World Physiotherapy
Europe region

Report -
Survey on Digital Physiotherapy Records and Data Access in the Europe Region

Advocacy and EU Matters Working Group (A&EUMWG)

NOTED

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REPORT - SURVEY ON DIGITAL PHYSIOTHERAPY RECORDS AND DATA ACCESS IN THE EUROPE REGION

Europe Region

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BACKGROUND

Based on the recommendation approved by the General Meeting of 2024 and in line with the Strategic Objectives 1 and 2 of the Europe Region of World Physiotherapy, the Advocacy and EU Matters Working Group (A&EMWG) surveyed the Member Organisations (MOs) to know which digital data physiotherapists share and which digital data they currently have access to, at national level.

The A&EMWG can use these data to establish a robust, country-by-country evidence base on digital physiotherapy records and data access; inform policy positions and contributions to legislative and regulatory processes; design a discipline-specific patient summary for interoperable use; set priorities for action and investment by identifying legal, technical, workforce, and financial gaps; steer interoperability efforts and engagement with vendors and standards bodies; equip MOs with concise national snapshots to support stakeholder dialogue; tailor education and capacity-building to demonstrated needs; and create a baseline for tracking progress over time. This will be important to determine which steps are needed to comply with European legislation, the European Health Data Space (EHDS), including strengthening patient care, harmonising requirements for Electronic Health Record (EHR) systems across Europe and usage data for scientific research, innovation, and policy.

1. AIM OF THE SURVEY

To map the current landscape of digital physiotherapy records and physiotherapists' and patient's access to clinical information across Europe, to inform EHDS-aligned advocacy, guidance, and capacity-building by the Europe Region of World Physiotherapy.

1.1 Objectives of the survey

The objectives of this survey were to identify the:

- Identify essential data elements that MOs consider mandatory for a physiotherapy-specific patient summary to share with other health professionals;
- Assess standardisation status of any patient summary formats used by physiotherapists at national/regional level;
- Measure adoption of health data standards and terminology (SNOMED CT, LOINC, ICD, FHIR, ICHI) within physiotherapy documentation and workflows;
- Determine the existence and use of official digital physiotherapy records in each country and the settings where they are used;
- Characterise data-sharing with other providers: which providers receive PT records, what is shared, and for which purposes;
- Characterise data-sharing with patients: whether, what, and for which purposes PT records are shared directly with patients;
- Map physiotherapists' digital access to clinical information generated by other providers;
- Identify key barriers limiting access and sharing in physiotherapy.

2. METHODOLOGY

A survey was created with the platform SurveyMonkey to collect data. A first invitation was e-mailed to paying MOs of the Europe Region on 5 March 2025. On 27 June 2025 a reminder was sent to MOs that did not fill the survey. A total of 28 MOs completed the survey, out of 38 invitations, which indicates a response rate of 73.7%.

3. RESULTS

Detailed results of the survey will be provided in a separate annex. This section provides a general overview of the range of responses to each survey question.

3.1 Essential elements to be included in a patient summary

Interventions, Treatment goals and diagnosis are the most considered elements followed by Outcomes and Functional status. However, member organisations reported heterogeneous terminology and a wide range of suggested elements, which could cause problems if the aim is to achieve standardisation. The median number of elements suggested by MOs is six, but there is significant variation in the number of elements suggested. The analysis reveals that while basic elements like diagnosis and interventions are well-recognised, for instance the ICF Framework and valid outcome measures are rarely mentioned, suggesting potential gaps in standardisation. There is room for improvement when it comes to incorporating standardised frameworks and validated outcome measures across different countries. This is a very important point in terms of managerial autonomy.

Core clinical elements are widely agreed on: diagnosis (75%), treatment goals (79%), interventions (79%), and outcomes (75%) are the primary items respondents want in a shared physiotherapy patient summary. This indicates a concise, clinically actionable template will align with widespread expectations. Other frequently mentioned refinements: patient demographics, contextual factors, and medical information.

3.2 Standardised patient summary

The data reveals that about 50% of the responding countries are not currently fully using standardised patient summary formats for physiotherapy. Only 21% have reported using standardised patient summary formats and 29% reported partial use. Standardisation is uneven. Where a structured summary exists, it is often local or institution-level (e.g., hospitals, large providers). This supports designing a patient-summary template that works across settings and can be adopted incrementally.

3.3 Official digital physiotherapy records

The use of official digital physical therapy records is variable by country and setting. While some countries have system-wide use by all physiotherapists (3; 11%), most countries report none (14; 50%) or partial adoption (11; 39%). Partial explanations often cite hospital/inpatient electronic records available, but private practice and home-based care lacking integrated systems. Where digital systems exist, they are often organisational and do not interoperate with other systems.

3.4 Familiarity and implementation of healthcare data standards and terminology (SNOMED CT, LOINC, ICD, FHIR, ICHI)?

The survey reveals significant variation in healthcare data standards adoption across European physiotherapy organisations, with room for improvement in knowledge sharing and implementation support. There's an equal distribution with 32% (n=9) of countries having no familiarity and 32% (n=9) having partial implementation (table 1). Among those reporting partial implementation, there is large heterogeneity in usage. Adoption by physiotherapists is largely variable and higher in the public system. Some of the standards and terminologies are not prepared for the particularities of physiotherapy, which is an important limitation. Only 7% (n=2) are planning to implement, suggesting a worrying implementation gap, and 29% (n=8) are aware but not operationalising them. This implies any digital-summary design should support gradual mapping to multiple terminologies and be flexible: human-readable core fields and optional coded fields for later standard mapping.

3.5 Sharing digital physiotherapy records with other healthcare providers

Sharing of digital physiotherapy records with other healthcare providers varies widely. Some countries report routine sharing (7; 50%), some none (2; 14%), and many only in some contexts (5; 36%). When records are shared, recipients commonly include physicians/specialists and allied health professionals, and digital sharing predominantly occurs inside institutions (hospital/rehabilitation centres) or within public health services. Cross-sector or cross-organisation sharing is the key gap. For summary design, that means including the minimal set of interoperable items likely to be useful even when only a subset of providers can receive data.

Sharing is multi-purpose: information exchange (9; 64%) and referrals (8; 57%) dominate; reimbursement (6; 43%) is also a common reason. Clinical continuity (information sharing and referrals) is the primary driver. Reimbursement and administrative reporting are secondary drivers, particularly in private practice. A practical patient summary should therefore support both clinical handover fields and a short administrative block for reimbursement/coding where relevant.

3.6 Sharing digital physiotherapy records with patients

Sharing with patients exists but is not universal: many countries report “no” (6; 43%) or “in some cases” (3; 21%), though several have implemented patient access via portals or direct sharing in certain settings. Only 36% (n=5) report sharing records with patients. Where patient access exists, it is used most for practical uses that support patient self-management. Purposes for sharing with patients primarily include information sharing (7; 88%), exercise/home program distribution (6; 75%), and appointment scheduling (4; 50%). Very few countries emphasised patient safety and treatment quality as the driving purpose.

Table 1: Partial use of data standards and terminology.

Country	SNOMED CT	ICD	ICF	ICHI	FHIR	OTHER	Physiotherapy-specific status
Slovakia	✅ in use	✅	—	—	—	LOINC ✅	Unknown within PT
Malta	—	—	—	—	—	—	Data standards not largely **non-implemented** beyond oncology
Denmark	✅ accepted (PT data unclear)	✅	—	✅ in Sundhed.dk (incl. PT treatments)	✅ broadly used incl. rehab plans	LOINC not recommended	PT data not standardized; usage fragmented
Sweden	✅ (PTs "probably" use)	✅ (common)	✅ (common)	?	✅ used nationally (drug list, messaging)	NPU (not LOINC)	PTs use ICD/ICF/SNOMED, but **no uniform standard**
Austria	⏳ planned for ELGA projects	—	✅ (some PTs)	—	✅ ELGA uses FHIR	—	**PTs not recognized ELGA users**; no standardized PT terminology
Greece	—	✅ ICD-10 widely	—	—	—	—	Unknown
United Kingdom	✅ nationally adopted	—	—	—	—	—	**Partial**: background coding; **20–25% without EHR**; many lack structured PT formats
Spain	—	—	—	—	—	—	**More in public sector**;
Finland	Familiar but not used in PT	Familiar but not used in PT	ICF partially used (public)	—	—	—	**More in public sector**;

3.7 Digital access to clinical information from other providers

Full access to other providers' clinical information is rare. The majority report partial access (19; 68%), usually limited to inpatient/hospital settings, only 2 MOs (7%) reported full access, and 7 (25%) reported no access to clinical information from other providers. Physiotherapists frequently cannot see complete medical histories or imaging outside hospital settings.

Providers who share tend to be those co-located or integrated in the same clinical setting (hospital teams, GPs when referrals are documented). This reinforces the need for a concise summary that is useful when only a subset of providers receives data. Patient-summary design should therefore make essential contextual data explicit (e.g., comorbidities, recent imaging, medication list) because physiotherapists may not reliably retrieve the same information elsewhere.

3.8 Main barriers to accessing clinical information in physiotherapy

Barriers are mostly systemic (legal/legislative and technical), with time, finance, standardisation, and workforce skills also playing important roles. Technical/financial barriers were the most common (16; 57%), followed by legal (15; 54%) and resource-related (9; 32%) barriers.

Two linked, dominant problems emerge: laws/policy that limit access or recognition of physiotherapists, and fragmented technical ecosystems that prevent data flow. Practical steps to improve access will therefore require both policy change and technical investments (interoperability, identifiers, standards adoption).

3.9 Overall considerations

Several responses describe important nuances: public/private differences, national platform gaps, and professional recognition issues. Access to clinical records and other relevant information depends on technical and institutional factors: even with technical systems in place, policy, professional roles and funding determine whether physiotherapists can access or contribute to records. Any initiative for a standardised physiotherapy patient summary should consider both the technical format and stakeholder engagement/policy activation.

The challenges in information sharing are consistent across healthcare systems globally. Sharing electronic records is a complex problem that involves multiple stakeholders and technical barriers. Many MOs are still in the process of implementing comprehensive electronic patient record systems, illustrating that even developed countries face significant obstacles in establishing effective health data infrastructure.

The most significant differences exist between public and private sector healthcare providers. Public and private institutions often have different levels of access to patient information and operate under different data sharing protocols. These differences in data access and sharing create important barriers to integrated healthcare delivery.

The public sector typically operates under centralised data sharing rules, while private institutions face fewer obligations. Some settings provide any records or imaging to data sharing initiatives, contributing to fragmentation even within the public system.

The private sector faces particularly important limitations in health information sharing. Private sector providers are not required to contribute data to national health repositories, and there is little to no regulation of the specific systems or standards that private clinics must use. This creates a fundamentally fragmented landscape where each setting has its own internal system for sharing information, leading to widespread inconsistency.

There is no standardised access for private practitioners to patient information across different healthcare settings. The result is a vastly different public and private healthcare data ecosystem. Each setting operates independently with its own data management

approach, meaning that patients' complete medical histories may be scattered across multiple incompatible systems. Physiotherapists consequently lack a unified view of patient care across sectors, compromising the continuity and quality of care that patients receive.

4. LIMITATIONS

The limitations of the survey acknowledged are:

- The Language barrier: the survey was conducted in English which is the first language of a small number of MOs;
- The differences of the terminology used in the National health care systems of the member organisations;
- The individual respondent bias which may not be reflective of the national picture.

5. CONCLUSIONS

Respondents consistently want the same core clinical items in a physiotherapy patient summary: diagnosis, treatment goals, interventions, outcomes, and functional status. However, consistent, standardised formats and broad technical implementation of data standards are not yet a routine in clinical practice.

Sharing happens in many settings, particularly in hospitals and rehabilitation centres, and is used mainly for information sharing, referrals and coordinated care, with varying levels of patient access.

The main barriers are legal/privacy frameworks and technical interoperability, but workforce, time and funding issues also slow progress.

These findings point to two complementary priorities for improving digital physiotherapy record sharing: (1) define and pilot a small common summary (diagnosis, goals, interventions, function, outcomes) with coding guidance, and (2) increase the awareness regarding the need to address legal and technical interoperability issues, focused on high-value use cases like referrals and discharge summaries.

6. ADVOCACY POSSIBILITIES

For Policy Makers & Regulators

Harmonise legal frameworks for physiotherapy data access. Legal barriers are the second-most cited obstacle, with physiotherapists often excluded from national health information systems despite their clinical role. Legislation should explicitly recognise physiotherapists as essential healthcare providers with rights to access and contribute to shared health records, particularly as Europe implements the European Health Data Space (EHDS).
Mandate interoperability standards for both public and private sectors. The stark public-private gap creates fragmented care, and private providers often have no obligation to share data or use standardised systems. Regulations should require minimum interoperability standards across all healthcare settings to ensure continuity of care.

For National Physiotherapy Organisations (Member Organisations)

Develop and advocate for a standardised physiotherapy patient summary. With considerable agreement on core elements (diagnosis, treatment goals, interventions, outcomes), there's clear consensus on what matters. However, it is fundamental to use standardised formats. Organisations should work collectively to create a European template that includes these core fields plus functional status, using appropriate framework alignment, where possible.

Build member capacity on health data standards. Lack of familiarity and implementation of standards like SNOMED CT, FHIR, or others, must be addressed. Provide targeted education and practical implementation support to help physiotherapists engage meaningfully in national digital health initiatives.

Document and showcase the value of physiotherapy data. Sharing primarily supports clinical continuity and physiotherapy's integration into health information records must be achieved.

For Research and Academia

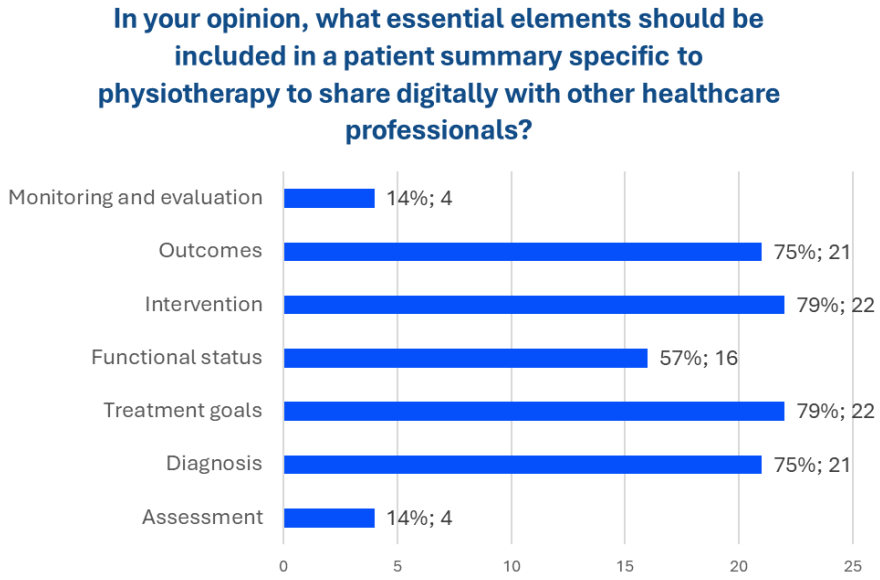
Address physiotherapy-specific gaps in existing standards. The survey notes that "some of the standards and terminologies are not prepared for the particularities of physiotherapy." Research is needed to extend standards like SNOMED CT and ICHI to adequately capture physiotherapy-specific interventions, functional assessments, and outcomes.
Validate the use of ICF framework in digital records. The ICF framework and valid outcome measures were rarely mentioned despite being internationally recognised. Research should demonstrate how ICF integration improves standardisation and care quality, building the evidence case for its adoption.

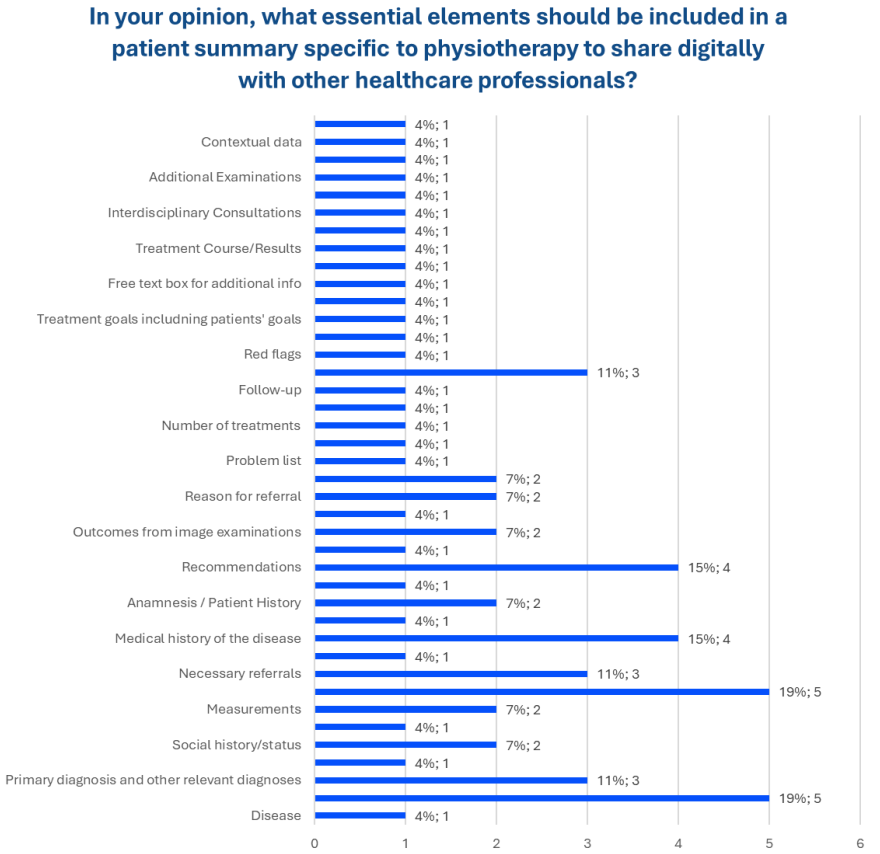
ACKNOWLEDGEMENTS

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

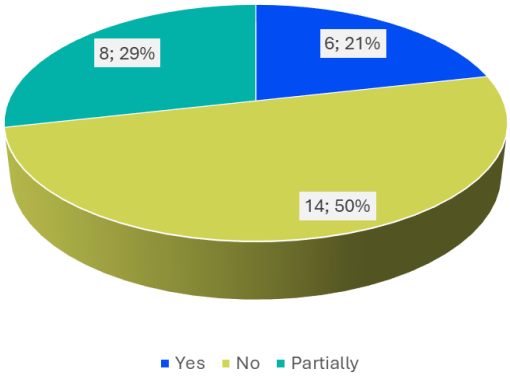
Marloes Meurs (Netherlands) (co-lead), Adérito Seixas (Portugal) (co-lead), Tim Németh (Chair).

APPENDIX 1 - REPORT ON SURVEY ON DIGITAL PHYSIOTHERAPY RECORDS AND DATA ACCESS SURVEY ANALYSIS INFOGRAPHICS

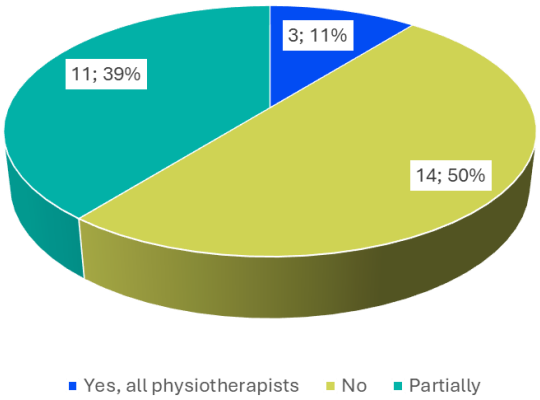




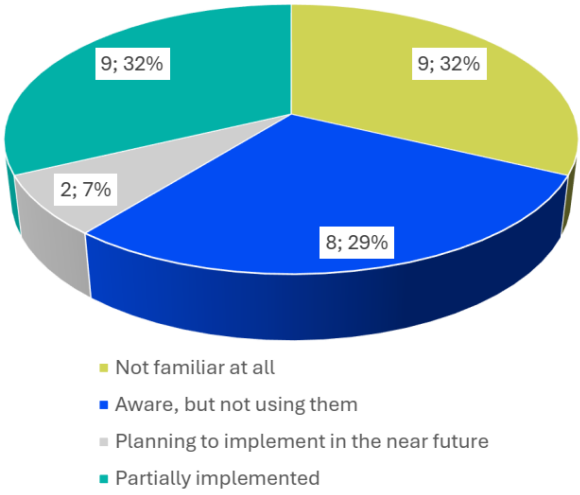
Are physiotherapists in your country currently using a standardized patient summary format?



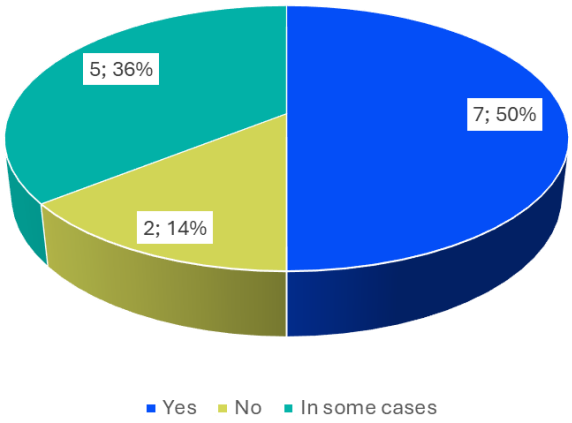
Do physiotherapists in your country use an official digital physical therapy record?



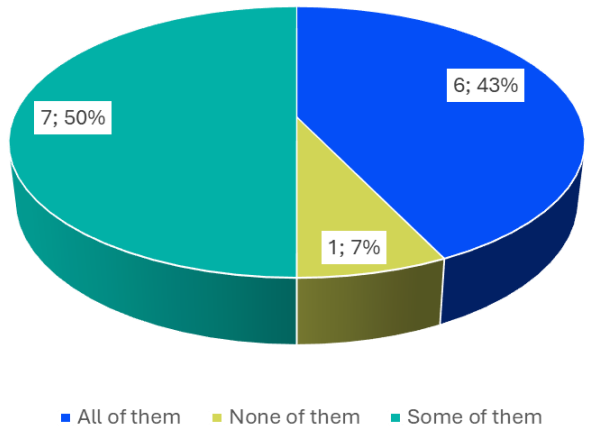
To what extent is your country familiar with and implementing healthcare data standards such as SNOMED CT, LOINC, ICD, FHIR, and ICHI in physical therapy records and practice?



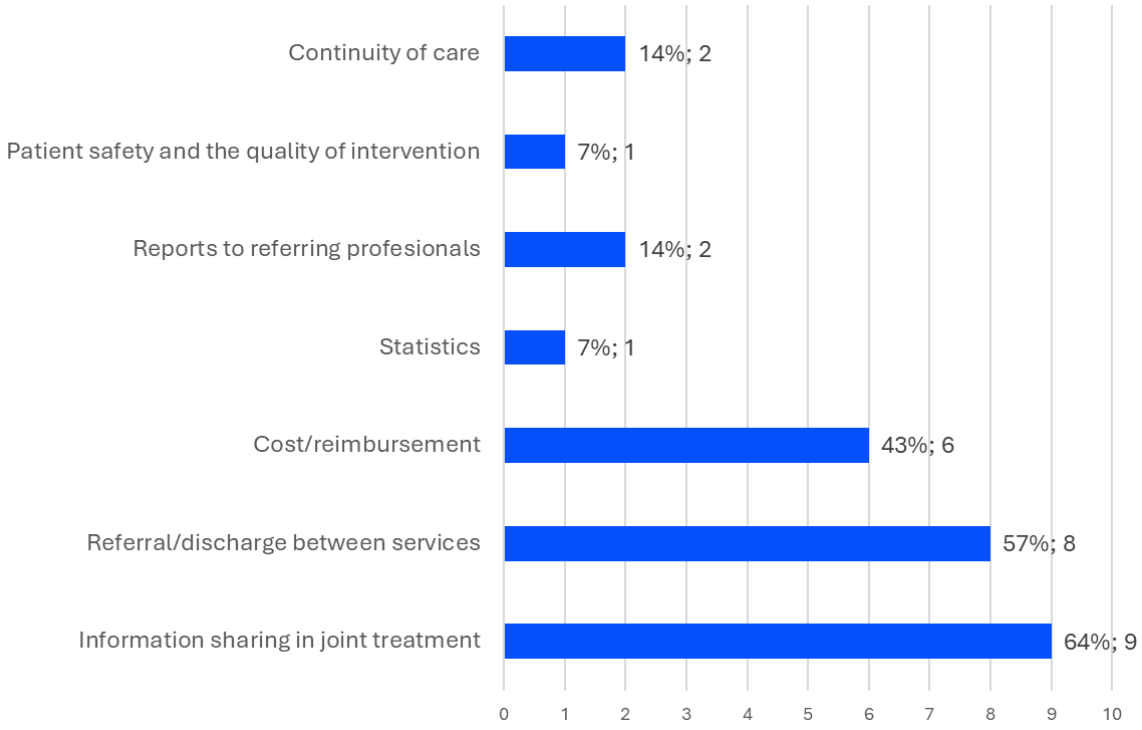
Are digital physical therapy records shared with other healthcare providers in your country?



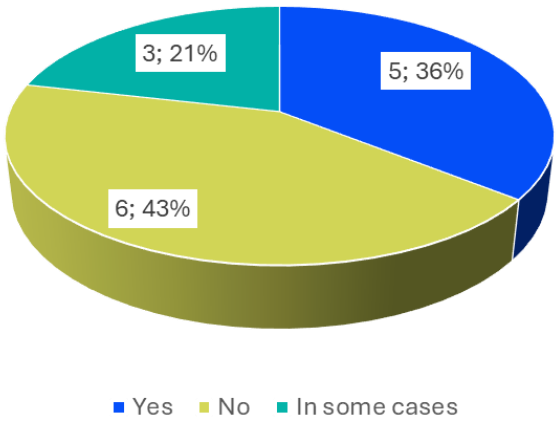
Which healthcare providers do physiotherapists share digital physical therapy records within your country?



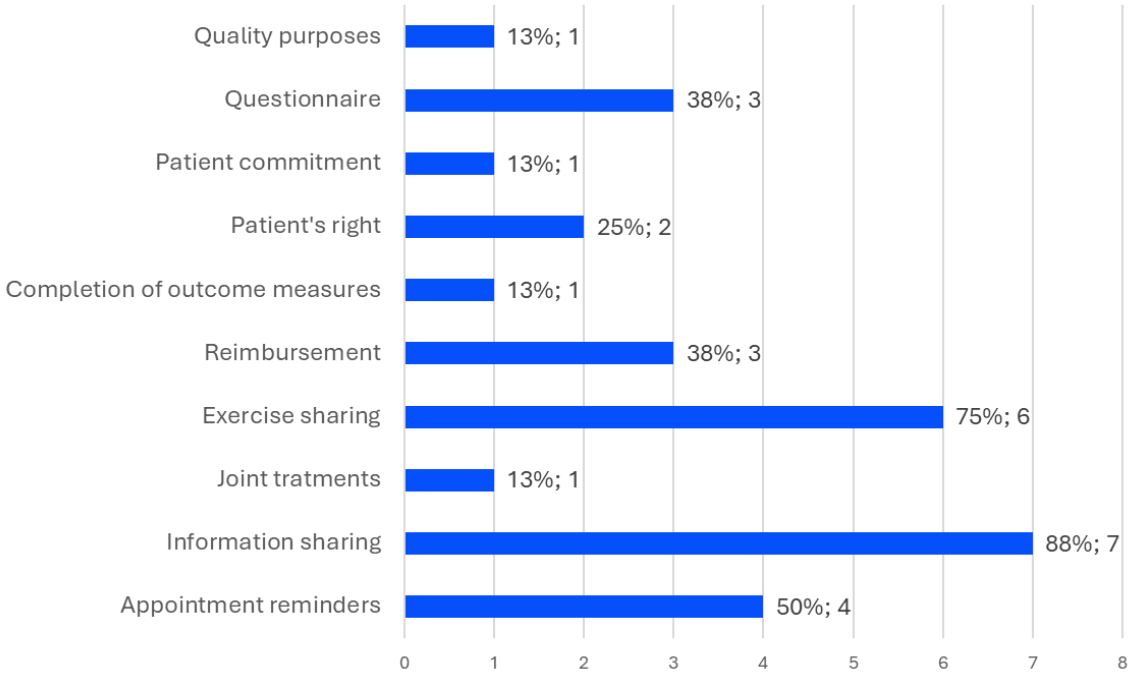
For what purposes are digital physical therapy records shared with other healthcare providers?
(e.g. reimbursement, joint treatment, referral, information sharing)



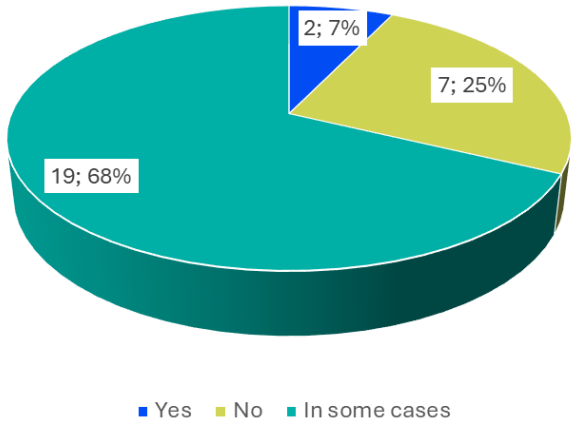
Are digital physical therapy records shared with patients in your country?



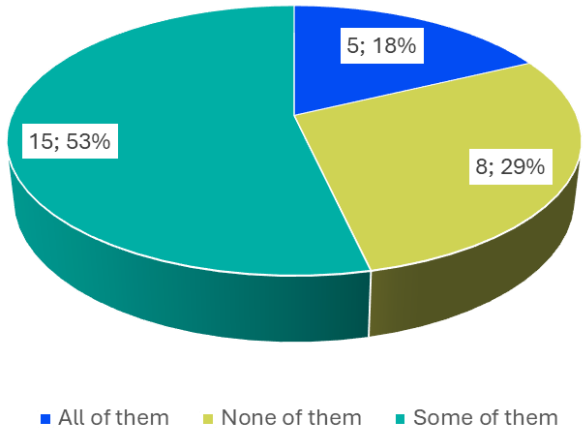
For what purposes are digital physical therapy records shared with patients?



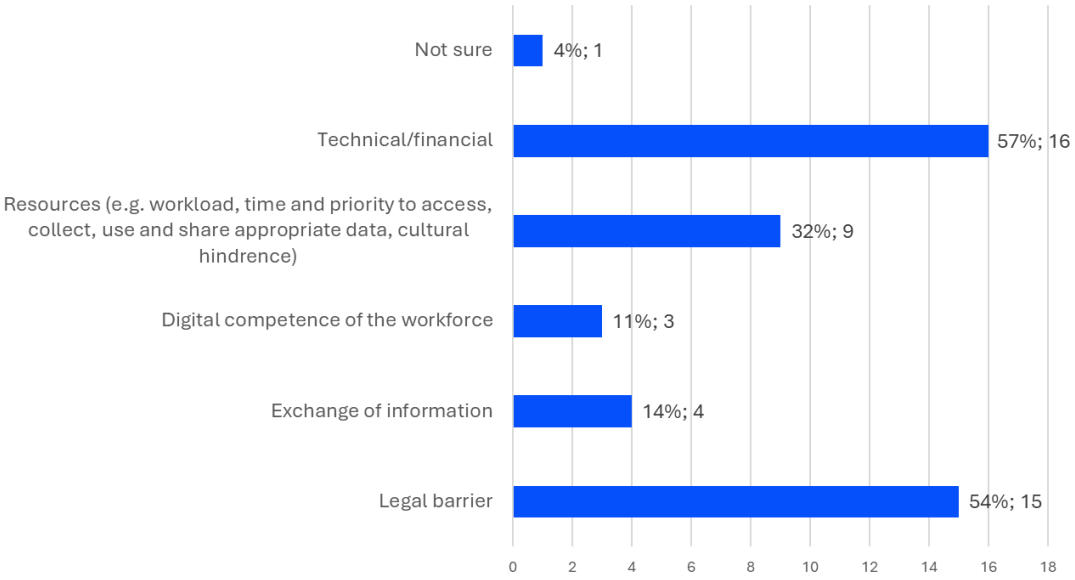
Do physiotherapists in your country have digital access to relevant clinical information?



Which healthcare providers share digital clinical records with physiotherapists in your country?



What are the main barriers to accessing clinical information in physiotherapy in your country?
(e.g. legal/legislation/technical/financial/time/human resources)



Would you like to add any additional refinements or details?
(e.g. differences in data access and sharing between public and private sectors)