There were an impressive number of respondents with just under 450 people completing the survey between May 2nd and June 5th, 2015.

Healthcare providers currently working in BC were the survey’s primary target group, thus it is not surprising that less than 3% of respondents lived outside of BC.

85% of respondents were female, with an even distribution across age group and more than 3/4 of respondents between 30-60 years of age.

Almost half of respondents were physiotherapists, followed by occupational therapists and exercise professionals. Other healthcare disciplines well represented were nurses, primary care physicians, pharmacists, dieticians and recreational therapists.

Across all health disciplines, there was a fairly even distribution of professional experience with the majority (60%) practicing < 20 years.

In regard to practice setting, 60% provided patient care in community based settings, while 1/3 provided inpatient care. The most common areas of clinical practice were Musculoskeletal (60%) and Geriatrics (50%), with Neurology, Cardiopulmonary and Mental-health also frequently reported.

~ 60% of participants reported that they spend more than 70% of their time providing care for people living with chronic disease(s); 2/3 reported providing guidance on being more active and less sedentary to 75% or more of their patients living with chronic disease.

The greatest level of confidence was reported in providing guidance to individuals living with obesity, diabetes, total joint replacements and osteoarthritis and the least confidence in providing guidance for individuals living with spinal cord injury, cancer, mental health or traumatic brain injury.

The mostly commonly used tools/resources to support patients to be more physically active were referral to chronic disease-friendly community programs and distribution of patient educational materials, while there was less use of activity monitors, web-based tools and mobile device apps.

More than 75% of the respondents were aware of National or International Physical Activity (PA) guidelines, yet less than 45% reported using these guidelines to inform the PA support they are providing to patients.
The most common limitations in ability to support patients to be more active and less sedentary were lack of time, medical complexity of patients and lack of available resources / tools. Limited training in PA counselling and limited knowledge of current PA guidelines were also frequently reported reasons why respondents were limited in their ability to provide guidance to patients.

Participant preferences for accessing information about the PASKI Move More. Sit Less were through email notification from professional organizations followed by postings on chronic disease websites.

The findings from the survey will be used, together with those from a survey of patients living with chronic disease, to inform the development of the Physical Activity Support Kit.

For further details or questions please contact Alison Hoens, Physical Therapy Knowledge Broker, at Alison.hoens@ubc.ca

Note: In respect of the potential issues related to ethics and privacy, the detailed results of this survey will not be made publically available.