

# Physiotherapy and Indigenous Health: Are we there yet?

By Priscilla Flett and Dr. Moni Fricke

**P**hysiotherapy offers an effective adjunct to Western medical approaches when it comes to treating impairments and disabilities, whether they are experienced from birth or acquired through an accident, overuse, or illness. Physiotherapists use a collaborative, holistic person-centred approach to address the physical, mental, emotional and spiritual aspects of limitations in a person's mobility and function, while advocating for the rights of all people, regardless of ability and legal status.

Physiotherapists help individuals across the life spectrum from birth to end of life, who experience difficulty with mobility, breathing, balance, coordination or chronic pain. They work with individuals, families and communities in a variety of settings such as in the home, school, long-term care, prison, hospital, health centre and the workplace. Through education, individualized exercises, and adaptive equipment, physiotherapists can help individuals manage conditions such as heart disease, diabetes, overuse injuries, chronic lung disease, pelvic floor disorders, vestibular disease, or arthritis as well as the long-term impacts of acute illnesses such as COVID-19 and cancer treatment on endurance and strength.

Estimated rates of disability among Canada's Indigenous Peoples are two to three times as high as the rest of Canada. Despite this fact, access to physiotherapy services for Indigenous Peoples across Canada is severely limited. Physiotherapy is not specifically listed as a universal right in the *Canada Health Act*, but access to physiotherapy services is a privilege that many Canadians have that is not shared by our Indigenous neighbours and relations. Jurisdictional issues around access stem from the Canadian Constitution and the *Indian Act*, which lay out the federal responsibility for Indigenous Peoples and the provincial responsibility for healthcare. Whether through universal access to publicly-funded services as recommended by Dr. Peachey in 2017, or through private insurance, Indigenous Peoples across Manitoba cannot equitably access this service that has proven to keep other Canadians mobile in their own communities.

More recently, some targeted funding has been made available through *Jordan's Principle*, a child-first principle named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation. Jordan spent more than two years unnecessarily in hospital while the Province of Manitoba and the federal government argued over who should pay for his care at home. Jordan died in the hospital at the age of five years, never having spent a day in his family home (for more information, see the First Nations Child and Family Caring Society at [www.fncaringociety.com/jordans-principle](http://www.fncaringociety.com/jordans-principle)). *Jordan's Principle* is intended to ensure First Nations children get the services they need when and where they need them, including rehabilitation services such as physiotherapy. However, these services are limited resulting in some families being forced to relocate to the city in order to access the full breadth of services located only in an urban setting.

Telehealth, or telerehab, has been suggested as an answer to address geographical challenges of accessing care, but where privacy issues arise in overcrowded homes and bandwidth is limited, virtual methods beyond the telephone are not viable options at present. In the meantime, the majority of Indigenous adults recovering from surgery or injuries and living with disabilities both on-reserve and in cities like Winnipeg go without the benefits of access to physiotherapy services or need to leave their community for extended periods of time to receive treatment.

If you or someone you know would benefit from physiotherapy, talk to your primary health care provider and please visit [mbphysio.ca](http://mbphysio.ca) for more information.

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