for new, struggling occupations, as they indicate how far an occupation might have to travel in its quest, which direction it might take to achieve an objective, or what is required to satisfy an objective. Some of these things might be well within reach, others impossibly so. Although, with the rapidly changing world, what is seemingly out of reach, might actually be within reach now, or in a comparatively short time.

There are obviously no scores that result from an evaluation of this nature, and the methodology is hardly scientific. But, in spite of these disadvantages, Flexner's concept provides a useful, functional methodology which can be used to analyse various areas of professional development.

INTELLECTUAL

Flexner was of the opinion that the intellectual character of a
profession was indicated by the degree of responsibility that was afforded to it, so that it was:

A free resourceful, and unhampered intelligence applied to problems and seeking to understand and master them. \(^5\)

The discretion of what to do, and the responsibility for subsequent actions were for Flexner the hallmarks of a profession. It is the ability to decide, modify, reject, and take responsibility for one's actions that is the mark of a professional. The acquisition of skills and techniques, no matter how sophisticated, if without responsibility, are merely routine, and can be performed by a technician. If an occupation lays claim to being intellectual, then the quality of responsibility should be proportional to it.

In this first crucial requirement, physiotherapy fares badly. The degree of responsibility that a physiotherapist has is regulated by the Physical Therapists Act, which states:

\[ \ldots \text{unless he practices under the direction of a physician or surgeon is guilty of an offence under this Act.}\] \(^6\)

This inhibiting legislation, if exercised in the strictest sense, reduces the therapist to the status of a technician, with all personal responsibility removed, with the physician directing what will be done, and what not done.

Historically, this situation was brought about by the early therapists who voluntarily agreed to work under medical direction. \(^7\) This was done in the early days of the physiotherapy association as part of an attempt to develop a code of professional ethics. This was an act of professionalism, in order to distinguish themselves from other unqualified persons practising various forms of treatment. Unfortunately, what was envisaged as a positive concept in professionalism later became a
restrictive policy that inhibited professional development, as the scope of practice greatly expanded beyond that of the early therapists.

However, the medical profession was comfortable with this situation as doctors regarded therapists as there to perform minor tasks, offering no threat to their established patient relationship. Indeed physicians believed themselves competent in physiotherapy, but were too busy to attend to it personally, so therapists were ideal assistants to work under medical direction. 8

Following the Second World War, a tremendous expansion and development occurred in the whole field of rehabilitation. Physiotherapy became more involved in rehabilitation, diversified into specialities, developed new techniques, and was given, or had to assume, more responsibility than was granted by law. At the same time, the concept of the team approach to health care and rehabilitation developed. This approach held that no one health discipline should assume superiority over another, as all disciplines have something of value to contribute to the care of the patient.

As physiotherapy became more specialized and diversified, it began to infringe on the professionalism of the medical profession. Because of the physician's authority for the treatment of patients, he expected to write treatment orders, i.e. "direct" treatment. In the case of physiotherapy, the legal authority possessed by physicians presumes that they are competent to direct treatment in this very specialized area of rehabilitation, an area which is notoriously neglected in medical education. 9 The relationship that can develop due to this authority often places both physician and therapist in uncomfortable and embarrassing situations.

This situation is not restricted to physiotherapy, but to other disciplines who feel that:
... their skills are presently not being used to full effect in the care and treatment of individuals and families. They point out that in a field which is as complex and specialized as health care, no one person can have understanding and competence in all areas. These groups of professionals... also made clear their unwillingness to continue accepting the dominance of the physician in providing health care. They see themselves as possessing a depth of knowledge and skill in their particular area that surpasses the knowledge and skill of the physician. Most do not question the general leadership role of the physician, in the medical supervision of families and individuals and in particular, his special position in decisions affecting illness and death, but they do state unequivocally that they are no longer willing to accept an auxiliary or purely subsidiary role in the health care process. They feel that the insights and skills they possess can only be effectively used to help people when a collegial or team relationship exists among all health personnel.10

While some of these feelings are probably due to professional strivings on the part of the various disciplines, they are often the result of restrictive legislation that has been placed on the scope of practice of these groups by the medical profession. These restrictions, while often presented as being necessary for public protection and quality health care, are "... not always easy to distinguish from self interest."11

The question of medical direction in regard to treatment is a topic of current concern in physiotherapy. What is being suggested is that the use of the term "direction," be replaced by that of "referral." The distinction between the two terms is that with "direction," the physiotherapist is legally required to carry out a specific treatment, whereas with "referral," the patient is sent to a physiotherapist to be assessed, and the appropriate treatment determined. In the first instance, the therapist is being regarded as a technician, without any knowledge on which to make judgements. The term "direction" is in effect a treatment order or prescription, which encompasses the notion that the physician is competent to direct physiotherapy.

In the second instance, the therapist is recognized as possessing
the required knowledge to make decisions, and assume the responsibility for them, in the same manner in which the "referral" of patients is standard practice amongst physicians. When the term "direction" is employed, the physician/physiotherapist relationship is of a master-servant order, but when "referral" is used the relationship changes to a more collegial or professional nature, with the therapist exercising individual judgement and responsibility. The referral system, as suggested, would always require an accompanying diagnosis from the physician, with any contraindications to treatment, and the aims of treatment, where appropriate. The "referral" system of physiotherapy practice is supported by the C.P.A., and its Rules of Conduct specifically state that a member can treat a patient on a "referral" basis:

The member may evaluate patients who have been referred by a qualified and duly licensed medical doctor or dentist or by another member of the health team, but in no case shall physiotherapy treatment be commenced before obtaining a referral from the patient's physician, or where the legislation permits, the patient's dentist.

The member shall obtain adequate information as to the diagnosis, medical treatment, contraindications and perform an assessment prior to initiating treatment.12

In 1975, the Physical Therapy Hospital Standards Consultant, of the Saskatchewan Hospital Services Plan, published a physician's guide to physiotherapy and occupational therapy, which received the following endorsement from the Professor and Head of the Department of Rehabilitation Medicine at University Hospital, Saskatoon:

Several decades ago, it was usually necessary for the physician to give very detailed instruction to both physical and occupational therapists for the treatment of the patients being referred to them. This often resulted in confusion, and inappropriate prescriptions as most medical graduates had received little information in their own professional education or experience on which to base such orders.
The greater emphasis on these forms of therapy in the intervening period, accompanied by the interest, stimulation, and teaching of highly interested physicians, has resulted in both a broadening and intensification of the professional capabilities of the physical and occupational therapist so that now such detailed prescription is unnecessary. Providing the physician will indicate expected goals and purposes of such therapy, and advise concerning diagnosis as well as specific precautions and restrictions, a referral for assessment and treatment is presently all that is required or appropriate.

The suggestion of patients being treated by referral, rather than direction, was recently discussed with representatives from the Saskatchewan Medical Association (S.M.A.), and resulted in a copy of a draft statement to be circulated to the S.M.A. membership being sent to the S.P.T.A. President.

The current Physical Therapists Act specifies that therapists must work "under the direction of a physician or surgeon." Just as has occurred in the world of medical practice, the knowledge and expertise of therapists has expanded over the years. Their training and experience provides them with the capability of selecting the most effective method of treating the specific condition for which the patient has been referred. In that sense, then, physicians could consider therapists more as professional colleagues than as technicians and may thus wish to refer patients for assessment and for selection of the most appropriate treatment.

If the primary diagnosis, the relative concurrent diagnosis and goals of therapy are itemized, the therapist can then select the therapeutic modality without contacting you further. We were informed that therapists find it difficult to communicate with many physicians because physicians seem to hold to the concept that therapists must do as they're told. Therapists are no longer prepared to accept that attitude. Nor should they. We need to develop better communications with them.

In practice, many physicians have long referred patients to physiotherapists, but this was done as a courtesy, and not as a right. Various factors may influence the flow of responsibility from physician to therapist. It may come about singly, or in combination, from agitation by therapists for more recognition by the medical profession, or through legislation as the economics of health costs spiral upwards, and efforts
are made to rationalize roles and relationships to extract the most efficient and economic investment from all members of the health care team. However, until physiotherapy is able to achieve public, i.e. legal, recognition for some degree of independent responsibility, the claim to be a profession is not too convincing in this respect.

**LEARNED**

The learned component of a profession is related to its intellectual character which "... involves the working up of ideas into practice, involves the derivation of raw material from one realm or another of the learned world." A profession will lose its intellectual character, and consequently its learned nature, if it relies on generally available knowledge.

Flexner described research and seminars as the methods used to stimulate ideas and generate new knowledge. The latter method is interpreted as life long professional education. These two methods maintain the intellectual criteria "... which keep professions from degenerating into mere routine, from losing their intellectual and responsible character."17

The ability of physiotherapists to engage in research has been seriously inhibited by their educational qualifications. Only a decade ago, in the mid 1960's, the majority of physiotherapists graduating from Canadian universities were diploma holders. One of the reasons for the establishment of diploma programmes, and this applied particularly to the University of Saskatchewan, was the urgent need to produce therapists to supply the health care needs of the country. Naturally, with a priority such as this, a diploma graduate could be qualified more quickly and economically than a degree graduate. Also, at this time, the C.P.A., which
accredits training institutions, was primarily interested in the content of the programme, rather than the type of qualification that was awarded on graduation.

The situation regarding educational qualifications has now reversed itself, with the majority of institutions graduating its therapists with baccalaureate degrees. The University of Saskatchewan is an exception to this development, which still graduates its students with a three year diploma, although an optional degree programme is offered.

Some of the reasons for the transition from diploma to degree qualification has been the recognition and acceptance by individual universities that a greater breadth and depth of education was necessary for physiotherapists, to produce more effective and efficient health care. This became particularly crucial with the emphasis on taking health care out of the institutions and into the community. The desirability of this trend to degree qualification by the universities was officially recognized by the Canadian Physiotherapy Association in 1974. At this time, a new policy was approved so that after 1982, providing certain criteria are satisfied, all new graduates from Canadian Physiotherapy programmes must graduate with a baccalaureate degree to be accepted for membership in the association.

It is not suggested that the possession of a baccalaureate degree will make every physiotherapist a researcher. But, provision of training facilities at degree level does necessitate research, and in this way strengthens the learned component of a profession. It is believed that with this exposure to a greater depth of training, degree graduates will be more aware of the need of research in physiotherapy, and the necessity of continually questioning and analysing the rationale of their practice, to seek new knowledge and understanding.
What is more directly related to research is that with a baccalaureate degree, the most capable physiotherapists, if so inclined, would be able to enroll in recognized academic post graduate programmes in their own, or related areas. Such a move was very difficult, if not impossible, with only a diploma qualification. The limitations imposed by the degree qualification must be one of the root causes for the lack of research being conducted in physiotherapy.

A comparatively recent educational development is the establishment by three Canadian universities of post graduate programmes in the areas of rehabilitation, or health care. These universities are Saskatchewan, McMaster, and McGill. In fact, in 1970, the University of Saskatchewan had the distinction of being the first Canadian university to confer a masters degree in Rehabilitation Medicine. This was done at a time when the university offered a diploma programme in physiotherapy, without an intermediate baccalaureate degree programme.20

Besides research, the seminar is the other method which Flexner cited a learned profession employs. This is interpreted, in contemporary terms, as continuing education, and is an unquestioned necessity in any profession.

In Saskatchewan, continuing education is provided by the North and South Saskatchewan Districts of the C.P.A., and the S.P.T.A. Also, in the larger employing institutions, in-service lectures are organized by the staff of the physiotherapy departments. Members belonging to the C.P.A. receive a journal, which is devoted to physiotherapy and related subjects. Also, the C.P.A. maintains a lending library from which members can borrow various professional textbooks and journals. This is a particularly valuable service for therapists who do not have easy access to such material.
The C.P.A. also holds an annual congress in different parts of the country, which is devoted to the presentation of papers, lectures, discussions, with short courses of special instruction being offered at the beginning and end of congress.

Using Flexner's two measures of research and the seminar to assess the learned nature of a profession, physiotherapy falls short in respect to research, but fares better with the seminar component. Physiotherapists are very much aware of the absence of research being conducted in this area, but are optimistic that with new baccalaureate, and even newer post graduate degree programmes that are being established, the future holds every possibility that the research criteria of a "learned" profession might eventually be satisfied.

PRACTICAL

Flexner believed that a profession must be practical, and have definite objectives to achieve. These objectives were reached as a result of intellectual processes applied to the particular sciences of the profession.

In the case of physiotherapy, the basic sciences are anatomy, physiology, pathology, and various mechanical, physical and chemical principles which are intellectually applied to achieve specific rehabilitative objectives. In this practical aspect, physiotherapy has a very strong base, with very evident therapeutic objectives, so that "Physiotherapy is one of the most essential components of a rehabilitation medicine service in the hospital."21
TECHNIQUES

A profession possesses definite skills and techniques which can be objectively analysed and transferred to its membership through specific educational programmes. Because its techniques are communicable, members of a profession can agree on an amount and quality of training which should be necessary to produce a competent practitioner.

Regarding physiotherapy, the Canadian Physiotherapy Association is the national accrediting body for physiotherapy training institutions. It has devised a basic syllabus which has been incorporated into the respective training institutions curricula, so that graduates from those programmes are acceptable for membership in the association. The syllabus content is such that it contains what are generally agreed to be the requisite techniques and knowledge that a therapist must possess in order to achieve the practical objectives of physiotherapy.

ORGANIZED

A profession is organized into respective groups or associations for various purposes. One group or association may be concerned with the regulation of entrants into the profession, while another association may be involved with pursuing the interests of the profession and its members.

As has been described previously, physiotherapy in Saskatchewan prior to 1944 was not organized in any respect, and could not even claim to be regarded as a professional organization. However, since that time, regulatory and professional associations have been established, to fulfill the separate functions of protecting the public, and advancing the interests of physiotherapy, respectively. But, while physiotherapy has organized
itself into separate functional associations, the relative functions and 
importance of these two associations is still not always apparent to the 
membership, which in turn tends to decrease the efficiency and effective-
ness of the total organization. Until the professional association in 
Saskatchewan is reorganized to represent the authority of the national 
Canadian Physiotherapy Association, and represents all physiotherapists, 
including "grandfathers," physiotherapy development in the province will be 
inhibited.

**ALTRUISM**

This last characteristic of a profession can be expressed by the 
concern it shows for those who come to it for help.

Flexner understood that the interests of a profession and its mem-
bers may sometimes be contrary to those of the public but believed that 
gradually, as a result of public pressure, professional groups would 
become increasingly more altruistic. Flexner recognized at the time he 
described altruism that it was an idealistic development, but believed that 
a profession should be guided by altruism.

I do not wish to be understood as saying that this development 
is as yet by any means complete. Such is far from the case. Orga-
nizations of teachers, doctors, and lawyers are still apt to look 
out, first of all, for "number one." But as time goes on it may 
very well come to be a mark of professional character that the pro-
fessional organization is explicitly and admittedly meant for the 
advancement of the common social interest through the professional 
organization. Devotion to well-being is thus more and more likely 
to become an accepted mark of professional activity; and as this 
development proceeds, the pecuniary interest of the individual 
practitioner of a given profession is apt to yield gradually before 
an increasing realization of responsibility to a larger end.24

In the history of physiotherapy in Saskatchewan, the Sigerist Report 
shows that the public interests were not protected against unqualified or
incompetent practitioners prior to 1944. As a result, in 1945, the provincial government intervened to legislate the establishment of the S.P.T.A. as the regulatory body for physiotherapists.

Because it was another fifteen years before a professional body was established in the province, it should not be inferred that this was an expression of altruism on the part of physiotherapists, in that they were concerned only with the interests of the public, and not with their own professional ones. The delay was caused by an insufficient number of C.P.A. members to form a provincial association. In the intervening time, some of the functions of the professional body were performed by the regulatory body.

Nevertheless, in another respect, Saskatchewan physiotherapists did lack concern with the furtherance of the professional goals of their national association even when the professional associations were established in the province. This was not due, however, to altruism, but to apathy and ignorance amongst its members about the functions of a professional body. The membership did not appreciate what such an association could achieve for physiotherapy as a profession, and for themselves.

Saskatchewan physiotherapists were not unique in their lack of understanding the benefits that could be achieved through a professional association. The situation that was described in Ontario, might well be descriptive of physiotherapy in Saskatchewan:

The paramedical workers in our survey were uniformly apathetic towards the formal association of their occupational group. Few could muster enough enthusiasm to attend meetings. Fewer still felt any urge to make personal sacrifices for the association, or any compulsion to run for office in the association. Neither did they view the association as a potent device for making changes in their work lives. That might raise the standards of the occupation. The notion that the association could make possible an upward career did not seem to have sunk roots amongst these workers.
This following extract from the President's Report of the 1974
Annual General Meeting of the North Saskatchewan District of the C.P.A.
would also support the above view:

Due to this apathy the S.P.T.A. has carried on many functions
which should have been left to the body concerned with the promo-
tion of the profession, the betterment of its members and the
establishment of standards of excellence. It would seem that Hall
is quite correct, physiotherapists are apathetic about the promo-
tion of the profession and betterment of its members. 28

However, with the establishment of its regulatory and professional
associations, a question that must be asked of the physiotherapy organiza-
tion in Saskatchewan, is how altruistic is it when the public comes to it
for service? The regulatory body only licenses a therapist to practice in
the province after it is satisfied with the qualifications of the appli-
cant. This is to ensure that only qualified and competent therapists are
allowed to practice on the public. But, a problem that is general to all
regulatory associations, and one of increasing concern, is how to maintain
a high standard of practice, or quality control, once a member has been
issued a licence to practice. Such solutions as periodic recertification
for physiotherapists have been suggested, 29 but at the moment, physiother-
apy in Saskatchewan relies on the voluntary efforts of its members to
undertake on-going education, a function which is provided by the regula-
tory and professional associations.

Disciplinary measures are another method that a professional orga-
nization can take against its members to protect the public interest. The
S.P.T.A., as the regulatory body for physiotherapists is empowered by the
Physical Therapists Act to take disciplinary proceedings against members
who contravene the Act. Such members appear before the Council of Physical
Therapists, which is composed of physiotherapists. Because of increasing
public interest in the affairs of professional regulatory bodies, it has been suggested that lay representatives be invited to sit on disciplinary committees to represent not only the public's interest, but also to ensure that fairness is accorded to the member being investigated.\(^{30}\) The S.P.T.A. has already voiced its interest in having lay representatives to the Council of Physical Therapists.

There is also another physiotherapy disciplinary mechanism within the province provided by the professional association, the C.P.A., but functionally, it would fit the following description which was applied to the Ontario Medical Association's Ethics Committees, which function typically:

\[\text{... if at all, as amanuenses for College decisions. Complaints of an ethical nature received by the O.M.A. are referred to the College.}^{31}\]

In other words, disciplinary complaints received by the professional body would be referred to the regulatory body.

These then are the methods that physiotherapy in Saskatchewan employs to serve the best interests of the public, to try to maintain its altruistic attitude in achieving social ends: licensing, quality control of practice, and discipline. As Flexner intimated, this altruism is an idealistic, ongoing process, and while physiotherapy has not succeeded in fulfilling this ideal, neither has any other professional organization. But, retrospectively, one can see gradual positive changes that have been introduced to the benefit of the public along with corresponding attitudinal changes amongst the memberships.

The monopoly that society has granted to physiotherapy, along with other professional organizations, to regulate its affairs, is only supportable by the altruism of that organization as expressed through its code of
ethics, or legislative authority.

If a profession does not enforce its code, its monopoly is endangered. The profession's ethics, its code, is at the very heart of its professional practice. Without it a profession could turn from benefiting society into self-seeking - from altruism into exploitation. In doing so it would number its days. A society will find other ways of obtaining its services if a profession ignores the fact that its privileges are awarded for so long as it aids and serves, but does not exploit its clientele.32

SUMMARY AND CONCLUSIONS

Abraham Flexner's six distinguishing criteria of a profession were applied to physiotherapy. The evaluation indicates that physiotherapy's professional development appears to be strongest in the areas of practicality and techniques, weaker in organization and altruism, and very weak in the intellectual and learned criteria.

This was a functional exercise to show the relative strengths and weaknesses of an occupation's claim to professional status. Because there are no scores for such an evaluation, or agreement on the weighing of the different criteria discussed, each individual reader will place his own subjective mark on a continuum which stretches between "no claim" and a "strong claim" for professional status. It is believed that physiotherapy in Saskatchewan lies somewhere between these two claims, but this would probably be the only agreement as to its exact placement. However, this was not the purpose of the evaluation. The purpose of the exercise was to functionally analyse physiotherapy professional development using criteria designed by Flexner.

The practical application of this type of evaluation is that functional weaknesses are highlighted, so that remedial action might be taken to become more "professional." Even if an occupation never attains the
full professional status it aspires to, the consequent strivings for professionalism as reflected in a desire to improve standards of education, training, organization, and altruism, are positive benefits that are to the advantage of the public.
FOOTNOTES FOR CHAPTER 3


3 Vide Appendix E.


6 Revised Statutes of Saskatchewan 1965, c.322, s.11(1).


8 Ibid., p. 87.

9 "... little or no instruction in medical rehabilitation has been given in Medical Schools, and so many practitioners have no real knowledge of the subject." Extract from Brief to the Advisory Planning Committee on Medical Care to the Government of Saskatchewan. Submitted by the Co-ordinating Council on Rehabilitation (Saskatchewan), December, 1960, p. 10.


11 Ibid., p. 20

12 Canadian Physiotherapy Association, Standing Rules, June, 1974.

14 Vide supra, p. 29.


16 Abraham Flexner, op. cit., p. 589.

17 Ibid.


19 Vide Appendixes T, U.

20 The Department of Rehabilitation Medicine established a M.Sc. in Rehabilitation Medicine, from July 1, 1968. This programme was entirely separate from the Course in Rehabilitation Therapy, which was concerned with undergraduate education, and also offered through the Department of Rehabilitation Medicine.

21 Brief to the Advisory Planning Committee on Medical Care to the Government of Saskatchewan. Submitted by the Co-ordinating Council on Rehabilitation (Saskatchewan), December, 1960, p. 5.

22 Vide Appendix L.

23 Vide infra p. 76.

24 Abraham Flexner, op. cit., p. 590.

25 Vide supra pp. 10-11.

26 Vide supra p. 27.


31 Ibid., p. 100.

32 William J. McGlothlin, op. cit., p. 5.
Chapter 4

PHYSIOTHERAPY EDUCATIONAL DEVELOPMENT
IN SASKATCHEWAN

The historical development of professional education in Canadian universities created the setting for the acceptance for a physiotherapy programme at the University of Saskatchewan. This development, particularly as it affected the University of Saskatchewan, will be presented in this chapter.

Also described, is the reason why a physiotherapy training programme was established in Saskatchewan, and its subsequent programme developments. The accreditation and licensing requirements that had to be satisfied for the Canadian Physiotherapy Association (C.P.A.), and the Saskatchewan Physical Therapists Association (S.P.T.A.), respectively, will be discussed, along with the educational trends that were occurring in other Canadian physiotherapy training institutions.

PROFESSIONAL EDUCATION IN CANADIAN UNIVERSITIES

Most of the early Canadian universities were established as religious foundations, with the training of clergy for the ministry their major concern.¹ For those not destined for the ministry, another function of the university was to train gentlemen for society. The British influence on the English speaking universities was to transport the idea that a university was:

... composed of colleges for gentlemen, non-technical in character, to be supplemented by other professional institutions in the university or outside it.²
The curriculum in these universities tended to reflect a strong classical influence from their Oxbridge models. However, because church resources were limited, there was co-operation with local groups of lawyers and physicians to establish law and medical faculties within the universities. As a result, by 1860, professional education in law and medicine was taught in many Canadian universities.

The entry of professional training into the universities was a controversial subject. Traditionalists held to the view that the university was a place for pure knowledge, unconcerned with practical application. Such views held that any professional or vocational education should be located elsewhere than the university. This attitude for anything less than pure intellectual pursuits is a very old and traditional view in higher education, and can be traced back through the Middle Ages to Aristotelean traditions:

... among late medieval studies philosophy, theology, and logic ranked first in prestige because of their purely mental character. Law and medicine were included within the sphere of respectability only because the element of manual service to others was less evident than in handicraft industry. But medical education was on a lower plane than legal education because it was more concerned with the body than with the mind. Thus, too, the fine arts stood below the liberal ones because of the element of manual dexterity involved in their mastery. And even in the liberal arts there existed a hierarchy predicated on the dualism of mind and body as allied to that of work and leisure and arising from social stratification. The trivium of logic, grammar, and rhetoric outranked the quadrivium of music, arithmetic, geometry, and astronomy.

In 1862, legislation was passed in the United States of America which was to have far reaching effects on professional education in both that country and Canada. This was the Morrill Act (Appendix F), which gave the various States and Territories grants of public land for the purpose of endowing colleges for agriculture and the mechanical arts. Each state
claiming the benefit of this Act was charged to endow, support and maintain:

... at least one college where the leading object shall be, without excluding other scientific and classical studies, ... to teach such branches of learning as are related to agriculture and the mechanical arts, ... in order to promote the liberal and practical education of the industrial classes in the several pursuits and professions of life.7

This Act was the result of a gradually increasing public demand for a more useful, practical kind of education, which would be more appropriate to a newly developing nation.8 This was the beginning of the land-grant colleges, from which some of the great universities in the United States were later to develop, for example, the University of California at Berkley, and the Massachusetts Institute of Technology.

The impact of the land-grant college was to open the door to the university for new disciplines which had not been traditionally associated with university education. Courses such as engineering, agriculture, education, business administration, social work, home economics, physical education, veterinary medicine, pharmacy, politics, economics and fine art developed in response to the changing pattern of social expectation and the explosion of new knowledge.

In Canada, and particularly in Western Canada, the new curricula of the land-grant colleges, which had been moulded to meet the needs of society and the state, was also seen as providing a model for Canadian needs. As a result the Universities of Manitoba, Saskatchewan, Alberta, and British Columbia adopted the ideal of the American state university as the pinnacle of their educational system. At the same time, these public institutions emphasized professional and public service as their model for university development.9
PROFESSIONAL EDUCATION AT THE UNIVERSITY OF SASKATCHEWAN

In Saskatchewan, the University Act of 1907 (Appendix G) established the University of Saskatchewan, and in 1909 the first students were enrolled. The Act prohibited any other institution in the province from granting degrees, with the exception of theology. Therefore, the university was free to award a degree to any discipline it considered suitable or desirable.

A major difference between the University of Saskatchewan and the American land-grant universities was that public land was not provided for the establishment of the University of Saskatchewan. In the United States, each state could receive 30,000 acres of public land for each senator and representative in Congress. In Saskatchewan, the university had to purchase about 13,000 acres, at a cost of $147,906. This difference reflects the origin of educational emphasis. In the United States, the educational thrust stemmed from the federal government, while in Saskatchewan it was provided by the provincial government.

Because financial resources of the new university were limited, the university decided to establish priorities as to what could be achieved with the available resources. In establishing these priorities the university authorities were influenced both by what universities had traditionally taught, and what universities were currently teaching. There was no disagreement that a strong college of arts and science should be at the heart of the university, but there was considerable disagreement over the appropriateness of training the various professional disciplines in the university. This disagreement was particularly directed at agriculture.

In 1908, in order to identify its priorities, the University of
Saskatchewan sent a committee, comprised of President Walter Murray and members of the senate and board of governors, to visit a number of universities in the United States and Eastern Canada. The committee was especially impressed by the University of Wisconsin in Madison, which had incorporated an agricultural college within the university, and by the way in which the faculty served the people of the state, both formally and informally. This latter aspect was developed by President Charles R. VanHose of the University of Wisconsin, and was known as the "Wisconsin Idea." This concept made available the resources of the university to the people of the state through extension activities, field workers and correspondence courses.

When the committee returned from its tour of the universities, President Murray reported to the University Senate in November, 1908. President Murray was determined to make the University of Saskatchewan different from the traditional role of the university. He wanted the university to be of practical service to the people of the province. He expressed this concept as follows:

The university's watchword must be service to the state in the things that make for happiness and virtue as well as in things that make for wealth. No form of service is too mean or too exalted. It is fitting for the university to place within the reach of the solitary student, the distant townswoman, the farmer in his hours of leisure, or the mother and daughters in the home, the opportunities for adding to their stores of knowledge and enjoyment. . . Whether the work be conducted within the boundaries of the campus, or throughout the length and breadth of the province, there should be ever present the consciousness that this is a university of the people, established by the people, and devoted by the people to the advancement of learning and the promotion of happiness and virtue.

Dr. Murray's report, which was approved by senate, conceptualized the eventual development of the University of Saskatchewan:
We may quite properly expect our university in time to embrace:

1. A College of Liberal Arts with Schools of Music, Art, and Commerce.
2. A College of Agriculture with Schools of Forestry, Domestic Science and Veterinary Medicine.
4. A College of Law.
5. A College of Medicine with a School of Pharmacy.
7. A College of Engineering with workshops and laboratories.
8. An Extension Department making provision for correspondence classes, lecture courses, and Farmers' Clubs.¹⁸

An innovative feature of this report was the decision to establish a College of Agriculture within the university, and as a result, the University of Saskatchewan became the first Canadian university to have such a college.¹⁹ Previously colleges of agriculture were independent and distinct institutions from universities in Canada, for example, the Ontario Agricultural College at Guelph. In fact, so innovative was the idea of having a college of agriculture within the university, that after the report was accepted by senate, the Minister of Agriculture for the province, the Hon. W. R. Motherwell, sent his deputy, W. J. Rutherford over the same tour of the universities in the United States that the University of Saskatchewan committee had covered. Rutherford reported back that he had reached the same conclusion as the university committee had concerning the integration of agriculture within the campus. Whereafter the Minister endorsed the proposal, and gave it its strongest support.²⁰

Another feature of President Murray's 1908 report was the decision to establish an Extension Division, to help extend the resources of the university to the community. This was a fairly new idea at the time, and when it, and the decision to establish a college of agriculture had been accepted, the later decisions regarding the scope of the university in regard to professional education were comparatively easy to formulate.²¹
President Murray's vision of the future development of the university was remarkably accurate. The following schools and colleges were established in:

- 1909: Arts and Science
- 1910: Extension Division
- 1912: Agriculture
- 1912: Engineering
- 1913: Law
- 1914: Pharmacy
- 1917: Commerce
- 1926: Medicine
- 1927: Education
- 1928: Home Economics
- 1934: Music
- 1936: Art
- 1964: Veterinary Medicine
- 1965: Dentistry

The one faculty which was not established from President Murray's list was Forestry. Also, not foreseen was the establishment of Nursing in 1938, Graduate Studies in 1946, Physical Education in 1958, and Religious Studies in 1973.

It is against this historical perspective of the university's acceptance of new disciplines that a programme in physiotherapy was established at the University of Saskatchewan in 1965. This was done in response to the health care needs of the province, at a university which had used the land-grant university as its model, and which as a result had contributed so much to the altered character of higher education in Canada.

In 1975, the President of the University of Saskatchewan echoed President Murray's 1908 concept of the university's function to the community. President R. W. Begg said in an interview that he considered the University of Saskatchewan was not:

... in the tradition of the Oxbridge university. We are in the tradition of the American land-grant colleges where service does become an integral part of the university's function.22
THE NEED FOR PHYSIOTHERAPY
IN SASKATCHEWAN

In 1960, the Government of Saskatchewan appointed Dr. W. P. Thompson as chairman to the "Advisory Planning Committee on Medical Care" (subsequently referred to as the Advisory Committee) to study a:

... medical care program for the residents of Saskatchewan, and to determine the best methods of improving health care with the objective of achieving and maintaining the highest possible state of health and well-being for its residents.23

One of the areas that the Advisory Committee investigated was rehabilitation services. The broad scope of rehabilitation may be appreciated by the following description:

The specialized techniques of rehabilitation involve the co-operation of many professions including physicians, ... nurses, physiotherapists, occupational therapists and speech therapists, social workers, psychologists, teachers and vocational placement officers, and the families of patients, employers and voluntary services in the community.24

With regard to rehabilitation, the Advisory Committee received briefs from a wide variety of agencies who were concerned in this field, including one from the Canadian Arthritis and Rheumatism Society (Saskatchewan Division).26 As a result of this information, the Advisory Committee reported that there was an inadequate comprehensive rehabilitation programme in Saskatchewan.27

The briefs that appeared to be the most influential to the Advisory Committee in regard to physiotherapy, were those submitted by the College of Medicine of the University of Saskatchewan, and the Co-ordinating Council on Rehabilitation (Saskatchewan) (subsequently referred to as the Co-ordinating Council).

In a letter to the Chairman of the Advisory Committee, the President of the Co-ordinating Council stated:
Lack of sufficient trained personnel is the most critical problem. Current facilities are currently understaffed. The shortage adversely affects existing programs in that working standards are often relaxed in order to retain staff. Moreover, supervisory positions are held by individuals with limited experience and often supervision of new staff is inadequate or non-existent. These conditions have made it difficult to maintain desirable standards even within current program services.

The brief from the Co-ordinating Council suggested that to overcome these shortages more efforts should be directed to recruitment, and increased financial training assistance programmes, but recognized that these measures would not be entirely satisfactory. "The most direct way of meeting the long-term staff needs is to train Saskatchewan residents in Saskatchewan." 29

With regard to the establishment of a school of physiotherapy and occupational therapy, the brief from the College of Medicine stated:

While additional scholarships and bursaries would be of assistance, the development of a local school of physical and occupational therapy within the College of Medicine would appear to be the most effective means of attacking the personnel shortage. . . . 30

The President of the Co-ordinating Council expressed the following views in a letter to the Chairman of the Advisory Committee, on the need to establish a school for physiotherapy.

(i) At the present time there is an acute shortage of rehabilitation workers, particularly therapists, across the country. Comparing the present manning situation for present and known future programmes it has been pointed out that the number of physiotherapists alone will have to be doubled.

(ii) There are indications that available sources outside Canada for procurement of such personnel are becoming more limited so that there will be less opportunity of filling future vacancies than there has been in the past from these resources. This is because of widening programmes elsewhere and improvement in salaries making employment in Canada less enticing.

(iii) University therapy schools in Canada are presently graduating students in Montreal (two schools), Toronto and Edmonton. A new school was opened in Winnipeg in 1960 and another in
Vancouver commenced operation in the fall of 1961. Even if all these schools were to utilize their full capacities, they would be unable to meet the demand for therapists indicated above. Consequently, there arose a strong recommendation from the Canadian Conference on Physiotherapy that all the Medical Colleges in Canada be urged to establish schools for therapists as soon as possible. . . .

(iv) It is felt essential that such courses be provided at local levels for several purely practical reasons:

(a) Possible reduction in costs to students and their families;

(b) Increasing public awareness of opportunities for education and employment in the field;

(c) Such schools are required to meet local needs – particularly in developing programmes in smaller centres;

(d) From a purely practical point of view the University calendar which offers certain courses often is the means by which prospective University students decide on a particular field.

(v) The establishment has been discussed with the leading authorities on such academic matters in Canada, namely the Directors of the present schools. On August 23, (1961) at a meeting of the Canadian Association of University Schools of Physical Medicine and Rehabilitation, a motion was passed urging the establishment of a school at the University of Saskatchewan.31

The Advisory Committee, in considering the recommendation of the Co-ordinating Council for a School of Physical Therapy and Occupational Therapy, noted that out of the six such schools in Canada, over the last few years, four of them had more vacancies than applications. The Advisory Committee speculated that these vacancies could be filled by Saskatchewan students, with bursary assistance, but, came to the conclusion that "... a greater number of applicants would come forward if a school were to be established in Saskatchewan."32

As a result of its investigation concerning physiotherapy in the rehabilitation services, the Advisory Council recommended in its Final
Report that:

... the appropriate authorities give serious consideration to the early establishment of a School of Physical Therapy and Occupational Therapy in or associated with the University of Saskatchewan. In this regard, we strongly recommend the development in any such school of courses at two different levels of training, with emphasis on a short course at the technical level.

BACKGROUND TO THE DEVELOPMENT OF THE PHYSIOTHERAPY PROGRAMME

Soon after the publication of the 1962 Final Report of the Advisory Planning Committee on Medical Care, commonly known as the Thompson Report, Dr. T. E. Hunt had occasion to speak informally with a member of the provincial government. Dr. Hunt enquired how best to proceed with the establishment of a school of physiotherapy and occupational therapy, as recommended in the Thompson Report. He was advised to proceed with this proposal through the normal channels of the University of Saskatchewan, and, if it was approved, then the provincial government would look favourably upon it.

In November 1962, Dr. Hunt accepted the Chairmanship of an Ad Hoc Committee on Rehabilitation Medicine, in the Faculty of Medicine, to supply detailed recommendations regarding the establishment of a school of physical and occupational therapy within the Faculty.

The Ad Hoc Committee discussed a proposed curriculum and agreed that two levels of training were required. The first would be a diploma level, "... to provide a large number of reasonably well trained technical and clinical personnel..." and a second, at baccalaureate degree level, "... to provide an academic background for those who might pursue a life-long career in the field."

In their discussions regarding the curriculum for the new programme,
the committee noted a problem in the area of anatomy, as the number of hours stipulated by the Canadian Physiotherapy Association, for accreditation purposes, exceeded those given to degree nurses. "Actually, the number of hours required are almost as many as for medical students, but the emphasis differs." The Committee decided that a separate course for anatomy would be necessary, and that this would require an additional full-time instructor in the Anatomy Department. Because of some difficulty the Committee had in determining from the syllabus of the Canadian Physiotherapy Association where the emphasis should be placed in some subjects, it was decided to request that a physiotherapy teacher should be invited for discussions.

In regards to the location of the proposed school, it was thought that temporary accommodation might be possible in one or more of the houses owned by the University on College Street. A less desirable alternative was to move the Army Barracks, that were being used by the Physics and Chemistry Departments, to an area behind University Hospital. Later, when Miss Ruth Bradshaw, a physiotherapy teacher from the University of Alberta, did arrive for discussions with the Committee, she thought that with modifications, the College Street premises would be satisfactory for a short time, and that the general facilities were such as to support a physiotherapy programme, and probably an occupational therapy programme as well.39

In February 1963, the Ad Hoc Committee produced a progress report of their meetings:

This Committee, after having examined the needs in the Province and in the Country as a whole, definitely will recommend that a School of Physical and Occupational Therapy will be established as a division in the Faculty of Medicine. It will also propose, when its full report is submitted, that courses be arranged to provide: - Firstly, a diploma after approximately two and one-half years of study, and then, after some clinical practice, and additional two
years, leading to a degree - probably a Bachelor of Science in Rehabilitation. 40

On March 28, 1963, the Ad Hoc Committee submitted a detailed proposal to the Faculty of Medicine for the establishment of a School of Rehabilitation Medicine, for the separate training of physiotherapists and occupational therapists within the Faculty of Medicine. After discussion, the Faculty unanimously carried a motion to receive the submission. As a result the Faculty of Medicine proposed and carried the motion:

That the Faculty go on record as approving the establishment of a School of Rehabilitation within the Faculty of Medicine for the training of Physio- and Occupational Therapists, the program to be initially a 2 1/2 year diploma course, with the expectation of expansion to a degree program. 41

The proposal was next submitted to the Executive of the Saskatoon Council, of the university, where it was decided to establish courses in rehabilitation at this time, instead of a School of Rehabilitation Medicine. The courses would be established in the Faculty of Medicine, "... but operate under the supervision of the Department of Rehabilitation Medicine." 42 The proposal, with the amendment that a Course in Rehabilitation be established in the Faculty of Medicine, was returned for discussion with members of the Faculty of Medicine, and later was approved without further amendment by the University Council on April 11, 1963, and by Senate on May 13, 1963. A reason for the decision not to establish a separate School of Rehabilitation Medicine was that the Department of Rehabilitation Medicine was considered unique in having Physiotherapy, Occupational Therapy and Speech Therapy Departments within its organizational structure, and it seemed to be an ideal and appropriate location for the new programme. 43

Funding for the new programme was successfully obtained through the Saskatchewan Department of Public Health by means of a National Health Grant. This was a Dominion-Provincial sharing grant, given to assist in
starting a new teaching project, with a duration of three years. After this time, the programme would be supported in the usual way by the University of Saskatchewan. Funding was initially obtained to start the programme in the Fall term of 1964, but due to lateness in receiving approval of the grant, and the problems of obtaining physiotherapy instructors, the programme was deferred until 1965.

In January 1965, Dr. Hunt circulated a memo (Appendix H) to the members of the Ad Hoc Committee, which proposed that the two and one half year diploma programme be extended to three years. The major reasons for such a change were based on the experience of other universities which had already changed to a three year programme. This had been done because of learning difficulties experienced with the compressed programme. Also, the costs of such an extension would not be greatly increased, and:

It would appear to be only a matter of time before the necessity of three year course became obvious. Commencing now would obviate administrative difficulties.

However, this proposal was not accepted, and plans for the original two and one half year programme proceeded. It was thought that "... because plans had been completed for the two-year program no change should be made until a fair trial had been completed."

In February 1965, Dr. Hunt presented a report from the Ad Hoc Committee on Rehabilitation Medicine to the Faculty of Medicine in which the following points were discussed: because of the lack of teachers in occupational therapy, only a course in physiotherapy would be offered at this time; the first year student admissions would be limited to twenty; the academic admission requirements were detailed, and a sixty-five percent average standing in all Grade XII subjects was required, as in all university faculties. The Faculty of Medicine proposed and carried a motion that
encompassed the above three points and also discharged the Ad Hoc Committee as their work had been completed. 47

The originally proposed premises in College Street were changed when these buildings were demolished in a street widening scheme. However, the university was able to obtain additional premises on the third floor of the new Physical Restoration Centre at the Airport. It was envisaged that these facilities would only be used for the 1965-66 academic year, and after this time, facilities would be found on campus. The problems that would be encountered with the Airport location were listed by Dr. Hunt as: a great deal of time would be spent by the students travelling back and forth between the campus and the Airport; the physiotherapy members of Faculty would be isolated, with possible deleterious effects; library facilities would have to be duplicated, if not triplicated; the limitations of public transport to the Airport (Appendix I). For these reasons, Dr. Hunt hoped that every consideration would be given to providing campus space, even to the extent of using the old hut-type buildings. 48

ACCREDITATION AND LICENCING REQUIREMENTS

In order that the graduates from the physiotherapy programme would be eligible for membership in the Canadian Physiotherapy Association (C.P.A.), the University of Saskatchewan had to be accredited by the C.P.A. as a training institution. This was achieved through satisfying a number of criteria, the major ones being:

1. The programme should be affiliated with a university with a medical college. This fact was acknowledged as it appeared in the proposal to establish a Course in Rehabilitation, which was approved by the Senate of the University. 49
2. The full time physiotherapy instructors in the programme should possess a Teachers' Certificate, or a Teachers' Diploma in Physiotherapy. These qualifications were awarded by the C.P.A. after completion of an approved academic and practical programme, specifically designed to teach physiotherapy subjects. The duration of the programme was two years, and required a minimum of two years clinical practice before an applicant would be considered for acceptance.

3. The institution should incorporate the C.P.A.'s syllabus into its regular curriculum. The syllabus was concerned with professional subject content, and listed the minimal requirements in these subjects that would be acceptable for accreditation purposes (Appendix L). The need to accommodate these requirements was recognized by the necessity to provide a separate course in anatomy for the physiotherapy students, and to employ an additional full-time instructor in the Anatomy Department to teach this subject. Also, the advice of a physiotherapy instructor from a neighbouring university was sought concerning the incorporation of the C.P.A.'s syllabus and the proposed curriculum.

The purpose of accreditation was to achieve some degree of national standard of training for physiotherapists. The major advantage to therapists of graduating from an accredited institution was that they were accorded professional mobility to work in all provinces in Canada, subject to local licensing requirements, without being examined in each province for professional competency.

The licensing body for physiotherapists in the province was the Saskatchewan Physical Therapists Association (S.P.T.A.). This association was in agreement that therapists should not be licensed to practice in Saskatchewan with qualifications less that those acceptable anywhere else
in Canada. It was of the opinion that Saskatchewan residents should not receive a lower standard of health care treatment than available in other provinces. Therefore, in order for University of Saskatchewan graduates to become members of the S.P.T.A., and receive a licence to practice in the province, they must graduate from a C.P.A. accredited programme.

The need of the University to satisfy the various professional requirements was recognized in the proposals which were approved by Senate:

It is proposed that the study requirements... be approved in principle with the detailed arrangements being delegated to the departments, schools and colleges so concerned, and the authorities in the University and the professional bodies.51

The University of Saskatchewan satisfied the C.P.A.'s accreditation requirements in all respects, and became an accredited training institution whose graduates would be automatically eligible for membership in the C.P.A., and also be able to receive a licence to practice from the S.P.T.A.

This development, through mutual understanding between the university, the C.P.A., and the S.P.T.A. demonstrates the growth of physiotherapy in Saskatchewan. It had developed sufficiently as a profession to influence the major institution of higher education in the province with the professional concerns of its members, and contributed to the establishment of a special academic programme for physiotherapists that would satisfy its professional requirements.

THE PHYSIOTHERAPY PROGRAMME

In the Fall Term of 1965, a two year and seven months diploma course in Physiotherapy commenced on the Saskatoon Campus of the University of Saskatchewan. The actual location was approximately five and one half miles away from Campus at the Children's Rehabilitation Centre at the Airport.
The Course in Physiotherapy was a part of the Course in Rehabilitation Therapy, which was a division of the Department of Rehabilitation Medicine, within the College of Medicine. The whole programme was under the direction of Dr. T. E. Hunt, who was Professor and Head of the Department of Rehabilitation Medicine. Later, a Standing Committee was established, on February 7, 1966, to guide the academic administration of the programme. The title, Course in Rehabilitation Therapy, was chosen because it was envisaged that a Course in Occupational Therapy would also be established, but, because of an inability to recruit occupation therapy instructors, that part of the programme never materialized.

When the Fall Term commenced, Miss Joyce Manton had been appointed as the "Head Teacher" of the Course in Physiotherapy, and negotiations were being conducted to appoint one other instructor, who did not join the programme until the Spring Term in 1966. The term started with the full complement of twenty students, all female. Originally the limit of twenty students had been set primarily because of projected space limitations for the programme, but as it eventually became apparent, the main factor against increasing this number was the limited clinical facilities available for training in Saskatoon.

The course programme consisted of two academic years of twenty-nine weeks each, and twenty-four weeks of arranged internship. At the completion of the internship another four weeks of instruction was given prior to final examinations, and graduation took place in the middle of December.

In the first year, the courses studied were: English 102, Psychology 101, Anatomy 202, Rehabilitation Medicine 102, Kinaesiology 103, Electrotherapy 103, Physiotherapy 103. This year was an entirely theoretical year, with the students not experiencing any clinical practice. Because it
was not found possible to complete the curriculum within the normal twenty-six week academic year, an additional three weeks were added during April and May.

In the second year, the courses studied were: Physiology 212, Pathology 205A, Rehabilitation Medicine 203A, Electrotherapy 203, Physiotherapy 202, Clinical Training 203 (8:30 a.m. - 12:00 noon, Monday to Friday). Again, because of difficulties in timetabling the curriculum into the normal academic year, classes were started three weeks earlier than the regular academic year. The second year students spent the mornings in clinical practice, with the afternoons at classes. Clinical practice was obtained in Saskatoon at University Hospital, St. Paul's Hospital, City Hospital, and the Children's Rehabilitation Centre. Students were rotated between these facilities so that all experienced at least three different placements. The University made one clinical appointment amongst the physiotherapy staff at each of these institutions, and a small honorarium was paid to assist in the teaching programme of the Course. At the end of the academic year the students departed for twenty-four weeks of arranged internship at approved Canadian Physiotherapy Association intern placements. This period was divided up into three rotations of two months each at various hospitals, or other centres, across the country. During this time the students worked a thirty-five hour week, and received a small stipend from the institution, usually $50.00 per week.

When the students returned to the university in October, after completing their internship, they returned in the middle of the third academic year. A further four weeks of instruction, demonstration and seminar activity was employed to mould together the academic and practical portions of the Course prior to the final examinations. On successful completion of
the examinations, a special graduation ceremony was conducted in December, as the students could not convocate with other university students, as this was a ceremony reserved for students graduating with degrees only.

**PROBLEMS**

Because of the distance between Campus and the Course teaching facilities at the Airport, a number of timetabling problems were encountered in the programme. The first year students' timetable was arranged so that Monday, Wednesdays, and Fridays would be spent on Campus, and Tuesdays and Thursdays at the Airport.

However, the second year students' timetable was not so easily arranged. The mornings were spent in the various hospitals in Saskatoon, but the afternoons were spent on Campus or at the Airport. At times the students had to come from the hospitals, to the Campus and then go out to the Airport, or come to the Airport first after their clinical practice, and then go back to Campus. The public transport facilities were not satisfactory for this arrangement, particularly in the winter months, and so a taxi service was employed to transport students quickly between the Campus and the Airport. This arrangement worked reasonably well, but often led to delays, frustrations and an extended day for faculty and students alike as the extra travel time had to be accommodated in timetabling the programme. What was thought to be a temporary location at the Airport for the first year of the programme, with a move to the Campus for the second year, became a permanent location until 1972, when the Course was finally located in its present facilities on Campus at St. Andrew's College.

There were also problems with the curriculum content of the programme. After two and a half years experience, it became apparent that the
programme was too concentrated. The first year students were involved with thirty-three hours of lectures and laboratories a week, and the second year students with a minimum of thirty-four hours a week. These heavy commitments allowed little time for study, and integration of theory and practice.

The problems that were being encountered were similar to those that the physiotherapy programme at the Universities of Alberta and Manitoba had experienced, and were the reasons why those two institutions had changed from a two year programme to a three year one. These problems had been anticipated eight months before the University of Saskatchewan's physiotherapy programme had started:

During the past twenty months considerable evidence has accumulated which would indicate that the introduction in Saskatchewan of a two-year course, in 1965, would be unwise, as well as administratively difficult. It would appear more advantageous to commence, at the outset, with courses of three years' duration for the following reasons:

(a) Experiences in other universities have indicated that the "shorter course" is too compressed; creating difficulties in learning situations, inadequate background for graduands, and immature personnel entering the professions. Both Manitoba and Edmonton have now switched to three-year programmes. But, it had been decided at the time that as plans had already been made for a two year programme, the University of Saskatchewan would proceed without change to see what Saskatchewan's experience would show.

What was suggested to resolve this problem was the solution that the Universities of Manitoba and Alberta had achieved, namely, to extend the programme to three years. But, on February 15, 1967, at a departmental meeting of all faculty concerned with the Course in Physiotherapy, with the Dean of Medicine presiding, the proposal to extend the programme was not accepted. The reason for the proposal's rejection was because of the priority to graduate therapists quickly to supply Saskatchewan's requirements. At that time, nine Canadian universities were offering physiotherapy
programmes' (Appendix S), but, only Dalhousie and Saskatchewan were offering less than a three-year programme.

THE DEGREE PROGRAMME IN PHYSIOTHERAPY

When the Faculty of Medicine of the University of Saskatchewan accepted the initial proposal to establish a School of Rehabilitation Medicine in 1963, another motion was approved which supported the future expansion of the two and a half year diploma programme into a degree programme. 58

In January, 1966, after the first term of the Course in Physiotherapy, a meeting was held amongst all the faculty concerned in teaching the Course. The question of a degree programme was discussed, and there was an agreement in principle that this should be "... developed as soon as possible, preferably prior to the graduation of the first class." 59 The details would be left to a Standing Committee on Rehabilitation Therapy, to be soon established. The Standing Committee was approved by the Faculty of Medicine in February, 1966, and a further motion approved that the "... degree portion of the program be placed under active study." 60 But, as events transpired, with opinion opposed to even an extension of the diploma programme, the question of a degree programme was not formally raised again until 1969.

In October, 1969, a proposed submission to the Faculty of the College of Medicine to offer a degree programme in physiotherapy was discussed. At the meeting were the Dean of Medicine, and the faculty concerned with the physiotherapy programme. The introduction to the proposal contained the concerns of the faculty:

The course has now been running for 4 years and the course faculty are concerned that:
- by retaining it in its present form we are denying the students equality of status with those graduating from similar courses at other Canadian universities and with those graduating from related courses in the health sciences offered by this university.

- we are denying the student the same opportunity for post graduate education as students graduating from similar professions and from other universities.

- the present timetable is extremely compressed, leading to too great a proportion of didactic teaching, and theoretical learning which is not well related to practical experience. We wish to offer the student improved and more realistic learning situations.

(Appendix N)

What was suggested was that the existing diploma course be extended to three years, and converted into a degree programme. This could lead to a fourth, honours year, and possibly a fifth year for post graduate degree work in research, teaching, administration, or advanced clinical work. A detailed outline of the third and fourth year degree programme was included in the submission. Also included was a comparison of the types of qualifications offered by the other eleven Canadian universities. This showed that Dalhousie and Saskatchewan were the only two universities offering two year diploma programmes, all the others were offering three or four year diploma or degree programmes respectively, with five universities offering degree programmes only.

The proposal was not accepted by the Dean of Medicine, and so was not presented to the Faculty of Medicine. Amongst the reasons given for its rejection was that the proposal was premature to a new theory of "Core" programmes for Health Sciences. The "Core" concept was that courses were designed for many disciplines, rather than for one particular discipline. In this way the individual health professions would become "open-ended," with lateral mobility to enter other disciplines, instead of being "locked into" one particular discipline. However, the "Core" concept did not
develop in the health professions, and its only application in the College of Medicine appears to have been to inhibit further discussions about the physiotherapy programme.

In September 1971, another attempt was made to change the Course programme. This attempt was made by the full time physiotherapy faculty instructors, and involved many meetings and draft submissions between the Head of the Department of Rehabilitation Medicine and the Dean of Medicine, before a final submission was presented to the Faculty of Medicine for approval.

The first proposal was to discontinue the diploma programme, and offer a four year degree programme, which was in line with what was being done in other Canadian universities. This programme would have admitted students from first year university Arts and Science to an extended three year professional programme (Appendix 0).

As a result of discussions, a second proposal was submitted. This proposal was still for a four year degree, but would be an improvement on the first version. It was thought that the Arts and Science component should be more evenly distributed throughout the whole four years, rather than being concentrated in the first year. In this way the curriculum would avoid the "professional" concentration of courses. This proposal also incorporated the idea of extending the clinical training facilities for students by using the Regina hospitals (Appendix P).

On May 8, 1972, after many meetings, a final proposal was agreed upon, and submitted to the Committee on Studies of the College of Medicine.

In this proposal, the idea of a single four year degree programme was modified, on advice by the Dean of Medicine, that it was unlikely to be accepted by the university. In its place were the following
recommendations:

1. That the present course leading to the award of the Diploma in Physiotherapy be extended to three academic years as outlined . . . . This course to be periodically reviewed in the light of the trend in other Canadian universities towards offering only 4 year degree programmes in physiotherapy, and also to meet any changes in C.P.A. accreditation requirements.

2. That a programme leading to the award of a baccalaureate degree in physiotherapy be established as outlined. . . . This course may be completed in one academic year for full-time students, but also offered on a part-time basis to be completed with a period of 3 years.61

A comparison of the present and proposed diploma courses was contained in the submission (Appendix Q), as well as the proposed fourth year degree programme (Appendix R).

On May 24, 1972, this proposal was submitted to the Faculty of Medicine, which approved the first recommendation, but amended the second recommendation to:

That a programme leading to the award of a baccalaureate degree in Physiotherapy be established as outlined. . . . This course would be offered on a part-time basis to be completed within a period of three years. Course numbers would be limited by available positions in required classes.62

This amendment was made because resources were not available to cover the cost that the Medical College might incur with extra students if it had to provide additional classes or instructors for an approved full-time degree programme.

On November 13, 1972, the submission was presented to the Executive of the Saskatoon Council of the University of Saskatchewan. The first recommendation concerning the extension of the diploma programme was approved, but, the second recommendation was referred back to the College of Medicine for reconsideration. The Executive of Council was of the opinion that while the three year diploma curriculum (Appendix Q) was satisfactory for diploma graduates, when the fourth year degree curriculum was added to
it (Appendix R), there was insufficient content in the areas of the Humanities and Social Sciences for a professional degree programme. The Executive of Council were concerned that the "free" electives might be used to take additional professional courses, and wanted to ensure that the students had the opportunity of receiving a broader, more general aspect of university education.

To meet these objections the previously designated free electives in the third year of the diploma programme, and in the fourth year degree programme, were changed to electives in Humanities and Social Sciences. The changes were satisfactory to the College of Medicine, and the proposal was resubmitted to the Executive of Council, to be eventually approved by the Board of Governors on June 8, 1973.

The programme changes were instituted in the Fall Term of 1973, when a three year diploma programme in physiotherapy was offered, in addition to an optional part-time fourth year baccalaureate degree in physiotherapy (B.P.T.).

NATIONAL EDUCATIONAL TRENDS IN PHYSIOTHERAPY

In 1965, when the physiotherapy programme was established at the University of Saskatchewan, it became the ninth Canadian university to offer such a programme (Appendix S). Of these nine institutions, one offered a degree only programme, and the others offered diploma programmes. All the diploma programmes were of three years duration, with the exception of Saskatchewan and Dalhousie, which offered 2 year programmes.

By 1969, when the proposed submission to upgrade and improve the University of Saskatchewan's two and a half year diploma programme to a three year programme was made (Appendix N), and rejected, further changes
had occurred in the other institutions. Five universities were now offering degree only programmes in physiotherapy, three universities were offering both diploma and degree programmes, and three universities were offering diploma programmes (Appendix S).

In 1971, a new programme in physiotherapy commenced outside the usual university location at Mohawk College of Applied Arts and Technology, in Ontario. The neighbouring McMaster University was involved in the development of the course content, and in providing the appropriate courses in the basic medical sciences, and in the clinical fields. The course was a three year tri-semester one, with the first year corresponding approximately to a final High School year, and terminating with a diploma qualification. The programme originated with the need to meet the shortage of physiotherapists, particularly in Ontario, and was a very controversial one, with final C.P.A. accreditation not being given until 1974.

With the exception of Mohawk College, the trend in the other physiotherapy institutions had been to upgrade the level of training, as physiotherapy began to expand further into the fields of rehabilitation, and as more demands and expectations were made of therapists.

Up to this point, the C.P.A. had not been interested in the type of qualification awarded on graduation. Its main educational concern was that the basic physiotherapy syllabus was incorporated into the curriculum of each training institution. But, by 1972, a change of attitude culminated at the annual Congress of the C.P.A. At the Annual General Meeting, two important motions were passed, which recognized the independent shift of emphasis by the universities towards a baccalaureate degree as the basic professional qualification:

Motion 21. The C.P.A.'s official policy is that only graduates
of university based programmes will be approved for membership in the Association.

Motion 23. The C.P.A. requires that the basic standard of physiotherapy in Canada be a baccalaureate degree and that at a time to be specified, this shall be the basic requirement for new membership in the Association for graduates from Canadian schools of physiotherapy.

When, in 1973, the University of Saskatchewan finally approved the extension of the diploma programme to three years, and offered a part-time degree programme, the situation in the other institutions had also changed. Now seven universities were offering degree only programmes, three universities diploma and degree programmes, and two institutions diploma programmes (Appendix S).

In 1974, at the Annual General Meeting of the C.P.A. two further important motions were approved which related to standards of training. Provided certain criteria were satisfied:

That on and after September 30th, 1982 new graduates from Canadian schools will be eligible for membership in the Canadian Physiotherapy Association only on receipt of proof of graduation with a baccalaureate degree from a programme in physical therapy/physiotherapy or rehabilitation that has met the accreditation standards of the Canadian Physiotherapy Association. (Appendix T)

Also:

That with respect to Canadian programmes, as of this date, June 20, 1974, the Board of Directors of the Canadian Physiotherapy Association will consider for approval, only university based programmes in physical therapy/physiotherapy or rehabilitation for which the basic level of education is a baccalaureate degree in physical therapy/physiotherapy or rehabilitation that is awarded by the university. (Appendix U)

At the end of the 1975-76 academic year, the institutions offering diploma programmes were Dalhousie University, the Universities of Alberta, Manitoba, and Saskatchewan, and Mohawk College. For the start of the 1976-77 academic year, Dalhousie and Manitoba have announced that they have discontinued their diploma programmes in favour of four year degree
programmes. Alberta has previously indicated that it was in the process of phasing out its diploma programme, but, for the start of the 1976-77 academic year, students have registered only in its degree programme. As a result, the University of Alberta expects that its diploma programme will be officially discontinued before the end of the year.64 This leaves Saskatchewan and Mohawk with no officially announced intention as to how they will proceed. Saskatchewan has an advantage over Mohawk in that as a university it can confer a degree, which Mohawk, as a non university institution, cannot do.

SCHOOL STATUS FOR THE COURSE IN PHYSIOTHERAPY

On September 16, 1975, at a meeting of the Standing Committee on Rehabilitation Therapy it was announced that the Dean of Medicine would be receptive to the creation of a School of Physiotherapy within the College of Medicine. This idea was discussed and the following motion approved:

It is recommended that the Course in Physiotherapy be transferred from the Department of Rehabilitation Medicine to a School of Physical Therapy within the College of Medicine, with its own Director reporting to the College of Medicine, directly to the Dean.65

Although not mentioned in the motion, it was understood by all concerned that the Director would be a physiotherapist, and not a physician.

A submission embodying the above motion for School status was made by the Course in Physiotherapy to the Executive of Faculty of the College of Medicine on October 17, 1975. This submission recommended school status on the following criteria:

1. The unwieldiness of the present administrative structure

The Course in Physiotherapy is within the organizational structure of the Department of Rehabilitation Medicine, under the direction of the
Head of the Department. Since 1965, when the Course was first established, the programmes of both the Department and the Course have expanded to the point where this development has created:

... increasingly more difficult, time consuming, and complex professional and administrative problems to be solved, with the result that the existing administrative structure is now not able to function to the best advantage of the physical therapy programme. 66

2. **The Course in Physiotherapy is to a large extent functioning as a School**

... the functions of a School are to co-ordinate the total educational activities of their students, as distinct from, for example, a university department, which may only be concerned with the student performance in that particular speciality. 67

3. **Meeting accreditation requirements**

Since the Course was established in 1965, the Canadian Physiotherapy Association and the Canadian Medical Association approved a new accreditation document, "Accreditation Standards of Physical Therapy Education Programmes in Canada - September, 1972." This document recommends that the Director of a School of Physiotherapy be a physiotherapist, with a direct line of communication with the Dean of the College in which the school is located.

The proposed submission meets these requirements and would "... facilitate communication with the accrediting body and meet the administrative and organizational criteria of accreditation." 68

4. **The need for professional groups to undertake their own training**

This philosophy has come increasingly to the fore within the last few years, with the recognition that one profession should not dominate another profession.

The proposed change to school status, with a physiotherapist as its Director, would be in keeping with the need for physiotherapists to control and direct the educational training of the members of their own profession.
This change in philosophy is apparent as various appointments are made in the physiotherapy training institutions across Canada. Of the twelve training institutions in Canada, half of them now have physiotherapists as Directors of the programme, instead of physicians, as was previously the case.69

5. The change to School status would be advantageous in attracting applications for a new Director

Miss Joyce Manton, the present "Head Teacher," indicated her intention of stepping down from this position that she had occupied since 1965.

It was felt that the existing administrative and organizational structure that had developed over the years, which was not in the control of the Head Teacher, would be "... an unacceptable one to a new appointee, particularly in view of the current changes in professional philosophy and practice."70

This submission was accepted by the Executive of Faculty, and in turn approved by the Faculty of Medicine. It was approved by the Board of Governors of the University on May 6, 1976, effective from July 1, 1976. At this time, the appointee to the new position of Director of the School of Physical Therapy was announced as Mr. V. J. Cottrell.

SUMMARY

The physiotherapy programme at the University of Saskatchewan was created in response to the rehabilitation needs of the province, as described by the Thompson Report of 1962. The priority of producing graduates for Saskatchewan's needs influenced the programme's development in that it remained at a two and a half year diploma level from 1965 to 1973, despite the educational trends that were occurring in physiotherapy education in the majority of the other training programmes across Canada.

In 1973, the diploma programme was finally extended to three years,
with a part-time degree programme available. The financial restrictions
of the university at this time, combined with the original recommendation's
of the Thompson Report to produce "a short course at the technical level,"
made this a compromise programme from the four year degree programme which
had been proposed. This latter programme had been based on the training
offered in the majority of other Canadian universities, and was the future
direction in which the others were proceeding.

The independent development by the various Canadian universities
to develop a four year degree programme in physiotherapy was recognized by
the C.P.A. as the basic professional qualification required for C.P.A.
membership. This requirement, to come into effect in 1982, will have the
effect of influencing the University of Saskatchewan to institute a full­
time degree programme in physiotherapy. Failure to meet this requirement
would result in the university being removed from the list of accredited
training institutions, with its graduates being ineligible for C.P.A. mem­
bership.

Two major changes in the physiotherapy programme occurred in 1976.
The first was when the Course in Physiotherapy received school status
within the College of Medicine. The second, was when the new School of
Physical Therapy received a physiotherapist as its Director, instead of a
physician, as was the previous custom.

After the establishment of the physiotherapy programme at the
University of Saskatchewan, its educational development stayed on a plateau
for eight years, despite repeated attempts to alter the programme. The
effective stimulus to change would appear to have resulted from the pro­
fessionalism of physiotherapy outside Saskatchewan. Professional develop­
ment of physiotherapy educational programmes in other Canadian universities,
combined with a change in educational policy by the C.P.A., united to influence a change in the University of Saskatchewan's programme. Without this external stimulus of professionalism, the educational development of physiotherapy in Saskatchewan may well have stayed at its existing level for many more years.
FOOTNOTES FOR CHAPTER 4


4. R. S. Harris, op. cit., p. 17.

5. Ibid., p. 17.


12. Ibid.

13. Ibid.

14. Ibid.

15. Report of the Committee on the Role of the University of Saskatchewan Within the Community, 1971, p. 70.

17 W. P. Thompson, op. cit., p. 44.

18 Ibid., p. 45. 19 Ibid., p. 41.

20 Ibid., p. 43. 21 Ibid., pp. 44-45.

22 The Star-Phoenix [Saskatoon, Saskatchewan], August 5, 1975, p. 4.


26 Vide supra p. 21.


28 Ibid., p. 150. 29 Ibid., p. 150.


32 Ibid., pp. 154-155. 33 Ibid., p. 155.

34 Professor and Head of the Department of Rehabilitation Medicine, University Hospital, Saskatoon, Saskatchewan.

35 Statement by Dr. T. E. Hunt, in a personal interview, Saskatoon, Saskatchewan, July 15, 1976.

36 University of Saskatchewan Archives. Hereafter referred to as US. Letter to Dean Begg and others, from Dr. T. E. Hunt, November 16, 1962. Ad. 8-16 Committees, Ad Hoc Committee on Rehabilitation, 1962-63.

37 US. Minutes, Faculty Committee on School of Physical and Occupational Therapy, February 1, 1963. Ad. 8-16 Committees, Ad Hoc Committee on Rehabilitation, 1962-63.
38 Ibid.

39 US. Minutes, Faculty Committee on School of Physical and Occupational Therapy, March 9, 1963. Ad. 8-16 Committees, Ad Hoc Committee on Rehabilitation, 1962-63.

40 US. Progress Report of Faculty Committee on School of Physical and Occupation Therapy, February 19, 1963. Ad. 8-16 Committees, Ad Hoc Committee on Rehabilitation, 1962-63.

41 US. Minutes of Special Meeting, Faculty of Medicine, March 28, 1963.

42 US. Minutes, Executive of Saskatoon Council of the University of Saskatchewan, April 4, 1963.

43 Statement by Dr. T. E. Hunt, in a personal interview, Saskatoon, Sask., July 15, 1967.

44 US. Memorandum to Mr. A. C. McEown, from Mr. J. A. Pringle, June 18, 1965. Ad. 7/19-7/2, Course in Physiotherapy: Financial Support 1963-65.

45 US. Memorandum to Members of Ad Hoc Committee on Rehabilitation, from Dr. T. E. Hunt, January 4, 1965. Ad. 7/19-7/1 Course in Physiotherapy: General Correspondence, 1963-66.

46 Vide Appendix M, p. 1, second para.

47 US. Minutes, Faculty of Medicine, February 17, 1965.


49 Vide Appendix J, points 2, 3.

50 Vide supra p. 72.

51 Vide Appendix K, point 3.

52 US. Minutes, Faculty of Medicine, February 17, 1966.
Applications to the programme were not limited to females only, but at the start of the academic year 1976-77, out of a total of 149 graduates, only 7 males had enrolled and graduated.

Vide Appendix I, para. 4.

Vide Appendix M, p. 1, point 1.

Vide Appendix H., p. 1., point (a).

Vide supra, p. 74. Vide supra, p. 73.

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US. Minutes, Faculty of Medicine, May 24, 1972.


Statement by Mr. Barry Pickles, Assoc. Professor and Chairman of Division of Physical Therapy, School of Rehabilitation Therapy, University of Alberta, in a personal telephone interview, September 8, 1976.

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Ibid., p. 4. Ibid., p. 6.

Chapter 5

SUMMARY AND CONCLUSIONS

This study is a history of the professional and educational development of physiotherapy in Saskatchewan. Professional development has been determined by studying the Saskatchewan Physical Therapists Association (S.P.T.A.), the Canadian Physiotherapy Association (C.P.A.) in Saskatchewan, and the Canadian Arthritis and Rheumatism Society (C.A.R.S.) (Saskatchewan Division). In respect to educational development, the study has been limited to studying the historical background to the development of professional education in Canadian universities, particularly the University of Saskatchewan, to describe the acceptance of the physiotherapy programme at the University of Saskatchewan. The thesis of this study is that the professional development of physiotherapy has contributed to the development of the educational programme at the University of Saskatchewan.

SUMMARY

The major functions of professional organizations are regulatory and professional. The first function is concerned with the protection of the public interest, while the second function is concerned with the advancement of the profession and its members. In an organization it is important that these functions are kept separate from each other, in order to avoid situations where a potential conflict of interest could occur.

The S.P.T.A. is the regulatory body for physiotherapists in the province, with its authority derived from the Legislative Assembly of
Saskatchewan. The professional body, the C.P.A., is a voluntary association, which is organized in Saskatchewan into two independent Districts. This organizational structure has operated to the disadvantage of the professional body, in that some of its growth and development has been inhibited. The development of the S.P.T.A. and the C.P.A. has not been parallel, with the regulatory body assuming the more active function, sometimes overlapping the function of the professional body.

The C.A.R.S. (Saskatchewan Division) established a treatment programme for arthritic patients in the province four years after the creation of the S.P.T.A. The C.A.R.S. programme was very influential in demonstrating the value of physiotherapy in its treatment programme, and physiotherapy owes a great debt to this Society for its contribution to the development of physiotherapy in the province.

The current professional development of physiotherapy in Saskatchewan is evaluated against Abraham Flexner's criteria for determining the relative status of a profession. Despite the development of physiotherapy in the province, it still does not completely fulfill all of Flexner's criteria. Although it ranks high in the areas of "practical" and "techniques," it ranks low in the areas of "intellectual" and "learned." These latter two areas principally relate to responsibility and research, respectively. However, physiotherapy in Saskatchewan has the potential to improve its professional standing through legislative changes to its Act, and through degree and post graduate training in the universities.

The historical development of professional education in Canadian universities, with particular reference to the University of Saskatchewan, is related to a similar development in the United States, which was spurred by the introduction of the Morrill Act. This development created
the acceptance for the establishment of a physiotherapy programme at the University of Saskatchewan.

The establishment of the physiotherapy programme resulted from the Thompson Report acknowledging deficiencies in the health care rehabilitation system of the province. Before the programme was established, it had to meet the accreditation and licencing requirements of the professional and regulatory bodies. The development of the programme through diploma and degree levels of training is related to trends in physiotherapy education occurring elsewhere in Canada. Other developments included the appointment of a physiotherapist as Director of the programme, and the change to school status within the College of Medicine.

CONCLUSIONS

The thesis of this study has been that the professional development of physiotherapy has contributed to the development of the educational programme in physiotherapy at the University of Saskatchewan. This is supported by the action of the S.P.T.A. as the regulatory body, adopting for licencing purposes the requirement that applicants must be members in good standing of the C.P.A. While this was later amended to require eligibility for C.P.A. membership, this requirement still meant that for a licence to practice in the province, the University of Saskatchewan must provide a standard of training which was satisfactory for C.P.A. membership.

As a result of this requirement by the S.P.T.A., accreditation by the C.P.A. became a responsibility for the university to meet, to ensure that its graduates were qualified to an accepted level of competence. Also, by becoming an accredited training institution, its graduates became eligible to practice in any province, subject to local licencing requirements,
without further examination. This aspect of professional mobility is an important responsibility for an institution to consider for its graduates. Without accreditation, its graduates would be discriminated against in that they would not be considered sufficiently qualified to practice outside their province of training. Further, if this were to occur, the value of the institution's graduates to the health care system of the province would be diminished, as they would lack an important breadth of clinical experience, largely gained through mobility. Also, a training programme which was not recognized outside the province may not attract sufficient applicants, or, applicants of the appropriate calibre, which again could be detrimental to the health care system of the province. In summary, the end result of a system of training which did not result in accreditation would possibly lead to a level of health care which was less than that available outside the province.

The advantages of accreditation would appear to have been recognized, with the university demonstrating its responsibility by satisfying the requirements of the S.P.T.A. and the C.P.A. in demanding high standards of professional excellence. This has been indicated in this study in a number of ways:

1. A physiotherapy teacher from the University of Alberta was invited to visit the University of Saskatchewan to advise on the initial curriculum, in regard to the C.P.A. syllabus requirements. Curriculum approval formed one part of the latter body's overall accreditation requirements.

2. In order to meet the C.P.A. syllabus requirements in anatomy, a special course was devised for physiotherapy students, and an additional full-time instructor was employed. This was because the number of hours of
1. The anatomy required by the C.P.A. syllabus exceeded that which was normally available through the Anatomy Department.

2. Other parts of the C.P.A.'s accreditation requirements that the university met were that the physiotherapy programme was affiliated with the Faculty of Medicine, and that full-time physiotherapy instructors with special teaching diplomas in physiotherapy were appointed.

3. In 1973, when the diploma programme was extended to three years, with an optional fourth year degree programme established, the university acknowledged that the diploma programme would be periodically reviewed to meet any changes in the C.P.A. accreditation requirements.

4. In 1976, the university approved the submission to change the status of the Course in Physiotherapy to that of a School of Physiotherapy.

5. By the above examples, this study has illustrated that physiotherapy in Saskatchewan had developed sufficiently as a professional organization to influence the major educational institution in the province to provide a programme which satisfied its professional requirements. Judging from previous historical influences, future professional developments will continue to affect the physiotherapy programme at the University of Saskatchewan. For example, the main development would appear to be directed towards meeting the C.P.A.'s accreditation requirements that were met.

6. In its turn, the University of Saskatchewan demonstrated a responsibility to the general public, and to its graduates, by ensuring that a standard of training was provided which satisfied the local licensing requirements of the S.P.T.A., an organization that was non-existent before 1945, and also the accreditation requirements of the national C.P.A. By the above examples, this study has illustrated that physiotherapy in Saskatchewan had developed sufficiently as a professional organization to influence the major educational institution in the province to provide a programme which satisfied its professional requirements.

7. Judging from previous historical influences, future professional developments will continue to affect the physiotherapy programme at the University of Saskatchewan. For example, the main development would appear to be directed towards meeting the C.P.A.'s accreditation requirements that were met.
by 1982 all graduates from Canadian physiotherapy programmes will require baccalaureate degrees. All concerned with the School of Physical Therapy are aware of this requirement, and the Dean of Medicine had indicated that he is receptive to a degree programme in physiotherapy. A curriculum committee is currently engaged in reviewing and reorganizing the existing curriculum in the School of Physical Therapy, and it is anticipated that it will soon be able to present its recommendations to the Faculty of Medicine, presumably with the C.P.A.'s accreditation requirements in mind.

As has been described in this study, physiotherapy is still in its early stages of development in striving to achieve the criteria of Abraham Flexner's definition of a profession. The strivings for increased professionalism, which are reflected for example in improved standards of education and training, are positive benefits which are of advantage to the community. Therefore, by incorporating physiotherapy's professional developments within its educational programme, the University of Saskatchewan has continued to enhance its original concept of being an institution of service to the community by producing health care workers with increased capabilities to serve that community.
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APPENDIX A

THE PHYSICAL THERAPISTS ACT, 1945
CHAPTER 84

An Act respecting the Practice of Physiotherapy.

[Assented to March 30, 1945.]

HIS Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows:

1. This Act may be cited as The Physical Therapists Act, 1945.

2. In this Act the expression:
   1. "association" means the Saskatchewan Physical Therapists Association incorporated by this Act;
   2. "council" means the Council of Physical Therapists constituted under this Act;
   3. "massage" means the kneading, rubbing or massaging of the human body whether with or without such apparati as steam baths, vapor baths, fume baths, electric baths, electric light baths, or any other similar method as taught in schools of massage approved by the council;
   4. "masseur" means a person who practises massage;
   5. "physical therapist" means a physiotherapist or a masseur;
   6. "physiotherapist" means a person who practises physiotherapy;
   7. "physiotherapy" means the treatment of the body by physical or mechanical means, including manipulation, massage and gymnastics, the application of dry or moist heat, immersion, electrical currents or radiations, including sunlight, and the application of casts, splints, bandages or other contrivances, either alone or in conjunction with the educational and psychological techniques of rehabilitation.

3. The Saskatchewan Physical Therapists Association is hereby incorporated as a body politic and corporate. The first members of the association shall
be those persons who furnish evidence of their qualifications to the Minister of Public Health and are approved of by him.

4. Membership in the association shall be classified into two groups as follows:

(a) physiotherapists;

(b) masseurs.

5. There shall be a council for the purposes of this Act to be known as the "Council of Physical Therapists", which shall consist of ten persons who are members of the association, eight of whom shall be physiotherapists and two of whom shall be masseurs. The presence of at least five members of the council shall be necessary to constitute a meeting of the council for the exercise of its powers. The first council shall be named by order of the Lieutenant Governor in Council.

6.—(1) The Minister of Public Health may, with the approval of the council, make regulations:

(a) for the registration of physical therapists;

(b) for the admission of physical therapists to practise in the province;

(c) subject to the provisions of section 7, prescribing the qualifications of persons so to be admitted and registered, and the proofs to be furnished as to education, good character and experience;

(d) for maintaining a register of physical therapists registered under this Act, and providing for the annual renewal of registration, and prescribing the fees payable thereon;

(e) prescribing the discipline and control of registered physical therapists, with power to prohibit all forms of advertising by registered physical therapists which may be deemed by the council to be subversive of the best interests of the association;

(f) for the investigation of any complaint that a physical therapist has been guilty of misconduct or displayed such ignorance or incompetence as to render it desirable in the public interest that his registration should be cancelled or suspended;
(g) for the cancellation or suspension of the registration of any physical therapist whose application for registration is found by the council to have been based on any false or fraudulent statement, or who is found by the council to be guilty of misconduct or to be ignorant or incompetent, or to be in default in the payment of any fees prescribed under this Act;

(h) for the reinstatement of any member whose registration has been cancelled or suspended;

(i) providing for the calling of meetings of members of the association, the procedure at meetings, and the right to vote thereat;

(j) prescribing the organization, powers and procedure of the council and the election or appointment and term of office of its members, and regulating the council in the performance of its duties;

(k) prescribing the fees payable on the registration of physical therapists under this Act, and fixing the time for the payment of those fees;

(l) for the application of moneys forming the funds of the association;

(m) providing for the registration of apprentices and training of apprentices;

(n) generally for the better carrying out of the provisions of this Act.

(2) The regulations shall not come into operation until they have been published in The Saskatchewan Gazette.

(3) The Minister of Public Health may with the approval of the council at any time amend or rescind any regulation under this section and shall cause a notice of the amendment or rescission to be published in the Gazette; and thereupon the regulation if rescinded shall cease to be in operation or if amended shall operate as amended.

7.—(1) The University of Saskatchewan in consultation with the council may make regulations concerning the examinations and the conduct thereof, including the age, moral character and academic standing of applicants for examination and also as to examination fees.
(2) The Minister of Public Health shall prescribe such examinations of a practical character as he deems necessary to be passed by the first members of the association and any persons who come within the terms of subsections (1) and (2) of section 9, and he shall make regulations concerning the said examinations and the conduct thereof.

8.—(1) Every order or decision of the council refusing any application for registration under this Act, or cancelling or suspending the registration of any physical therapist, shall be subject to appeal to any judge of the Court of King’s Bench in chambers. Ten days’ notice of the appeal shall be served on the council and a copy thereof filed with the local registrar of the court not later than one month after the date of the order or decision.

(2) The presiding judge shall deal with the appeal in a summary manner, and his decision thereon shall be final.

(3) The costs of the appeal shall be in the discretion of the judge.

9.—(1) The first members of the association shall be physical therapists who have been engaged in the actual practice of physical therapy in the province for at least five years prior to the first day of April, 1945, and who furnish evidence of qualifications and moral character satisfactory to the council.

(2) Notwithstanding the other provisions of this Act, any person who at the time this Act comes into force was, had been or is on active military service shall be entitled to registration as a first member of the association if he can furnish evidence of qualifications and moral character satisfactory to the council.

(3) Notwithstanding the provisions of this Act, any physical therapist who was a bona fide resident of Saskatchewan and a graduate of a physical therapy college recognized by the council, and whose professional career in physiotherapy was interrupted by military service, shall be entitled to apply for registration as a physical therapist under this Act and become a member of the association under the same terms and conditions as the first members of the association.

(4) Only those persons who can produce a certificate of having successfully passed the provincial senior matriculation examinations or examinations equivalent thereto and who are otherwise qualified to the satisfac-
tion of the council as physical therapists shall be entitled
to apply for registration as physical therapists under
this Act and become members of the association.

(5) Notwithstanding the other provisions of this
section, the council may, in its discretion, admit to regis-
tration and to practise as a physical therapist under this
Act any person who has been engaged in actual practice
as a physical therapist in the province for a period of
ten years or more immediately prior to the first day of
April, 1945, and who furnishes evidence of qualifications
and moral character satisfactory to the council.

(6) The provisions of this section shall be subject
to the provisions of any regulations made under section 6.

10. No person other than a physical therapist regis-
tered under this Act as a member of the association shall
engage in practice as a physical therapist or use the title
"Physical Therapist", "Physiotherapist" or "Masseur"
or any other title or designation, abbreviated or other-
wise, to imply that he is engaged in practice as a physical
therapist and every person who contravenes the pro-
visions of this section shall be guilty of an offence under
this Act.

11. Nothing in this Act or the regulations shall
authorize any person to prescribe or administer drugs
for use internally or externally, or to use or direct or
prescribe the use of anaesthetics for any purpose whatso-
ever, or to practise medicine, surgery or midwifery, or
to use any method other than physiotherapy in the treat-
ment of disease and no person shall prescribe or
administer drugs or anaesthetics as aforesaid except
under the direction of a physician or surgeon.

12.—(1) Every person who practises physiotherapy
or massage either alone or in conjunction with any other
method of treatment of the human body for disease and
the causes of disease, for hire, gain, reward or remuner-
ation, or the hope or expectation thereof, unless he is
duly registered to practise as a physical therapist under
the provisions of this Act and unless he practises under
the direction of a physician or surgeon shall be guilty
of an offence under this Act.

(2) Every person who, not being registered as a
physical therapist under this Act, who, having been so
registered and whose registration has been cancelled or
is under suspension, practises or holds himself out as
practising physiotherapy or massage either alone or in
conjunction with any other method of treatment of the human body for disease and the causes of disease, or advertises or uses any prefix or suffix to his name signifying that he is qualified to practise physiotherapy or massage either alone or in conjunction with any other method of treatment of the human body for disease and the causes of disease, shall be guilty of an offence against this Act.

13. Every person who is guilty of an offence against this Act shall, on summary conviction, be liable for a first offence to a fine not exceeding $100, for a second offence to a fine not exceeding $250, and for a subsequent offence to imprisonment for a period not exceeding three months, without the option of a fine.

14. Every physical therapist registered under this Act who has complied with the regulations applicable to him shall be entitled to demand from any person by whom he is consulted or employed, and to recover as a debt in any court of competent jurisdiction, the proper charges for such examination, treatment, aid, advice and visits or any of them.

15. No registered physical therapist shall be liable in any action for negligence or malpractice by reason of professional services requested and rendered unless such action is commenced within twelve months from the date when, in the matter complained of, such professional services terminated.

16. All fees, fines and penalties receivable or recoverable under the provisions of this Act shall become the property of the association.

17. Every prosecution under this Act shall be commenced within two years from the date of the alleged offence.

18. Nothing in this Act shall apply to or affect:

(a) the practice of any profession or calling by any person practising the same under the authority of a general or special Act of the Legislature;

(b) the furnishing of first aid or temporary assistance in cases of emergency;

(c) persons treating human ailments by prayer or spiritual means as an enjoyment or exercise of religious freedom.
19. The provisions of *The Public Health Act* imposing certain duties upon physicians with respect to contagious or infectious diseases shall *mutatis mutandis* apply to every physical therapist registered under this Act.

20. Nothing in *The Medical Profession Act* shall prohibit any person registered as a physical therapist under the provisions of this Act from practising as a physical therapist for gain or reward.

21. This Act shall come into force on a date to be named by proclamation of the Lieutenant Governor.
APPENDIX B

1948 - AN ACT TO AMEND THE PHYSICAL THERAPISTS ACT, 1945

[Assented to March 25, 1948.]

HIS Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows:

1. The Physical Therapists Act, 1945, is amended in the manner hereinafter set forth.

2. Paragraph 4 of section 2 is repealed.

3. Section 4 is repealed.

4. Section 5 is amended by striking out the words “eight of whom shall be physiotherapists and two of whom shall be masseurs” in the fourth and fifth lines.

5. Subsection (1) of section 6 is amended by striking out the first two lines and substituting the following:

“Subject to the approval of the Minister of Public Health, the council may make regulations.”

6. Section 10 is amended by striking out the words “or Masseur” in the fourth line.

7.—(1) Subsection (1) of section 12 is amended by striking out the words “or massage” in the second line.

(2) Subsection (2) of section 12 is amended by striking out the words “or massage” in the fifth line and in the ninth and tenth lines.

8. Section 21 is repealed and the following sections are added to the Act:

“21.—(1) The association shall, before the first day of July, 1948, file in the Department of the Provincial Secretary lists, certified by the secretary of the association to be true lists, showing:
(a) the names of all physical therapists in good standing as of the thirty-first day of May, 1948, their addresses as shown by the records of the association and the respective dates of their admission to membership in the association;

(b) the names, and the addresses as shown by the records of the association, of all physical therapists under suspension on the thirty-first day of May, 1948, and stating in each case the reason for suspension;

(c) the names, and the addresses as shown by the records of the association, of all persons whose names were struck off the register prior to the first day of June, 1948, as the result of disciplinary action and stating in each case the reason for such action;

and shall furnish the Provincial Secretary with such relative information as he may require.

“(2) Subject to subsection (3), the association shall, before the first day of February in each year, file in the Department of the Provincial Secretary a return certified by the secretary of the association to be correct, showing:

(a) the names and addresses and dates of admission to membership in the association of all persons who became members during the preceding year;

(b) the names of all persons whose names were struck off the register or who otherwise ceased to be in good standing during that year;

(c) the names of all persons who were reinstated as members during that year;

(d) any known changes in the addresses of members.

“(3) The return required by subsection (2) shall, in respect of the year 1948, cover only the portion of that year after the thirty-first day of May.

“22. Upon receipt of the return required by subsection (2) of section 21 the Provincial Secretary shall cause the list filed in his department under clause (a) of subsection (1) of section 21 to be amended by the addition or insertion of appropriate entries in accordance with the information contained in the return.
"23. Where an application for reinstatement or for admission to membership in the association is made in compliance with this Act and the regulations and is refused, the association shall within seven days thereafter forward by registered mail to the Minister of Public Health a report setting forth the circumstances and stating the reasons for the refusal.

"24.—(1) Where by resolution of the council a member is suspended from practice or the name of a member is struck off the register, the association shall within fourteen days thereafter forward by registered mail to the Minister of Public Health a copy, certified by the secretary to be a true copy, of the complaint, any report upon the conduct of the member and the resolution of the council, and shall furnish the minister with such relative information as he may require.

"(2) If the minister is of opinion that the action of the council is unjust or contrary to the public interest he may:

(a) request the council to reconsider the case and its findings thereon;

(b) if the council and the person whose conduct is under inquiry agree, appoint a board of arbitration consisting of one member nominated by the council, one nominated by the person whose conduct is under inquiry and one appointed by the Lieutenant Governor in Council to review or rehear the case and render decision thereon; or

(c) institute an appeal to a judge of the Court of King’s Bench in chambers.

"(3) Nothing contained in this section shall prejudice any right of appeal conferred by this Act"
APPENDIX C

1949 - AN ACT TO AMEND THE PHYSICAL THERAPISTS ACT, 1945
1949

CHAPTER 84


[Assented to March 31, 1949.]

HIS Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows:

1. The Physical Therapists Act, 1945, is amended in the manner hereinafter set forth.

2. Paragraph 5 of section 2 is amended by striking out the words "or a masseur".

3. Section 9 is amended by inserting after subsection (5) the following subsection:

"(5a) Notwithstanding the other provisions of this section, the council may, in its discretion, admit to registration and to practise as a physical therapist under this Act any person who is a member in good standing of the Canadian Physiotherapy Association".
APPENDIX D

C.A.R.S. REVENUES AND EXPENDITURES

Extract from:

Presentation to the Advisory Planning Committee on Medical Care to the Government of Saskatchewan, from the Canadian Arthritis and Rheumatism Society (Saskatchewan Division), Sept., 1960, pp. 11-13.
REVENUES AND EXPENDITURES

Since its incorporation, the Saskatchewan Division of the Canadian Arthritis and Rheumatism Society has had four sources of revenue -- (a) Dominion-Provincial Health Grants; (b) Provincial Government Grants; (c) Treatment Fees; and (d) Public Contributions.

Dominion-Provincial Health Grants were first given to the Society in 1950. These were reduced annually until they were discontinued in the 1958/59 fiscal year. During these nine years, the Society received a total of $84,981.67 under the Dominion-Provincial Health Grant scheme.

In addition to the above Grants, the Provincial Government gave the Society a direct grant of $5,000.00 in 1953. This grant was reduced to $4,000.00 in the fiscal year 1954/55 and remained at the same amount for the fiscal year 1955/56. The last Provincial Government Grant was received in the fiscal year 1956/57 and was for the amount of $3,000.00

No charge is made for diagnostic and treatment advice at the Consultative Clinics, but a maximum charge of $1.00 is made for treatments when given at regular physiotherapy clinics or in the home. If a patient is not able to pay, or does not wish to pay, no charge is made. The treatment fees are to assist the Society in financing the mobile units. Only $14,739.00 has been received in treatment fees since the establishment of the physiotherapy program in 1950.

The greatest source of revenue for the Society is public contributions. In fact, the Society now relies solely on the generosity of public spirited citizens and organizations in this Province.
The following is a break-down of the Society's expenditures from year 1949 to 1959:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Centres</td>
<td>$55,855.81</td>
</tr>
<tr>
<td>Consultative Clinics</td>
<td>57,442.75</td>
</tr>
<tr>
<td>Mobile Physiotherapy Units</td>
<td>142,985.45</td>
</tr>
<tr>
<td>Research</td>
<td>51,334.77</td>
</tr>
<tr>
<td>Professional Information</td>
<td>22,166.31</td>
</tr>
<tr>
<td>Public Information</td>
<td>35,367.52</td>
</tr>
<tr>
<td>Administration</td>
<td>38,354.60</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$403,507.21</strong></td>
</tr>
</tbody>
</table>

Since 1949, the Society has received revenue from the following sources:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominion-Provincial Health Grants</td>
<td>$84,981.67</td>
</tr>
<tr>
<td>Provincial Health Grants</td>
<td>16,000.00</td>
</tr>
<tr>
<td>Treatment Fees</td>
<td>14,739.00</td>
</tr>
<tr>
<td>Public Contributions</td>
<td>417,871.17</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$533,591.84</strong></td>
</tr>
</tbody>
</table>
The following is a break-down of the Society's Income and Expenditures for the year 1959 as extracted from the Society's 1959 Audited Statement:

**INCOME:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$72,668.53</td>
</tr>
<tr>
<td>Dominion-Provincial Health Grants (to March 31/59)</td>
<td>1,381.70</td>
</tr>
<tr>
<td>Operating Income (Treatment Fees)</td>
<td>1,543.50</td>
</tr>
<tr>
<td>Interest Income</td>
<td>1,587.12</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>21.25</td>
</tr>
</tbody>
</table>

**EXPENDITURE:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Physiotherapy Units</td>
<td>21,552.89</td>
</tr>
<tr>
<td>Consultative Clinics</td>
<td>4,266.67</td>
</tr>
<tr>
<td>Treatment Centre</td>
<td>6,274.02</td>
</tr>
<tr>
<td>Patient Care Services - general</td>
<td>3,036.93</td>
</tr>
<tr>
<td>Professional Information</td>
<td>2,728.46</td>
</tr>
<tr>
<td>Public Information</td>
<td>1,486.75</td>
</tr>
<tr>
<td>Campaign Expenses</td>
<td>5,606.81</td>
</tr>
<tr>
<td>Research &amp; Other National Services</td>
<td>7,100.00</td>
</tr>
<tr>
<td>Administration, Central Services and Planning</td>
<td>14,079.64</td>
</tr>
</tbody>
</table>

**EXCESS OF INCOME OVER EXPENDITURE**

$11,069.93
APPENDIX E

CONSTITUTION OF THE C.P.A., 1920

Extract from:

Board of Directors Manual (1976),
Canadian Physiotherapy Association.
CONSTITUTION

OF

THE

CANADIAN PHYSIOTHERAPY ASSOCIATION

Incorporated by Dominion Charter

March, 1920
CANADIAN PHYSIOTHERAPY ASSOCIATION

Incorporated by Dominion Charter March, 1920

Extract from Charter:

NOW KNOW YE THAT I, the said Arthur Sifton, Secretary of State of Canada, under the authority of the hereinbefore in part recited Act, do by these Letters Patent, constitute the said Esther Belaire Asplet, Ella Maude Fisher, Nellie Scott Hay, Ada Henniger, Alice Mabel Hunter, Alice Adeline Roy, and Enid Gordon Finley, Medical Masseuses and Remedial Gymnasts; and Ethel Mary Cartwright and Eliot Elizabeth Edwards, Remedial Gymnasts and Physical Directors, all of the City of Montreal, in the Province of Quebec, Masseuse and Gymnast; Mary Potts of Brussels, in the Province of Ontario, Masseuse; Ada McLaughlin, Ethel Hawthorne Turner, Kathleen Muriel Fraser, Masseuse; Earl Smith Newton, Masseur, and Donald James McDougall, Masseur and Gymnast, all of the City of Toronto, in the said Province of Ontario; and all other who may become members in the said Corporation, a Body Corporate and Politic without share capital, by the name of

CANADIAN PHYSIOTHERAPY ASSOCIATION,

with all the rights and powers given by the said Act, for the following purposes and objects, namely:

(a) To form a Dominion-wide organization for the improvement of the status of persons engaged in the practice of Massage and Remedial Gymnastics under medical supervision;

(b) To establish a uniform curriculum of studies and standard of qualifications by means of a central examining body granting certificates of admission to membership of the Association;

(c) To provide a bureau of information and a central register available to the medical profession and to the general public;

(d) To provide for the general improvement in knowledge of its members by means of lectures, demonstrations and postgraduate work;

(e) To promote active co-operation with the Medical Profession, the hospitals and Universities of Canada;

(f) To encourage conferences with other representative societies with a view to establishing exchange of privileges;

(g) To establish branches of this Association throughout the Dominion;

(h) To promote legislation for the recognition and protection of an official register of members of the Association. The operation of the Corporation to be carried on throughout the Dominion of Canada and elsewhere.
APPENDIX F

THE MORRILL ACT, 1862

Extract from:

THE MORMILL ACT
OF 1862

An Act donating Public Lands to the several States and Territories which may provide Colleges for the Benefit of Agriculture and the Mechanic Arts

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there be granted to the several States, for the purposes hereinafter mentioned, an amount of public land, to be apportioned to each State a quantity equal to thirty thousand acres for each senator and representative in Congress to which the States are respectively entitled by the apportionment under the census of eighteen hundred and sixty.

Sec. 4. And be it further enacted, That all moneys derived from the sale of the lands aforesaid by the States to which the lands are apportioned, and from the sales of land scrip hereinbefore provided for, shall be invested in stocks of the United States, or of the States, or some other safe stocks, yielding not less than five per centum upon the par value of said stocks; and that the moneys so invested shall constitute a perpetual fund, the capital of

From The Statutes at Large of the United States, Vol. XII (37th Congress), pp. 503–505.
which shall remain forever undiminished, (except so far as may be provided in section fifth of this act,) and the interest of which shall be inviolably appropriated, by each State which may take and claim the benefit of this act, to the endowment, support, and maintenance of at least one college where the leading object shall be, without excluding other scientific and classical studies, and including military tactics, to teach such branches of learning as are related to agriculture and the mechanic arts, in such manner as the legislatures of the States may respectively prescribe, in order to promote the liberal and practical education of the industrial classes in the several pursuits and professions in life.

Sec. 5. And be it further enacted, That the grant of land and land scrip hereby authorized shall be made on the following conditions, to which . . . the previous assent of the several States shall be signified by legislative acts:

First. . . . A sum, not exceeding ten per centum upon the amount received by any State under the provisions of this act, may be expended for the purchase of lands for sites or experimental farms, whenever authorized by the respective legislatures of said States.

Third. Any State which may take and claim the benefit of the provisions of this act shall provide, within five years, at least not less than one college, as described in the fourth section of this act, or the grant to such State shall cease; and said State shall be bound to pay the United States the amount received of any lands previously sold, and that the title to purchasers under the State shall be valid.

Fourth. An annual report shall be made regarding the progress of each college, recording any improvements and experiments made, with their cost and results, and such other matters, including State industrial and economical statistics, as may be supposed useful; one copy of which shall be transmitted by mail free, by each, to all the other colleges which may be endowed under the provisions of this act, and also one copy to the Secretary of the Interior.
APPENDIX G

THE UNIVERSITY OF SASKATCHEWAN ACT, 1907 (Extract)
CHAPTER 24.

An Act to establish and incorporate a University for the Province of Saskatchewan.

Short title s. 1.
Interpretation s. 2.
Corporate powers ss. 3-7.
Visitor s. 8.
Convocation ss. 9-20.
Chancellor ss. 21-26.
Senate ss. 27-36.
Election of Chancellor and Senate ss. 37-56.
Board of Governors ss. 57-72.
Borrowing powers ss. 73-74.
Execution of instruments s. 75.
University Council ss. 76-84.
President ss. 85-87.
Registrar s. 88.
Normal Schools and Collegiate Institutes ss. 89-90.
Instruction s. 91.
No religious test s. 92.
Education of women s. 93.
Attendance and enrolment of students ss. 94-97.
Maintenance of University ss. 98-99.
General provisions ss. 100-101.
Repeal s. 102.
Coming into force s. 103.

[Assented to April 3, 1907.]

WHEREAS it is desirable to establish in and for the whole province of Saskatchewan one university for the purpose of providing facilities for higher education in all its branches and of enabling all persons without regard to race, creed or religion to take the fullest advantage of the same:

Now therefore his Majesty by and with the advice and consent of the Legislative Assembly of Saskatchewan enacts as follows:

SHORT TITLE.

1. This Act may be cited as "The University Act."

CORPORATE POWERS.

3. The university consisting of a chancellor, convocation, senate, board of governors and council is hereby established in and for the province of Saskatchewan as a body politic and corporate under the name of "The University of Saskatchewan" and no other university having corporate powers capable of being exercised within the province or any portion thereof shall be known by the same name nor shall any such other university have power to grant degrees except in theology.

4. The university shall have full power and authority to give such instruction and teaching in the several faculties and different branches of knowledge as may from time to time be determined by the senate and to examine candidates for degrees in the several faculties and for certificates of honour in the different branches of knowledge and to grant such degrees and certificates after examination in the manner herein provided.
APPENDIX H

MEMO RE. DURATION OF COURSES FOR DISCUSSION
THURSDAY, JANUARY 7th., 1965
MEMORANDUM

TO: Members of Ad Hoc Committee, Courses on Rehabilitation

FROM: Professor of Rehabilitation Medicine

DATE: January 4, 1965

FILE NO.: Re: Duration of Courses

Re: Duration of Courses

For Discussion Thursday, January 7th, 1965

The following is submitted for your study prior to Thursday's meeting of the above named Committee at 12:30 p.m., in the Small West Dining Room.

It will be recalled that the Committee originally proposed that there be diploma courses in Physio and Occupational Therapy consisting of two academic years, together with an internship period of approximately six months. This proposal was put forward because, at that time (Spring, 1963), the other prairie universities were offering similar courses, and, there was some pressure to produce qualified therapists as rapidly as possible. These proposals were accepted by Faculty, University Council, and Senate and eventual financial support was derived from National Health Grants (Medical Rehabilitation and Crippled Children).

During the past twenty months considerable evidence has accumulated which would indicate that the introduction in Saskatoon of a two-year course, in 1965, would be unwise, as well as administratively difficult.

It would appear more advantageous to commence, at the outset, with courses of three-years' duration for the following reasons:

(a) Experiences in other universities have indicated that the "shorter course" is too compressed; creating difficulties in learning situations, inadequate background for graduates, and immature personnel entering the professions. Both Manitoba and Edmonton have now switched to three-year programmes.

(b) During the academic year 1965-6 space will not be available upon the campus for the types of lectures and laboratory work planned under the two-year course. If a third year is offered, the students could be accommodated in existing facilities during the first year period (1965-6) simply by timetable and curricular alterations. Assurance has been given that space for professional laboratory classes will be available by 1966-7.

(c) A post-internship refresher academic month, found necessary with other two-year courses, would be obviated.
(d) Students would have better internship experiences if such work were divided according to academic progress and experience.

(e) Overseas regulations demand three-year course graduation for reciprocity.

(f) Students would be accommodated during normal academic sessions.

(g) Costs would not be greatly increased as the majority of first-year subjects (of three-year course) would be given by presently existing departments, plus Anatomy.

(h) It would appear to be only a matter of time before the necessity of three-year courses became obvious. Commencing now would obviate administrative difficulties created by a later shift.

The greater time involved in producing initial graduands (actually only nine months) as well as the difficulties to be expected in requesting alteration of governmental grants, would appear to be the major disadvantages in changing the plans at this point. Costs will be somewhat greater, but not markedly.

It would be appreciated if the members of the Committee would be prepared to develop a firm recommendation regarding course duration at this meeting.

TEH/ls

T. E. Hunt, M.D.
APPENDIX I

MEMO RE. LOCATION OF PHYSICAL THERAPY FACILITIES
FOR PHYSICAL AND OCCUPATIONAL THERAPY COURSES,
MAY 12, 1965
MEMORANDUM

TO: Mr. J. A. Pringle, Controller
FROM: Professor of Rehabilitation Medicine
DATE: May 12, 1965
FILE NO.:

RE: Location of Physical Facilities for Physical and Occupational Therapy Courses

As you requested in our recent telephone conversation, I have discussed the above matter again with Mr. Lefebvre, particularly with regard to the future location of these facilities after the 1965-66 season.

As you will recall, when we saw the possibilities of the third floor of the new Physical Rehabilitation Centre at the Airport there was a feeling, which I must admit I shared, that the area would do for the professional courses in these subjects, until such a time as the space became available in the new addition to the University Hospital. This would involve teaching in both first and second years of both the Physical and Occupational Therapy courses.

However, as I informed you approximately a month ago, upon returning and thinking things over I had very serious second thoughts on the matter. These thoughts had nothing to do with the potential excellence of the facilities, but rather on potential effects upon faculty and students upon being located at such a distance from the main campus.

I would, therefore, recommend that the facilities at the Airport, at the building known as the Physical Rehabilitation Centre be utilized only for this coming year and that the students be returned in 1966, and thereafter, to a location on the campus. There are four major reasons for this and I am listing them herewith.

1. On reviewing the time-table on subjects covered, the students will be required to spend between 55 and 60 per cent of their time on the campus in both years in both subjects. While a reasonable split between days on campus and days at the Airport can be arranged for the first year, it will be virtually impossible to prevent a great deal of travel back and forth in the second year of the curriculum.

2. The members of the Faculty, who are only few in number it must be recalled even when all assembled, will be out of communication with the rest of the University and with the University Medical Centre. They will have to meet with members of other departments at frequent intervals, and this means a lot of travelling too, back and forth, for the faculty as well as the students. I believe everyone in academic circles would agree with the deleterious effect isolation has on faculty members.

3. Library Facilities - Library facilities on the campus are crowded
already, particularly those facilities in the Medical Library. Undoubtedly, and we are preparing for this, there will need to be a reduplication of books and journals available in whatever place the courses are eventually located. A great deal of reduplication could be prevented if the students spent most of their time near one location or the other. If their time is split between various locations it is quite likely that many common reference books, as well as journals, would have to be triplicated, rather than duplicated. If the facilities were on the campus it is quite likely that the University Librarian, or the Librarian in the Medical Library would agree to certain books being sent to the Departmental Library on extended loan. It is doubtful if they would agree to this at a location so far away and, secondly, if they did, whether there would be a great deal of use of such books because of problems of timing.

4. Transportation - Public transportation to the Airport is presently available by only two buses per day, one leaving the centre of the city at 8:30 in the morning, and the other leaving the Physical Rehabilitation Centre at 4:30 in the afternoon. This may improve later on this year or next if and when the city takes over the old Air Force housing. It is doubtful, however, if trips would be scheduled sufficiently often for the public transportation to be of any value to second-year students who may have to fit in professional classes between already organized classes in other departments which they will have to take.

I would, therefore, hope that every consideration will be given to provision of adequate campus space, even if this means the retention of the old hut-type buildings until such time as the University Hospital extension is completed.

T. E. Hunt, M.D.

TEH/1s
cc: Dean Begg
APPENDIX J

DESIRABILITY OF AFFILIATION WITH FACULTY OF MEDICINE

Extract from:

Submission from the Faculty of Medicine to the Executive of Saskatoon Council, University of Saskatchewan, to establish a Course in Rehabilitation Medicine, April 4, 1963.
Desirability of Affiliation with Faculty of Medicine

The development of educational programs for therapy personnel, on this campus, was believed desirable for the following reasons:

1. The six existing schools of physiotherapy and occupational therapy, even with maximal expansion of their facilities are not expected to be capable of producing enough graduates to meet predictable demands. At least one recommendation to the Royal Commission on Health Service has stressed the necessity of developing schools in every Canadian Faculty of Medicine.

2. Existing schools are included within their respective medical faculties although degrees have been given to date, only at McGill University.

3. In Canada, one of the major requirements of accreditation of schools is such university affiliation.

4. Local needs are usually best met (although seldom completely) by providing local training resources. Experiences already indicate our Saskatchewan needs will not likely be met if students are required to leave the province for their education.

5. Facilities within the University for experiences in basic sciences and clinical subjects appear to be sufficient to allow development of the necessary courses with only reasonable additional requirements.
Extract from:

Submission from the Faculty of Medicine to the Executive of Saskatoon Council, University of Saskatchewan, to establish a Course in Rehabilitation in the Faculty of Medicine, April 4, 1963.
PROPOSALS

1. It is proposed that there be established within the Faculty of Medicine a two and one-half years Diploma Course in Rehabilitation.

2. It is recommended that the courses offered be for training in either physiotherapy or occupational therapy and that, for the present, no consideration be given to a combined course. It is further recommended that these courses be commenced, if possible, in the fall of 1964.

3. It is proposed that the study requirements as outlined. . . be approved in principle with the detailed arrangements being delegated to the departments, schools and colleges so concerned, and the authorities in the University and the professional bodies.

4. Due to the necessity of using temporary physical facilities which will be somewhat limited in space, the total number of students in each year should be limited to twenty.

5. The recommendation of the Advisory Planning Committee on Medical Care regarding financing be by negotiation with the Department of Public Health, if and when this proposal is approved by Council and Senate.
APPENDIX L

SYLLABUS FOR PHYSIOTHERAPY

Extract from:

C.P.A. Syllabus for Physiotherapy, Revised 1960.
## SYLLABUS

**FOR**

**PHYSIOTHERAPY**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>MINIMUM NO. HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>250</td>
</tr>
<tr>
<td>Physiology</td>
<td>90</td>
</tr>
<tr>
<td>Chemistry</td>
<td>-</td>
</tr>
<tr>
<td>Electrotherapy</td>
<td>180</td>
</tr>
<tr>
<td>(of which 30 hours shall be applied physics)</td>
<td></td>
</tr>
<tr>
<td>Massage and Applied Anatomy</td>
<td>85</td>
</tr>
<tr>
<td>Theory of Movement and its Therapeutic Application</td>
<td>390</td>
</tr>
<tr>
<td>Medicine and Surgery (Clinical Therapy)</td>
<td>150</td>
</tr>
<tr>
<td>Gymnastics and Recreation</td>
<td>30</td>
</tr>
<tr>
<td>Psychology</td>
<td>60</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>30</td>
</tr>
<tr>
<td>Clinical Practice</td>
<td>1360</td>
</tr>
<tr>
<td></td>
<td>2625</td>
</tr>
</tbody>
</table>
APPENDIX M

THE NEED TO EXTEND THE DIPLOMA COURSE IN PHYSIOTHERAPY, FEBRUARY 15, 1967
THE NEED TO EXTEND THE DIPLOMA COURSE IN PHYSIOTHERAPY

Prior to the introduction of the physiotherapy course, in the College of Medicine, considerable discussion took place on the question of course duration. At that time, there was pressure to produce therapists as rapidly as possible, and the courses in our sister provinces of Manitoba and Alberta were of two years' duration. It was consequently decided that similar study time should be provided at this university.

By the time the course was inaugurated, in 1965, some of the faculty had had second thoughts on the practicality of a two-year program, and both Alberta and Manitoba had changed, or were about to change, to three-year courses. It was agreed, however, that because plans had been completed for the two-year program no change would be made until a fair trial had been completed.

The Physiotherapy Diploma Course will graduate its first class this fall. The physiotherapy teachers consider that the two-year program has proved to be unsatisfactory and that the faculty, at its spring meeting, should give approval to a request for extension to a three-year program.

The criticisms of the present course may be summarized as follows:

1. The two-year program is highly concentrated and produces undue pressures on young students. The first year consists of a thirty week academic year, with a thirty-three hour lecture/laboratory week. The second year, of twenty-nine weeks, requires at least thirty-four hours of lectures and laboratories each week. With these heavy commitments there is little time for thought or study.
2. It has not been possible to develop a reasonable balance between academic theory and clinical experience with this program. An intersession period at the end of the first year, and an early start in the second have been necessary to provide the required hours of theory. This has prevented the use of the summer period for even minor clinical experience. Similarly, it has been necessary to develop a prolonged internship period after the completion of the second year. This clinical experience is unaccompanied by theoretical study (at least under the direct control of the faculty).

3. This lack of balance has resulted in too high a degree of concentration on basic science and clinical theory during the academic portion of the program. Students entering the course are keenly interested in clinical matters and it has not been possible to give them these experiences early enough to attain optimal interest and drive or prevent some degree of frustration.

4. As presently constructed, the course of study requires the students to participate in clinical practice sessions during four afternoons of each week in the second year. With practically no prior experience with patients, they are not really ready for this program and much time is spent by the clinical instructors, particularly in the early sessions, in very elemental, introductory material. The clinical instruction staff are the physiotherapy personnel of our hospitals, who have to complete normal duties in their departments. It is unrealistic to expect them to have time for clinical fundamentals, supervision of students' treatments and maintain their own work programme.
5. The two-year program may not be recognized outside of Canada. Student enquiries and discussions indicate an awareness of the need for international professional reciprocity of qualifications. It seems that this reciprocity will be unlikely in the case of the Saskatchewan students, and they may have to sit further examinations from which other Canadian students would be exempt.

A three-year program would allow:

1. A decompression of the course.

2. A better balancing of theoretical and clinical training plus a more appropriate program of internship experience extending over several summer periods.

3. The possible institution of additional basic science courses leading to better preparation for studies in anatomy, physiology, pathology, and clinical medicine.

4. A course more in line with training in the other Canadian universities. Of the nine providing physiotherapy courses, only Dalhousie and the University of Saskatchewan offer courses of less than three years' duration. With the emphasis on degree programs in many therapy schools, the professional value of a two year diploma graduate may be questioned by potential future employers.

5. An opportunity for student maturation. With the present methods of patient-care, physiotherapists are required to perform tasks involving: the clinical assessment of patients, including social aspects; the use of judgement in relation to methods of, and the degree of progression of, treatment, as well as the formulation of clear, accurate reports. The assumption of the above types of
responsibility on the part of the therapist requires a degree of maturity and clinical experience as well as academic training, which could more feasibly be developed in a three-year period.

6. Graduation at a time more appropriate to availability of vacancies for positions in hospital and other departments.

Because of these criticisms of the two-year program and the listed advantages of a three-year course of study, the teachers in physiotherapy request departmental discussion of the matter of extending the course at the University of Saskatchewan to a three-year program. If approved, then recommendation will be forwarded through the usual University channels.

(Miss) J. Manton, M.C.P.A.
Assistant Professor
School of Physiotherapy

T. E. Hunt, M.D., F.R.C.P.(C)
Professor and Head
Department of Rehabilitation Medicine
APPENDIX N

PROPOSED SUBMISSION TO FACULTY OF THE COLLEGE OF MEDICINE FOR UPGRADE AND IMPROVEMENT OF THE EXISTING COURSE IN PHYSIOTHERAPY
OCTOBER 22, 1969
PROPOSED SUBMISSION TO FACULTY OF THE COLLEGE OF MEDICINE FOR
UPGRADING AND IMPROVEMENT OF THE EXISTING COURSE IN PHYSIOTHERAPY

1. The present Course in Physiotherapy consists of:

- 2 academic years
- 6 months of full-time interning
- 6 weeks of review and the final examinations.

At the end of this period the student has fulfilled the academic and professional requirement which allow her to practice her profession, and she is granted a diploma in Physiotherapy by the University.

2. The course has now been running for 4 years and the course faculty are concerned that:

- by retaining it in its present form we are denying the student equality of status with those graduating from similar courses at other Canadian universities and with those graduating from related courses in the health sciences offered by this university.

- we are denying the student the same opportunity for post graduate education as students graduating from similar professions and from other universities.

- the present timetable is extremely compressed, leading to too great a proportion of didactic teaching, and theoretical learning which is not well related to practical experience. We wish to offer to the student improved and more realistic learning situations.

3. We would like to obtain from the Faculty of Medicine agreement to the planning of a 3 year course which would terminate in a degree of Bachelor of Physiotherapy. This could lead into a fourth, honours year, and possibly a fifth year for work towards post graduate degrees in the fields of research, teaching, administration, and advanced clinical work, for suitable candidates.
EXISTING COURSE

1. Classes Taken

<table>
<thead>
<tr>
<th>BASIC SCIENCES</th>
<th>PROFESSIONAL</th>
<th>ARTS AND SCIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy 202</td>
<td>1 Kinesiology 103</td>
<td>1 English 102</td>
</tr>
<tr>
<td>Yr.I Rehab. Med. 103A &amp;</td>
<td>1 Physiotherapy 103</td>
<td>1 Psychology 101</td>
</tr>
<tr>
<td>103B</td>
<td>1 Electrotherapy 103</td>
<td>1 Physical Education</td>
</tr>
<tr>
<td>Physiology 212</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr.II Pathology 205A</td>
<td>1/2 Physiotherapy 203II</td>
<td></td>
</tr>
<tr>
<td>Rehab. Med. 203A</td>
<td>1/2 Electrotherapy 203</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Practice 1
(This includes 5 -
1/2 days per week
during the second year
and the interning period)

12 credits - 2 from the College of Arts and Science.

2. Number of weeks of instruction during the 2 1/2 year course.

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>30</td>
</tr>
<tr>
<td>Second Year</td>
<td>29</td>
</tr>
<tr>
<td>Summer Vacation</td>
<td>25</td>
</tr>
<tr>
<td>Review Month</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>88</strong></td>
</tr>
</tbody>
</table>

63 weeks - consist of formal instruction.

3. Number of weeks of instruction during a proposed 3 year course.

<table>
<thead>
<tr>
<th></th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>27</td>
</tr>
<tr>
<td>Second Year</td>
<td>26</td>
</tr>
<tr>
<td>Summer Vacation</td>
<td>16</td>
</tr>
<tr>
<td>Third Year</td>
<td>26</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>95</strong></td>
</tr>
</tbody>
</table>

79 weeks of formal instruction
COURSES IN PHYIOTHERAPY OFFERED 1969-1970 BY CANADIAN UNIVERSITIES

<table>
<thead>
<tr>
<th>Institution</th>
<th>Duration</th>
<th>Program Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRITISH COLUMBIA</td>
<td>4 years</td>
<td>Combined Course in Physiotherapy and Occupational Therapy. BACHELOR OF SCIENCE IN REHABILITATION</td>
</tr>
<tr>
<td>ALBERTA*</td>
<td>3 Years</td>
<td>Diploma in Physiotherapy</td>
</tr>
<tr>
<td>SASKATCHEWAN</td>
<td>2 Years, 7 Months</td>
<td>Diploma in Physiotherapy</td>
</tr>
<tr>
<td>MANITOBA</td>
<td>3 Years, 4 Years</td>
<td>Diploma in Physiotherapy BACHELOR OF PHYSICAL THERAPY</td>
</tr>
<tr>
<td>TORONTO</td>
<td>3 Years</td>
<td>Diploma in Physical and Occupational Therapy</td>
</tr>
<tr>
<td>QUEEN'S</td>
<td>3 Years, 4 Years</td>
<td>Diploma in Physical Therapy BACHELOR OF SCIENCE IN PHYSICAL THERAPY</td>
</tr>
<tr>
<td>WESTERN ONTARIO</td>
<td>4 Years</td>
<td>BACHELOR OF SCIENCE IN REHABILITATION (PHYSICAL THERAPY)</td>
</tr>
<tr>
<td>McGILL</td>
<td>4 Years (from Junior Matriculation)</td>
<td>BACHELOR OF PHYSICAL THERAPY</td>
</tr>
<tr>
<td></td>
<td>5 Years (from Junior Matriculation)</td>
<td>BACHELOR OF SCIENCE IN PHYSICAL THERAPY</td>
</tr>
<tr>
<td>UNIVERSITY OF MONTREAL</td>
<td>3 Years</td>
<td>BACHELOR OF SCIENCE IN PHYSIOTHERAPY</td>
</tr>
<tr>
<td>LAVAL</td>
<td>3 Years</td>
<td>BACHELOR OF SCIENCE IN HEALTH SCIENCES (PHYSIOTHERAPY)</td>
</tr>
<tr>
<td>DALHOUSSIE</td>
<td>2 Years, 5 Months</td>
<td>Diploma in Physiotherapy</td>
</tr>
</tbody>
</table>

*Erratum - In the academic year 1969-70, the University of Alberta offered a Bachelor of Physical Therapy degree for the first time, as well as a Diploma in Physiotherapy. (Personal telephone conversation with Mr. Barry Pickles, Assoc. Professor and Chairman of Division of Physical Therapy, School of Rehabilitation Therapy, University of Alberta, Sept. 8, 1976).*
<table>
<thead>
<tr>
<th>YEAR I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy 202</td>
</tr>
<tr>
<td>Chemistry 102</td>
</tr>
<tr>
<td>2 of Biology 102</td>
</tr>
<tr>
<td>Physics 111</td>
</tr>
<tr>
<td>Psychology 101</td>
</tr>
<tr>
<td>Elective 100</td>
</tr>
<tr>
<td>(from humanities 1. or</td>
</tr>
<tr>
<td>Social Sciences)</td>
</tr>
<tr>
<td>Clinical Practice 103B*</td>
</tr>
<tr>
<td>(one 1/2 day per week</td>
</tr>
<tr>
<td>and four full weeks</td>
</tr>
<tr>
<td>after the yearly exams.)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology 212</td>
</tr>
<tr>
<td>Rehabilitation Medicine 203A*</td>
</tr>
<tr>
<td>Pathology 205A</td>
</tr>
<tr>
<td>Physiotherapy 203</td>
</tr>
<tr>
<td>Kinaesiology 203</td>
</tr>
<tr>
<td>Electrotherapy 203B</td>
</tr>
<tr>
<td>Clinical Practice 203B</td>
</tr>
<tr>
<td>(3 - 1/2 days per week)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Clinical Practice 303         | 1                           |
| (four months full-time        | 1 credit                     |
| interning during long         |                             |
| vacation)                     |                             |
### YEAR III

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Medicine 303</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy 303</td>
<td>1</td>
</tr>
<tr>
<td>Electrotherapy 303</td>
<td>1</td>
</tr>
<tr>
<td>Psychology 200</td>
<td>5 1/2</td>
</tr>
<tr>
<td>2 of {</td>
<td></td>
</tr>
<tr>
<td>Anthropology 100</td>
<td>2</td>
</tr>
<tr>
<td>Sociology 100</td>
<td></td>
</tr>
<tr>
<td>Clinical Practice 303C*</td>
<td>1/2</td>
</tr>
</tbody>
</table>

**TOTAL** 17 credits

* 

A. after class number indicates a half class taken before Christmas.

B. after class number indicates a half class taken after Christmas.

C. after class number indicates a half class taken any time during the year.

At this stage the student will have fulfilled the academic and professional requirements which will allow her to either practice her profession or enter post graduate work.
YEAR IV - Suggestions for Content

B.P.T. Honours - (Preparatory to the Master's Year)

Prerequisites: B.P.T. with 70% overall average

Possibly 2 years clinical experience before entering the 4th year, if student intends to continue into a master's program. At least 18 months of this should be in a general hospital situation.

CONTENT

1. of: - a) advanced locomotor and neuroanatomy.
   b) 2 - 1/2 classes Advanced Physiology - Cardiovascular 426A
      Respiratory 427B
      Neurology 429B

2. Physiotherapy 403I - special studies.*

3. Physiotherapy 403II - applied clinical.*

* It might be useful to divide these into areas of special interest:
  e.g. - Orthopaedics
  Rheumatology
  Cardio respiratory
  Neurology
  Paediatrics

4.) Electives, depending on the chosen area, from among the following:

Research

Statistical Methods 314A (Crop Science)
Psychology 242 - Physiological Psychology
Psychology 255 - Perceptual Processes
Biology 211A - Introductory Course in Genetics
Psychology 452 - Perception and Cognition
Rehab. Med. 802 - Electromyography

Teaching

Psychology 253 - Psychology of Learning
Psychology 255 - Perceptual Processes
Psychology 452 - Perception and Cognition
Effective Speaking 101 - (College of Agriculture)
Management 100 - (College of Commerce)
P.T. 203III - Clinical Teaching Methods
Administration

Management 100 - College of Commerce
Effective Speaking 101 - College of Agriculture
Health Care Administration 432 - College of Commerce
Health Care Administration 433 - College of Commerce
Possibly advanced Sociology class.

Advanced Clinical Work

Psychology 253 - Psychology of Learning
Psychology 255 - Perceptual Processes
851 - Fundamentals of P.N.F.
852 - Clinical Applications of P.N.F.
P.T. 203III - Clinical Teaching Methods
APPENDIX O

PROPOSED COURSE CONTENT IN HOURS PER WEEK

Extract from:

Submission from the full time instructors of the Course in Physiotherapy to Dr. T. E. Hunt, Professor and Head of Department of Rehabilitation Medicine, September, 1971.
# Proposed Course Content in Hours Per Week

## Year I

<table>
<thead>
<tr>
<th>Fall Term</th>
<th>Spring Term</th>
<th>Intersession (4 wks.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy 202</td>
<td>Anatomy 202</td>
<td>Clinical Practice 20</td>
</tr>
<tr>
<td>Rehab. Med. 103A</td>
<td>Rehab. Med. 103B</td>
<td>Kinesiology 103 4</td>
</tr>
<tr>
<td>Kinesiology 103</td>
<td>Kinesiology 103</td>
<td>Electro. 103 4</td>
</tr>
<tr>
<td>Electro. 103</td>
<td>Electro. 103</td>
<td>Physio. 103 4</td>
</tr>
<tr>
<td>Physio. 103</td>
<td>Physio. 103</td>
<td></td>
</tr>
<tr>
<td>2 Electives</td>
<td>2 Electives</td>
<td></td>
</tr>
<tr>
<td>Hours Per Week</td>
<td>27</td>
<td>Hours Per Week 32</td>
</tr>
</tbody>
</table>

## Year 2

<table>
<thead>
<tr>
<th>Fall Term</th>
<th>Spring Term</th>
<th>C.P.A. Interning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology 202</td>
<td>Physiology 202</td>
<td>Mid May - End of August 35 hrs. x 16 wks. 560 hrs.</td>
</tr>
<tr>
<td>Pathology 205A</td>
<td>Electro. 203</td>
<td></td>
</tr>
<tr>
<td>Rehab. Med. 203A</td>
<td>Physio. 203</td>
<td></td>
</tr>
<tr>
<td>Electro. 203</td>
<td>Clinical Practice</td>
<td></td>
</tr>
<tr>
<td>Physio. 203</td>
<td>(a.m.)</td>
<td></td>
</tr>
<tr>
<td>Clinical Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a.m.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours Per Week</td>
<td>37</td>
<td>Hours Per Week 37</td>
</tr>
</tbody>
</table>

## Year 3

<table>
<thead>
<tr>
<th>Fall Term</th>
<th>Spring Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice</td>
<td>Clinical Practice</td>
</tr>
<tr>
<td>(p.m.)</td>
<td>(p.m.)</td>
</tr>
<tr>
<td>Electro. 303A</td>
<td>Physio. 303</td>
</tr>
<tr>
<td>Physio. 303</td>
<td>2 Electives</td>
</tr>
<tr>
<td>2 Electives</td>
<td>6</td>
</tr>
<tr>
<td>Hours Per Week</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Hours Per Week 32</td>
</tr>
</tbody>
</table>
APPENDIX P

PROPOSED COURSE CONTENT IN HOURS PER WEEK

Extract from:

Submission from the full time instructors of the Course in Physiotherapy to Dr. T. E. Hunt Professor and Head of Department of Rehabilitation Medicine, October 5, 1971.
### PROPOSED COURSE CONTENT IN HOURS PER WEEK

#### Year I

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry 101</td>
<td>8</td>
</tr>
<tr>
<td>Physics 111</td>
<td>6</td>
</tr>
<tr>
<td>Anatomy 202</td>
<td>7</td>
</tr>
<tr>
<td>Psychology 101</td>
<td>3</td>
</tr>
<tr>
<td>Rehabilitation Med. 103C</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy 103</td>
<td>3</td>
</tr>
<tr>
<td><strong>Hours Per Week</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

#### Year 2

<table>
<thead>
<tr>
<th></th>
<th>FALL TERM</th>
<th>SPRING TERM</th>
<th>MAY (4 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology 212</td>
<td>6</td>
<td>3</td>
<td>Orientation</td>
</tr>
<tr>
<td>Pathology 205A</td>
<td>3</td>
<td>6</td>
<td>ID 201 &amp; 202</td>
</tr>
<tr>
<td>ID 201</td>
<td>2</td>
<td>2</td>
<td>PT Clinical</td>
</tr>
<tr>
<td>ID 202</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rehab. Med. 203</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Hours Per Week</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>31 hours</strong></td>
</tr>
</tbody>
</table>

#### Year 3

(2 Groups of students alternating between Saskatoon and Regina - 13 weeks on each campus)

<table>
<thead>
<tr>
<th></th>
<th>SASKATOON</th>
<th>REGINA</th>
<th>INTERNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>16</td>
<td>Elective (2 x 1/2)</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Practice</td>
<td>15</td>
<td>classes</td>
<td>14 - 15 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Practice</td>
<td>(490 - 525 Hours)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td><strong>31</strong></td>
<td></td>
<td></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

#### Year 4

<table>
<thead>
<tr>
<th></th>
<th>FALL TERM</th>
<th>SPRING TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy 350</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Physiology 426A</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Rehab. Med. 403C</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Elective</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Practice</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>32</strong></td>
<td></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>
APPENDIX Q

COMPARISON OF PRESENT AND PROPOSED COURSES
IN HOURS PER WEEK

Extract from:
Submission from the Department of Rehabilitation Medicine to the Faculty of Medicine, May 24, 1972.
### COMPARISON OF PRESENT AND PROPOSED DIPLOMA COURSES IN HOURS PER WEEK

<table>
<thead>
<tr>
<th>Year</th>
<th>PRESENT COURSE</th>
<th>PROPOSED COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year I</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anatomy 202</strong></td>
<td>7</td>
<td><strong>Anatomy 202</strong> (1)</td>
</tr>
<tr>
<td><strong>Psychology 101</strong></td>
<td>3</td>
<td><strong>Psychology 101</strong></td>
</tr>
<tr>
<td><strong>English 102</strong></td>
<td>3</td>
<td><strong>Rehab. Med. 103A &amp; B</strong></td>
</tr>
<tr>
<td><strong>Rehab. Med. 103A &amp; B</strong></td>
<td>3</td>
<td><strong>Physiotherapy &quot;100&quot; classes</strong></td>
</tr>
<tr>
<td><strong>Physiotherapy (Kin. 103, E.T. 103 &amp; P.T. 103)</strong></td>
<td>14 1/2</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>30 1/2</strong></td>
<td><strong>28</strong></td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physiology 212</strong></td>
<td>6</td>
<td><strong>Physiology 212</strong></td>
</tr>
<tr>
<td><strong>Pathology 205A</strong></td>
<td></td>
<td><strong>Pathology 205A</strong></td>
</tr>
<tr>
<td><strong>Rehab. Med. 203A</strong></td>
<td>1 1/2</td>
<td><strong>Rehab. Med. 203C</strong></td>
</tr>
<tr>
<td><strong>Physiotherapy (P.T. 203 &amp; E.T. 203)</strong></td>
<td>9 1/2</td>
<td><strong>Physiotherapy &quot;200&quot; classes</strong></td>
</tr>
<tr>
<td><strong>Clinical Practice</strong></td>
<td>20</td>
<td><strong>Clinical Practice (3 mornings)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>37</strong></td>
<td><strong>28</strong></td>
</tr>
<tr>
<td><strong>Review Month</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physiotherapy 300 &amp; presentation of 301 (project)</strong></td>
<td></td>
<td><strong>Saskatoon - 1 semester</strong></td>
</tr>
<tr>
<td><strong>Total 68 hours.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Saskatoon - 1 semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physiotherapy &quot;300&quot; classes</strong></td>
<td>15</td>
<td><strong>Rehab. Med. 303C</strong></td>
</tr>
<tr>
<td><strong>Clinical Practice</strong></td>
<td>15</td>
<td><strong>Clinical Practice</strong></td>
</tr>
<tr>
<td><strong>(5 afternoons)</strong></td>
<td><strong>31 1/2</strong></td>
<td><strong>(5 afternoons)</strong></td>
</tr>
<tr>
<td><strong>Regina - semester</strong></td>
<td></td>
<td><strong>25 1/2</strong></td>
</tr>
<tr>
<td><strong>Electives ( 2 - 1/2 classes)</strong></td>
<td>8</td>
<td><strong>Rehab. Med. 303C</strong></td>
</tr>
<tr>
<td><strong>Physiotherapy &quot;300&quot; E</strong></td>
<td>1</td>
<td><strong>Physiotherapy &quot;300&quot; E</strong></td>
</tr>
<tr>
<td><strong>Clinical Practice</strong></td>
<td>15</td>
<td><strong>Clinical Practice</strong></td>
</tr>
<tr>
<td></td>
<td><strong>25 1/2</strong></td>
<td><strong>25 1/2</strong></td>
</tr>
</tbody>
</table>

### INTERNING

- **INTERNING**
  - 24 weeks of 35 hours following year 2.
  - 14 weeks between years 2 and 3
  - 6 weeks following year 3.
APPENDIX R

PROPOSED DEGREE PROGRAMME FOR DIPLOMA GRADUATES

Extract from:

Submission from the Department of Rehabilitation Medicine to the Faculty of Medicine, May 26, 1972.
PROPOSED DEGREE PROGRAMME FOR DIPLOMA GRADUATES

(a) The equivalent of one full class in Advanced Anatomy such as:

ANAT 350  Functional Anatomy of Locomotor System  
ANAT 417  Functional Anatomy of Locomotor System

(b) The equivalent of one full class or two half classes in Advanced Physiology such as:

PHSIO 426A  Cardiovascular Physiology  
PHSIO 427B  Respiratory Physiology  
PHSIO 429B  Physiology of the Nervous System  
P ED 320B  Physiology of Exercise  
MED 450  Physiology of Exercise

(c) A selection of courses in Advanced Physiotherapy, Physiotherapy Administration, or Research Methodology related to Health Sciences or at least the equivalent of one and one-half classes such as:

MATH 260A  Statistical Methods  
CR SC 314A  
HCA 432A  Introduction to Health Care Administration  
HCA 433B  Health Agencies  
INDRL 281A/B  Personnel and Industrial Relations  
CMPT 177A/B  Introduction to Computers I  
CMPT 178A/B  Introduction to Computers II  
REHMD 451  Advanced Physiotherapy  
REHMD 452  Advanced Clinical Physiotherapy

(d) PHYTH 403C  Special Topics. (An opportunity for individually directed study in an area of the student's own interest)

(e) One approved elective class.

(f) PHYTH 400E  Weekly seminar - non-credit.
APPENDIX S

TABLE TO SHOW THE TRANSITION IN EDUCATIONAL QUALIFICATIONS OF THE DIFFERENT PHYSIOTHERAPY TRAINING INSTITUTIONS, IN RELATION TO SIGNIFICANT DATES FOR THE UNIVERSITY OF SASKATCHEWAN
<table>
<thead>
<tr>
<th>University of Toronto*</th>
<th>1965</th>
<th>1969</th>
<th>1973</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diploma P.T. and O.T.</td>
<td>Diploma P.T. and O.T.</td>
<td>B.Sc.</td>
</tr>
<tr>
<td>McGill University</td>
<td>B.P.T.</td>
<td>B.P.T. and B.Sc.</td>
<td>B.Sc.</td>
</tr>
<tr>
<td>University of Montreal</td>
<td>Diploma</td>
<td>B.Sc.</td>
<td>B.Sc.</td>
</tr>
<tr>
<td>University of Alberta</td>
<td>Diploma</td>
<td>Diploma B.P.T.</td>
<td>Diploma B.P.T.</td>
</tr>
<tr>
<td>University of Manitoba</td>
<td>Diploma</td>
<td>Diploma B.P.T.</td>
<td>Diploma B.P.T.</td>
</tr>
<tr>
<td>University of British Columbia*</td>
<td>Diploma P.T. and O.T.</td>
<td>B.Sc., P.T. and O.T.</td>
<td>B.Sc., P.T. and O.T.</td>
</tr>
<tr>
<td>Dalhousie University</td>
<td>Diploma</td>
<td>Diploma</td>
<td>Diploma</td>
</tr>
<tr>
<td>University of Laval</td>
<td>Diploma</td>
<td>B.Sc.</td>
<td>B.Sc.</td>
</tr>
<tr>
<td>University of Saskatchewan</td>
<td>Diploma</td>
<td>Diploma</td>
<td>Diploma B.P.T.</td>
</tr>
<tr>
<td>University of Western Ontario</td>
<td>---</td>
<td>B.Sc.</td>
<td>B.Sc.</td>
</tr>
<tr>
<td>Queen's University</td>
<td>---</td>
<td>Diploma B.Sc.</td>
<td>B.Sc.</td>
</tr>
<tr>
<td>Mohawk College of Applied Arts and Technology</td>
<td>---</td>
<td>---</td>
<td>Diploma</td>
</tr>
</tbody>
</table>

* The Universities of Toronto and British Columbia offered combined training in physiotherapy and occupational therapy. In 1971, Toronto discontinued its combined training, and offered separate degree programmes in physiotherapy and occupational therapy.
APPENDIX T

C.P.A. MEMBERSHIP REQUIREMENTS ON AND AFTER SEPTEMBER 30, 1982

Extract from:

At their Annual General Meeting in June 1974, the membership of the Canadian Physiotherapy Association approved the following motion regarding new Canadian graduates:

"It being understood that the following motion relates only to physiotherapists who will graduate from Canadian schools of physical therapy/physiotherapy or rehabilitation on and after September 30, 1982; and

that graduation from these schools prior to September 30, 1982 will retain their eligibility for membership in the Canadian Physiotherapy Association; and

provided that the following are accomplished:

1. validation and implementation of the Canadian Physiotherapy Association accreditation standards for physical therapy programmes in Canada; and

2. accessibility to baccalaureate and/or master's degree programmes in physical therapy/physiotherapy or rehabilitation for physical therapy diploma graduates; and

3. a review of the situation as it will pertain to graduates of non-Canadian schools for membership in the Canadian Physiotherapy Association as of the date of implementation;

THAT on and after September 30th, 1982 new graduates from Canadian schools will be eligible for membership in the Canadian Physiotherapy Association only on receipt of proof of graduation with a baccalaureate degree from a programme in physical therapy/physiotherapy or rehabilitation that has met the accreditation standards of the Canadian Physiotherapy Association.

The approval of this motion is an indication of the evolutionary process in the development of the physiotherapy profession and a response to the events which have already taken place.
APPENDIX U

C.P.A. NEW PROGRAMMES IN PHYSIOTHERAPY

Extract from:

At the annual meeting of the Board of Directors and National Executive Committee, June 1974, the following motion relating to new programmes in physiotherapy was approved:

"THAT with respect to Canadian programmes, as of this date, June 20, 1974, the Board of Directors of the Canadian Physiotherapy Association will consider for approval, only university based programmes in physical therapy/physiotherapy or rehabilitation for which the basic level of education is a baccalaureate degree in physical therapy/physiotherapy or rehabilitation that is awarded by the university."