



**World  
Physiotherapy**  
Europe region

# **Position Statement – Access to Physiotherapy Services**

**Professional Practice Working Group (PPWG)**

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## POSITION STATEMENT – ACCESS TO PHYSIOTHERAPY SERVICES

Europe Region

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The position of the Europe Region of World Physiotherapy is that access to physiotherapy services should be ensured, and timely and equitable. Access is not only an ethical imperative but is also fundamental for sustainable and efficient healthcare<sup>1-2</sup> and resilient disaster management<sup>3-7</sup>. As World Physiotherapy states “physiotherapists form a key link between disaster response and recovery and should play a role in rehabilitation, capacity building and planning service delivery, accessibility and inclusion”<sup>8</sup>. All patients should receive prompt, effective physiotherapy, free from administrative, geographic or financial barriers, regardless of socioeconomic status or location; yet delays and restrictions persist<sup>9</sup>. Inequitable access increases disability, costs and inefficiency. Public policies must remove these barriers to ensure universal access and maximise both patient outcomes and system sustainability<sup>10</sup>.

Evidence clearly demonstrates that facilitating faster, equitable and more direct access to physiotherapy services leads to significant advantages for both patients and the healthcare system including:

- accelerated recovery<sup>12</sup>
- improved outcomes<sup>11,12</sup>
- prevention of complication<sup>9</sup>
- reduced waiting times for treatment<sup>11</sup>
- improved patient satisfaction<sup>13</sup>
- reduced health care costs<sup>12</sup>

These findings support implementing policies that facilitate prompt patient access to physiotherapy services. This can be achieved by improving elements of patient-centred care such as simplifying referral pathways and reducing administrative barriers.

In aligning with the World Health Organization (WHO) position, the Europe Region of World Physiotherapy believes that rapid and equitable access to rehabilitation is a fundamental human right. Ensuring access to physiotherapy must be sustained by the healthcare system, creating direct access or efficient pathways to physiotherapy. Furthermore, physiotherapy must be universally and promptly accessible and formally integrated into essential healthcare packages. Continuous and transparent monitoring of access and equity is essential to ensure that all populations benefit fully and fairly from physiotherapy<sup>10-12, 14-19</sup>.

Rapid and equitable access to physiotherapy is essential for optimising clinical outcomes, preventing disability, increasing patient satisfaction and reducing costs. It is the responsibility of every health system to eliminate barriers and promote policies that guarantee this fundamental right.

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## REFERENCES

1. United Nations. (2006). Convention on the Rights of Persons with Disabilities. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
2. European Commission. (2021). Union of Equality: Strategy for the Rights of Persons with Disabilities 2021–2030. <https://ec.europa.eu/social/main.jsp?catId=1484>
3. Mousavi, G., Ardalan, A., Khankeh, H., Kamali, M., & Ostadtaghizadeh, A. (2019). Physical rehabilitation services in disasters and emergencies: A systematic review. *Iranian Journal of Public Health*, 48(5), 808–815. [Physical Rehabilitation Services in Disasters and Emergencies: A Systematic Review - PMC](#)
4. Kosakowski, H., Skelton, P., De Groote, W., Kruger, J., & Salio, F. (2025). Global response to physiotherapy services disruptions during the COVID-19 pandemic and the level of preparedness for the next health emergency. *Frontiers in Rehabilitation Sciences*, 6, 1614604.
5. Sidiq, M., Chahal, A., & Sharma, J. (2025). Disaster competencies among physiotherapists in a Conflict-Ridden world: an overview of current Challenges and future directions–“Letter to the editor”. *European Journal of Physiotherapy*, 27(5), 328-331.
6. Paul, M. (2024). Exploring the Role of Physiotherapists in Disaster Management. In *Climate Crisis and Sustainable Solutions: Strategies for Adaptation, Mitigation and Sustainable Development* (pp. 173-180). Singapore: Springer Nature Singapore.
7. Amatya, B., & Khan, F. (2023). Disaster response and management: the integral role of Rehabilitation. *Annals of Rehabilitation Medicine*, 47(4), 237-260.
8. World Confederation for Physical Therapy. (2016). Disaster management: Report. [world.physio/sites/default/files/2020-06/Disaster-Management-Report-201603.pdf#page=8.21](http://world.physio/sites/default/files/2020-06/Disaster-Management-Report-201603.pdf#page=8.21)
9. Crawford, T., Parsons, J., Webber, S., Fricke, M., & Thille, P. (2022). Strategies to increase access to outpatient physiotherapy services: a scoping review. *Physiotherapy Canada*, 74(2), 197-207.
10. Buhler, M., Shah, T., Perry, M., Tennant, M., Kruger, E., & Milosavljevic, S. (2024). Geographic accessibility to physiotherapy care in Aotearoa New Zealand. *Spatial and Spatio-temporal Epidemiology*, 49, 100656.
11. Demont, A., Bourmaud, A., Kechichian, A., & Desmeules, F. (2021). The impact of direct access physiotherapy compared to primary care physician led usual care for patients with musculoskeletal disorders: a systematic review. *Disability and Rehabilitation*, 43(12), 1637-1648.
12. Gallotti, M., Campagnola, B., Cocchieri, A., Mourad, F., Heick, J. D., & Maselli, F. (2023). Effectiveness and consequences of direct access in physiotherapy: a systematic review. *Journal of Clinical Medicine*, 12(18), 5832.
13. Samsson KS, Bernhardsson S, Larsson M (2016). Perceived quality of physiotherapist-led orthopaedic triage compared with standard practice in primary care: a randomised controlled trial. *BMC Musculoskeletal Disorders* 2016 17: 257 (<https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-016-1112-x>)

14. Cottrell, M. A., Galea, O. A., O'Leary, S. P., Hill, A. J., Russell, T. G. (2017). Real-time telerehabilitation for the treatment of musculoskeletal conditions is effective and comparable to standard practice: a systematic review and meta-analysis. *Clinical Rehabilitation*, 31(5), 625-638.  
<https://doi.org/10.1177/0269215516645148>
15. World Health Organization. (2017). *Rehabilitation in health systems*. Geneva: WHO.  
<https://www.who.int/publications/i/item/9789241549974>
16. European Commission. (2021). *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021–2030*. <https://ec.europa.eu/social/main.jsp?catId=1484>
17. World Physiotherapy. (n.d.). *Policies and guidelines*. Retrieved October 3, 2025, from  
<https://world.physio/resources/policies-guidelines>
18. United Nations. (2006). *Convention on the Rights of Persons with Disabilities*.  
<https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
19. World Health Organization. (2019). *Rehabilitation 2030: A Call for Action*.  
<https://www.who.int/initiatives/rehabilitation-2030>