World Physiotherapy
Europe region

Report -
Survey on Physiotherapy in primary health Care in Europe

Advocacy and EU Matters Working Group (A&EUMWG)

NOTED

14th & 15th May 2026

Pristina, Kosovo

CONTENTS

BACKGROUND

Strengthening the case for physiotherapy as an autonomous profession within primary health care (PHC) remains a core objective of the Europe Region of World Physiotherapy. Building on earlier working group initiatives and to inform future advocacy at both European and national levels, the Advocacy and European Matters Working Group (A&EMWG) designed a survey to continue monitoring the current state of physiotherapy (PT) in PHC across Europe. The 2025 data collection, conducted as part of the Europe Region's biennial survey cycle, updates and strengthens the evidence base on the state of physiotherapy in PHC across Europe. It enables Member Organisations (MOs) to benchmark their current position and assess change over time, and it supports the Europe Region in targeting assistance and advocacy actions to the specific gaps and opportunities identified. All terminology used in the survey follows the World Physiotherapy glossary, which was shared with respondents within the survey.

1. AIMS OF THE SURVEY

The general goal of the survey was to gather data on the state of physiotherapy in primary health care in the Europe Region, and the specific aims were to:

- Identify the countries where PHC is part of the public and/or private health care sectors;
- Identify the countries where physiotherapists are legally included in the public and/or private health care systems;
- Gather information about the number of physiotherapists working in PHC in European countries;
- Assess the level of autonomy of physiotherapists working in PHC;
- To gather information about the activities performed by physiotherapists in PHC;
- Assess the satisfaction with the level of autonomy of physiotherapists in PHC.

2. METHODOLOGY

A survey was created with the platform SurveyMonkey to collect data on multiple topics, aiming to reduce the number of requests to MOs, including physiotherapy in PHC. The survey was emailed to paying MOs of the Europe Region on 19 June 2025 followed by two email reminders on 27 June 2025 and 21 October 2025. By the end of December 2025, this resulted in a total of 32 MOs that completed the survey, out of 38 invitations, which indicates a response rate of 84.2%.

3. RESULTS

The results of the survey will be provided in this section as an overview of the spectrum of the answers provided by the organisations, but also in infographics in the appendix.

3.1 Integration of primary health care in the public system

Across the sample, PHC is generally positioned within publicly funded coverage (30; 93.75%), with only a small minority (2; 6.25%) reporting that PHC is not part of the public health system.

3.2 Integration of physiotherapy in primary health care systems

In the public health care system, 19 MOs (59.4%) reported that physiotherapists are legally included in PHC, while 13 MOs (40.6%) reported they are not. In the private health care system, 18 MOs (56.3%) reported legal inclusion, and 14 countries (43.8%) reported no legal inclusion. In 14 (43.8%) MOs, PT in PHC is part of the public and private health care systems, in 9 (28.1%) countries PT is not included in public or private health care systems, in 5 (15.6%) MOs it is included only in the public health care system and in 4 (12.5%) countries it is included only in private health care system.

3.3 Number of physiotherapists working in primary health care

Public system: When asked "How many physiotherapists are working in primary health care in the public health care system?", only 12 (37.5%) provided a number, and only in 2 (6.3%) the number was provided from an official source. Considering the number of physiotherapists mentioned in the country profile, the reported number of physiotherapists working in PHC in the public system was above 20% in 50% (n=6) of the MOs and below 10% in the other half.

Private system: When asked "How many physiotherapists are working in primary health care in the private health care system?", only 10 (31.3%) provided a number, and none cited official sources. Considering the number of physiotherapists mentioned in the country profile, the reported number of physiotherapists working in PHC in the public system was above 20% in 70% (n=7) of the MOs and below 10% in 30% (n=3).

3.4 Education focusing on primary health care at entry-level

When asked if courses with a primary care focus are included in the entry level curriculum, 22 MOs (68.75%) answered affirmatively and 10 (31.25%) reported that entry-level education does not contain PHC. Interestingly, in one third of the MOs in which physiotherapy is not included in either the public or private PHC systems, there is already education at the entry level focusing on primary care. On the other spectrum, in 2 MOs in which physiotherapy is included in the public and/or private systems, there is no education at the entry-level focusing on primary care.

3.5 Referral to physiotherapy services (with or without prescription)

Leaving the 9 countries aside in which physiotherapy is not included in the public and private health care system, 8 Member Organisations (MOs) (34,8% of 23) reported that a medical referral is required to access physiotherapy services in primary health care (PHC). At the same time, 9 MOs (39.1% of 23) highlighted that this requirement applies only in specific circumstances, most commonly for reimbursement purposes and within the public system (but not in the private sector). 5 MOs (21.7% of 23) reported that a medical referral is not required to initiate physiotherapy in PHC.

Among those 5 MOs, referral pathways were described as follows (multiple responses permitted): 4 (80%) reported that patients can always self-refer; 2 (40%) reported referrals from medical doctors and other health professionals; 2 (40%) reported self-referral only in specific situations; and 1 (20%) reported other referral routes.

3.6 Ability to assess and diagnose

2 organisations (5.9%) stated that physiotherapists cannot assess or diagnose a patient, 10 (43.5%) stated that physiotherapists can assess and diagnose a patient, 3 (8.8%) reported that physiotherapists can assess but not diagnose, 1 (2.9%) reported that physiotherapists can assess but did not know if they can diagnose patients and 6 (17.6%) selected only that physiotherapists can diagnose.

3.7 Treatment definition

21 MOs (91.53%) stated that physiotherapists are legally authorised to define the treatment plan and 2 (8.7%) stated that physiotherapists are not legally authorised to define the treatment plan in PHC.

3.8 Referral from physiotherapists

13 Member Organisations (MOs) (56.5%) reported that physiotherapists are legally allowed to refer patients to a general practitioner, while 8 (34.8%) reported that such referrals are not permitted. For referrals to medical specialists, 9 MOs (39.1%) indicated that physiotherapists can refer, whereas 10 (43.5%) indicated they cannot. Referrals to other health professionals (e.g., speech therapists) were permitted according to 8 MOs (34.8%), while 14 (60.9%) reported that physiotherapists are not legally allowed to refer.

Legal authority to refer for imaging and other diagnostic tests was reported less frequently. Four MOs (17.4%) stated that physiotherapists can refer patients for X-ray, compared with 14 (60.9%) reporting no legal authority to do so. For other diagnostic tests (e.g., MRI), 5 MOs (21.7%) reported that physiotherapists can refer, while 13 (56.5%) reported that they cannot.

3.9 Activities performed by physiotherapists in primary health care

When asked about the activities performed by physiotherapists in PHC, most MOs reported direct clinical care and prevention-focused work. One-to-one patient care was reported by 22 MOs (95.7%). Educational activities for patients and caregivers on preventing and managing chronic disease were reported by 20 MOs (87.0%). Fall prevention activities were reported by 19 MOs (82.6%). Community-based health promotion and prevention activities, including group programmes for prevention and management of chronic conditions, were reported by 18 MOs (78.3%). Participation in screening and diagnostic activities as first-contact practitioners was reported by 12 MOs (52.2%).

Additional activities were reported by 3 MOs (13.0%), including musculoskeletal triage and management, pulmonary and cardiac rehabilitation, adult and paediatric rehabilitation, telehealth, clinical governance and management roles, consultancy, research, quality and clinical audits, and palliative care.

3.10 Level of satisfaction with autonomy of physiotherapy in primary health care

23 MOs have rated the satisfaction with autonomy of physiotherapy in PHC in a scale of 0-10. The mean level of satisfaction was 5.9, with a minimum of 0 and a maximum value of 10. Two (8.7%) assessed their level of satisfaction at 0 points and 2 (8.7%) assessed their satisfaction at 10 points. 8 (34.8%) organisations assessed their level of satisfaction between 0 and 5 points and 15 (65.2%) assessed their level of satisfaction between 6-10

points. Factors such as being able to assess patients in PHC and medical referral requirement seem important to the level of satisfaction with autonomy in PHC.

4. LIMITATIONS

The limitations of the survey acknowledged are:

- The language barrier: the survey was conducted in English which is not the first language of the majority of the MOs;
- The differences in the terminology used in the national health care systems of the member organisations, although guidance regarding terminology was provided;
- The individual respondent bias which may not be reflective of the national picture.

5. CONCLUSIONS

This survey on physiotherapy in PHC in Europe within the national health care systems provided data on the addressed elements and provided the A&EMWG additional insights into elements of the survey that need to be finetuned or rephrased.

These results show that, while primary health care is predominantly embedded in publicly funded systems across Europe, physiotherapy is not consistently integrated into PHC in either the public or private sectors. Legal recognition and role definition remain heterogeneous across countries. Most MOs report that physiotherapists can define treatment plans and deliver a broad range of prevention and health promotion activities in PHC, indicating strong clinical and public health contributions where services are available. However, access and scope of practice appear constrained in many settings by requirements for medical referral and by limited legal authority to assess and diagnose as first-contact practitioners, as well as restricted ability to refer onward to other professionals, imaging, or diagnostic tests.

Data availability is also a key limitation. Few MOs were able to provide national figures on the physiotherapy workforce in PHC, and very few referenced official sources, reducing the capacity to benchmark service capacity or monitor progress over time. Importantly, entry-level education focused on PHC is relatively common, including in several countries where physiotherapy is not yet formally included in PHC systems, suggesting a readiness gap between training and regulatory or system-level implementation.

Overall satisfaction with autonomy in PHC is moderate (mean 5.9/10) and appears aligned with structural determinants of autonomy, particularly the ability to assess patients and the absence of mandatory medical referral. Taken together, the findings support prioritising advocacy for formal inclusion of physiotherapy in PHC, expansion of first-contact scope of practice and referral rights, and improved national data collection on the PHC physiotherapy workforce. These areas provide clear targets for coordinated action by the Europe Region and Member Organisations in the next survey cycle.

The results of the survey allow each MO to address specific elements relating to professional autonomy in PHC and the state of physiotherapy in their country, and the possibility to request the assistance of the Europe Region, if so desired. Additionally, the results will allow the Europe Region to monitor eventual changes in the legal framework of autonomy for

physiotherapists working in PHC, and the data from the survey can inform the Europe Region's advocacy actions for physiotherapy in PHC in the Europe Region, such as increasing the awareness on the role of physiotherapy in PHC and disseminate examples of good practice.

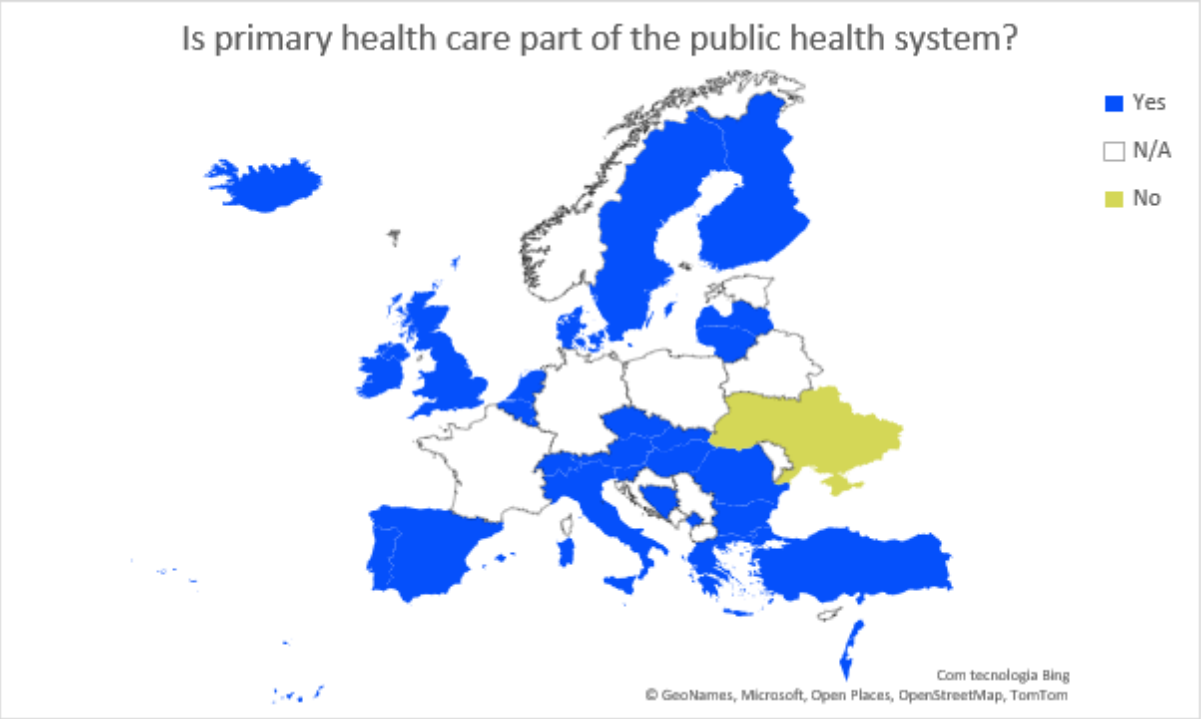
The survey results enable each Member Organisation (MO) to identify and address specific aspects of professional autonomy and the delivery of physiotherapy in PHC within their national context, and, where needed, to request support from the Europe Region of World Physiotherapy. At regional level, the findings provide an update of the legal and regulatory framework determining physiotherapists' autonomy in PHC. The dataset can also inform the Europe Region of World Physiotherapy's advocacy priorities and actions across the Region, including strengthening awareness of the physiotherapy role in PHC and disseminating examples of effective practice models.

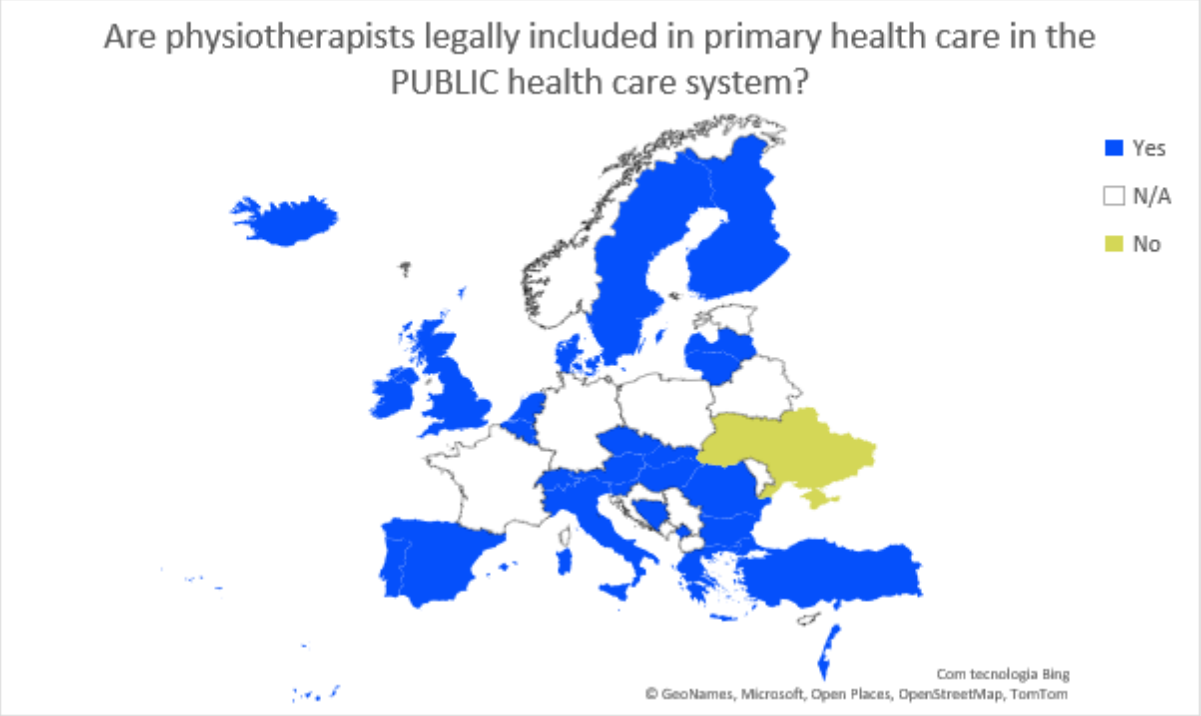
ACKNOWLEDGEMENTS

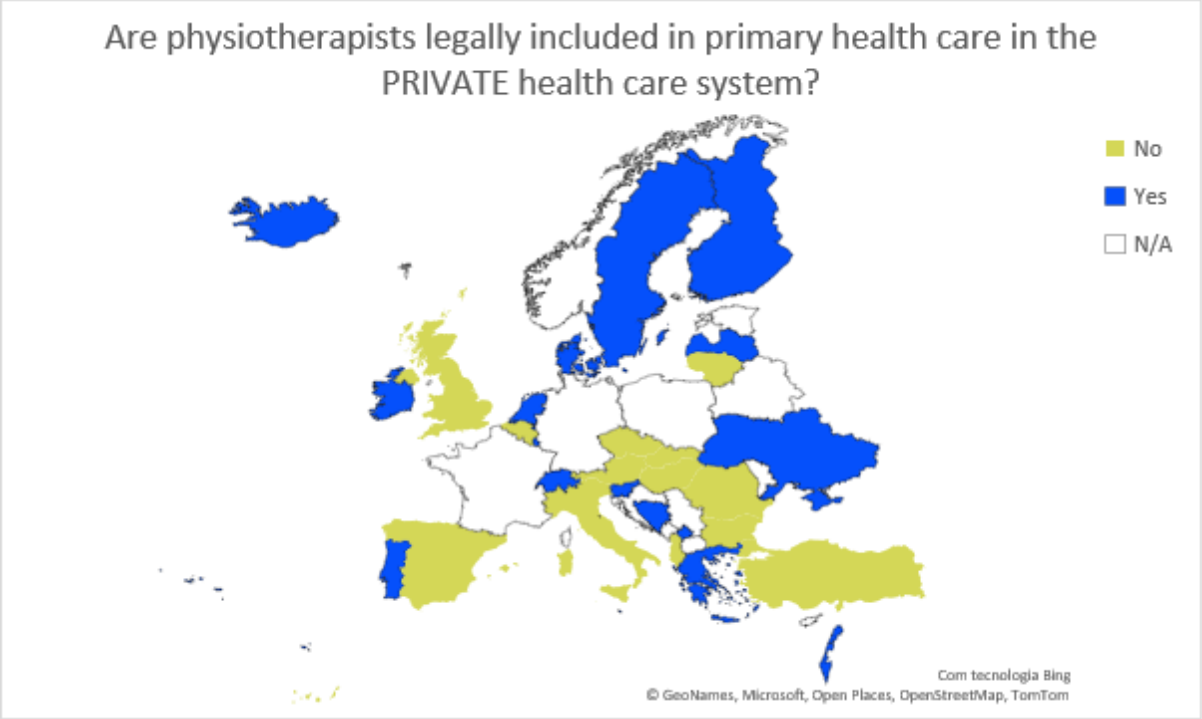
Members of the Advocacy & EU Matters Working Group of the Europe Region of World Physiotherapy for the 2024 - 2026 term:

Līva Tiesnese (Latvia), Adérito Seixas (Portugal) (Lead), Ramona Pavel-Szekers (Romania), Charlotte Urell (Sweden), Tim Németh (Chair)

APPENDIX 1: CHARTS AND INFOGRAPHICS






Are physiotherapists legally included in primary health care in the PRIVATE health care system?
No
Yes
N/A
Com tecnologia Bing
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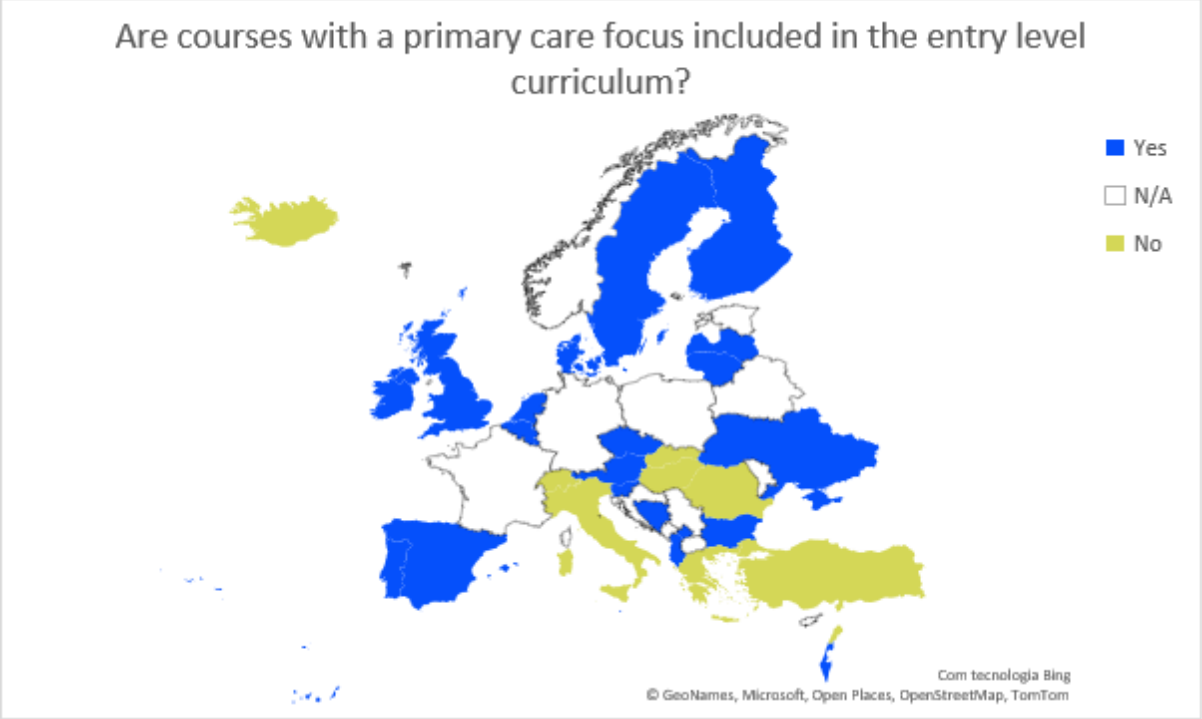
Are courses with a primary care focus included in the entry level curriculum?
Yes
N/A
No
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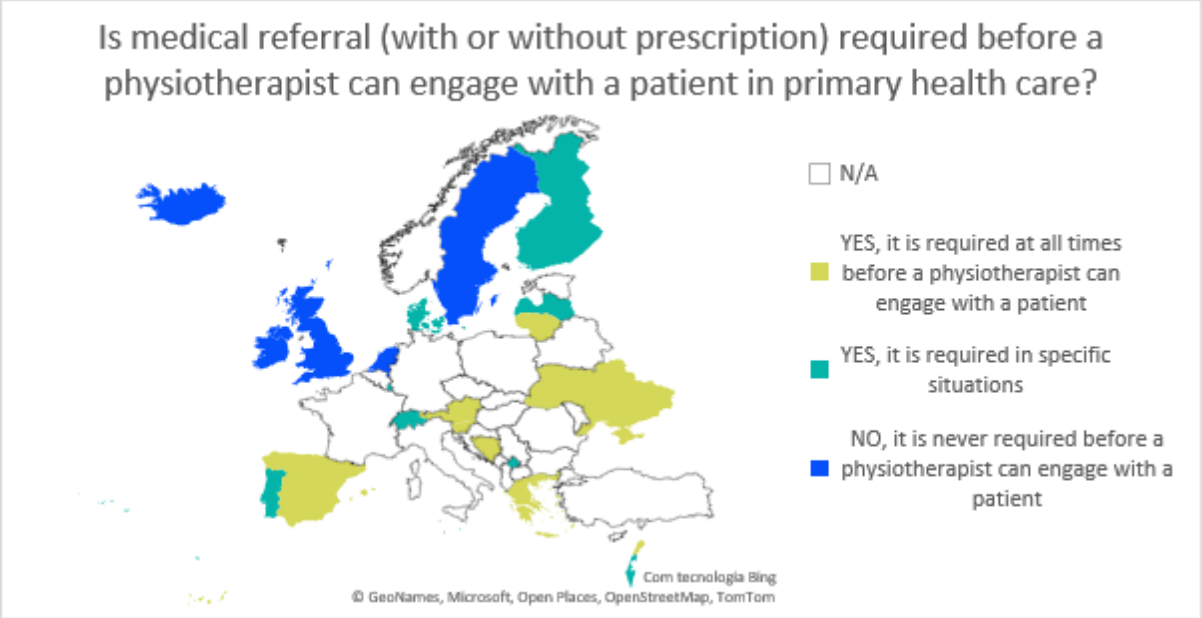
Is medical referral (with or without prescription) required before a physiotherapist can engage with a patient in primary health care?
N/A
YES, it is required at all times before a physiotherapist can engage with a patient
YES, it is required in specific situations
NO, it is never required before a physiotherapist can engage with a patient
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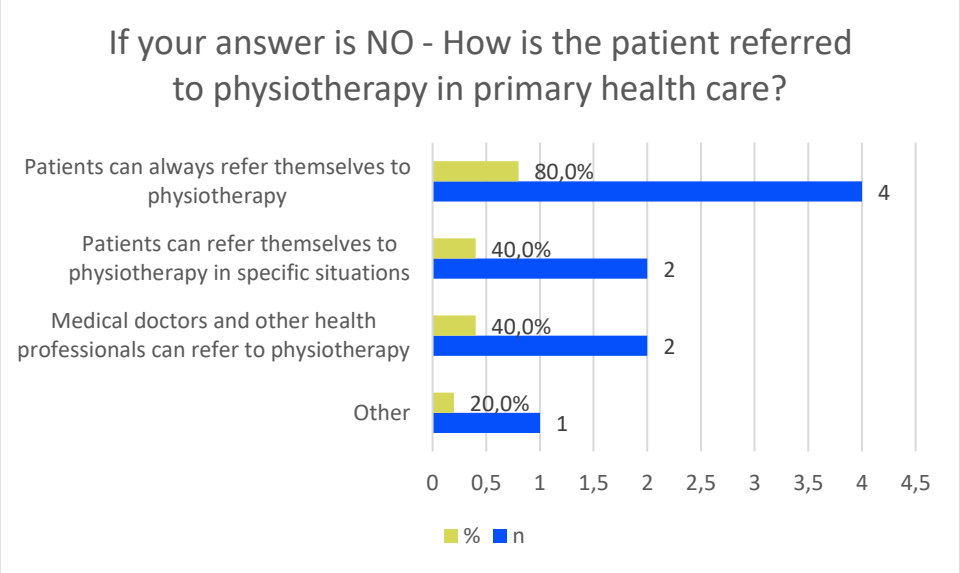
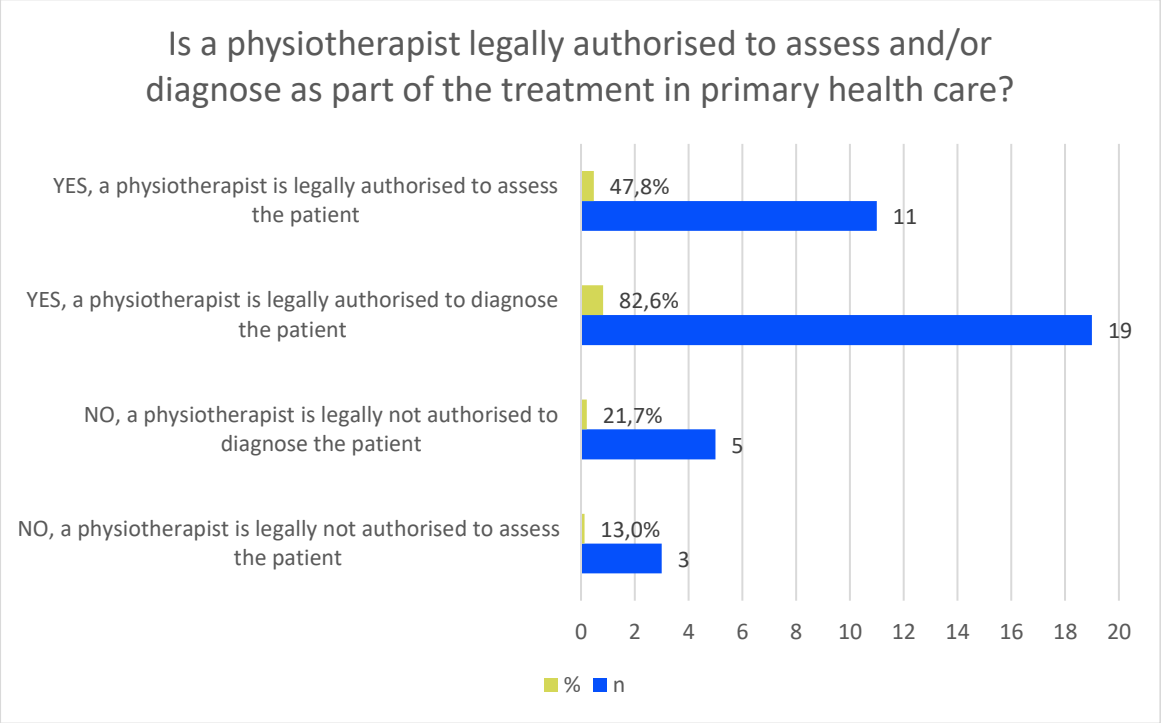
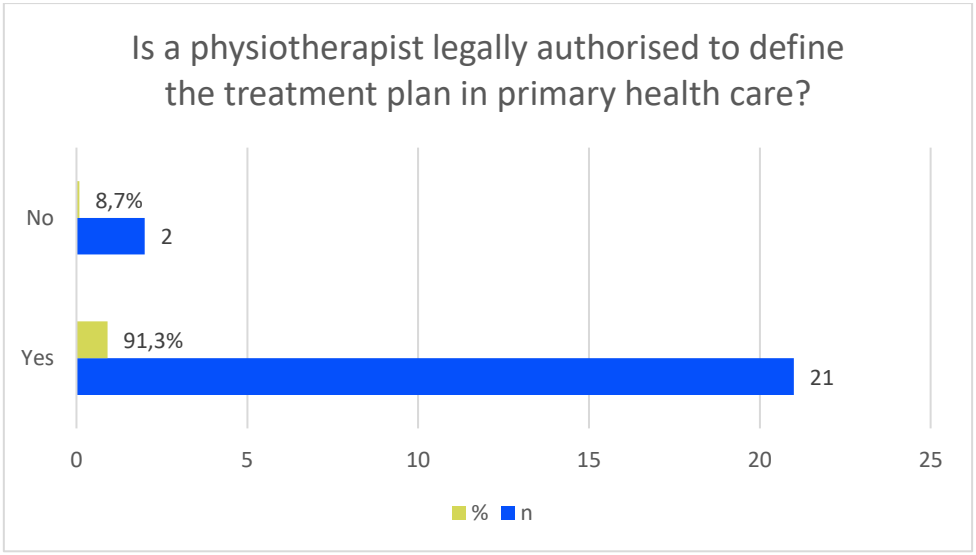
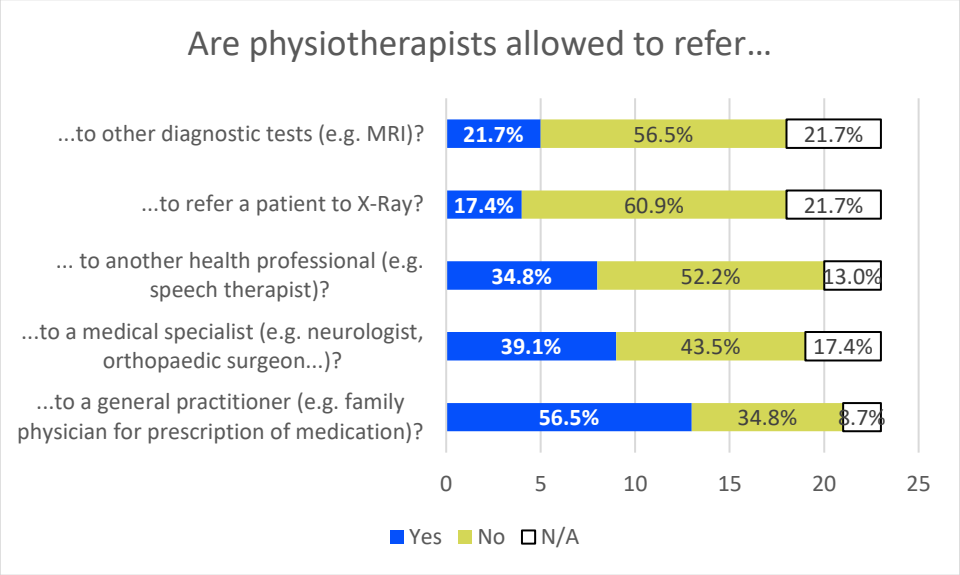
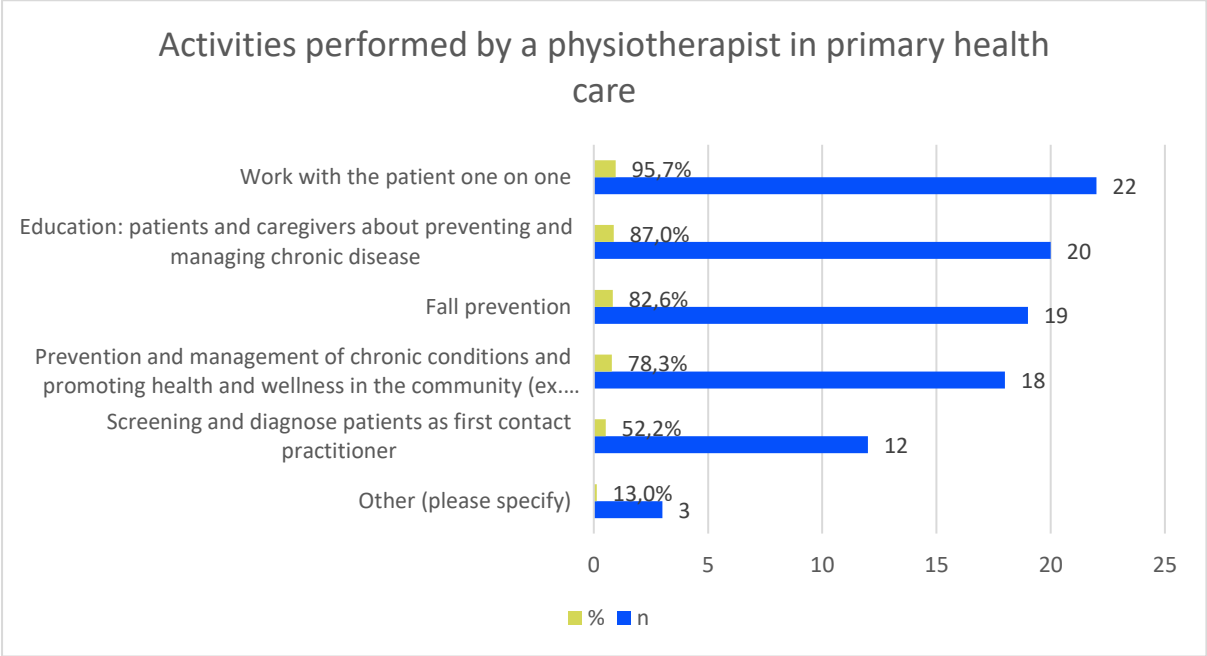
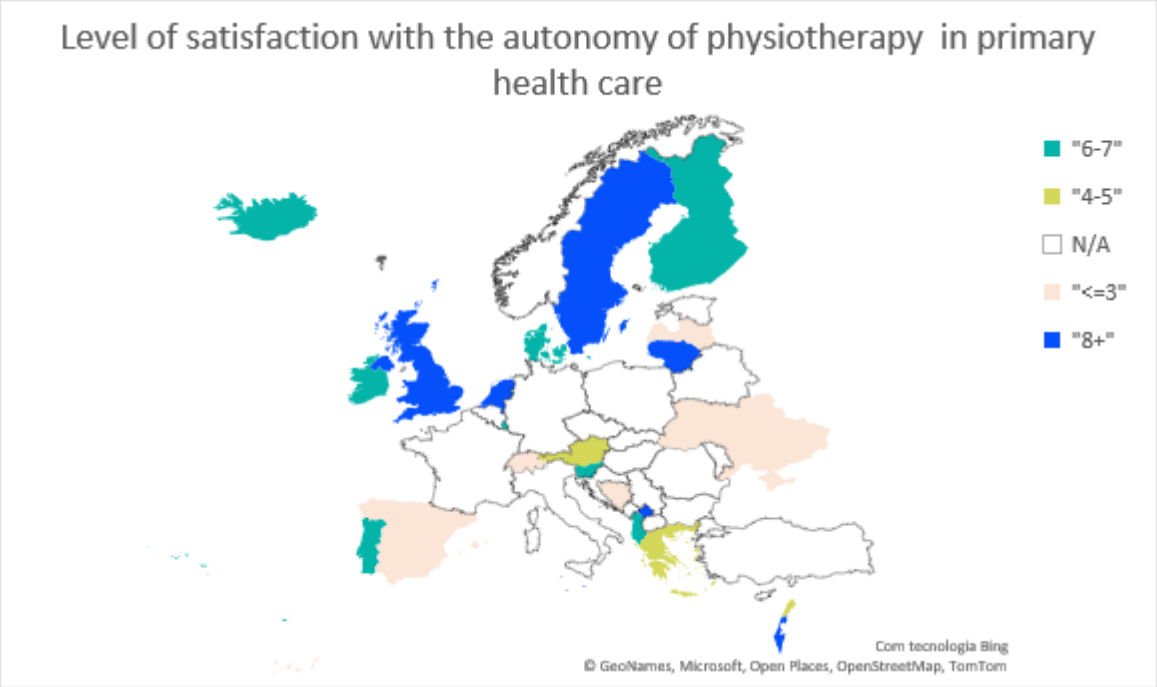

If your answer is NO - How is the patient referred to physiotherapy in primary health care?
Patients can always refer themselves to physiotherapy
80,0%
4
Patients can refer themselves to physiotherapy in specific situations
40,0%
2
Medical doctors and other health professionals can refer to physiotherapy
40,0%
2
Other
20,0%
1
0
0,5
1
1,5
2
2,5
3
3,5
4
4,5
% n


Is a physiotherapist legally authorised to assess and/or diagnose as part of the treatment in primary health care?
YES, a physiotherapist is legally authorised to assess the patient
47,8%
11
YES, a physiotherapist is legally authorised to diagnose the patient
82,6%
19
NO, a physiotherapist is legally not authorised to diagnose the patient
21,7%
5
NO, a physiotherapist is legally not authorised to assess the patient
13,0%
3
0 2 4 6 8 10 12 14 16 18 20
% n


Is a physiotherapist legally authorised to define the treatment plan in primary health care?
No
8,7%
2
Yes
91,3%
21
0 5 10 15 20 25
% n


Are physiotherapists allowed to refer…
...to other diagnostic tests (e.g. MRI)?
21.7%
56.5%
21.7%
...to refer a patient to X-Ray?
17.4%
60.9%
21.7%
... to another health professional (e.g. speech therapist)?
34.8%
52.2%
13.0%
...to a medical specialist (e.g. neurologist, orthopaedic surgeon...)?
39.1%
43.5%
17.4%
...to a general practitioner (e.g. family physician for prescription of medication)?
56.5%
34.8%
8.7%
0
5
10
15
20
25
Yes
No
N/A


Activities performed by a physiotherapist in primary health care
Work with the patient one on one
95.7%
22
Education: patients and caregivers about preventing and managing chronic disease
87.0%
20
Fall prevention
82.6%
19
Prevention and management of chronic conditions and promoting health and wellness in the community (ex....
78.3%
18
Screening and diagnose patients as first contact practitioner
52.2%
12
Other (please specify)
13.0%
3
0
5
10
15
20
25
%
n


Level of satisfaction with the autonomy of physiotherapy in primary health care
"6-7"
"4-5"
N/A
"<=3"
"8+"
Com tecnologia Bing
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