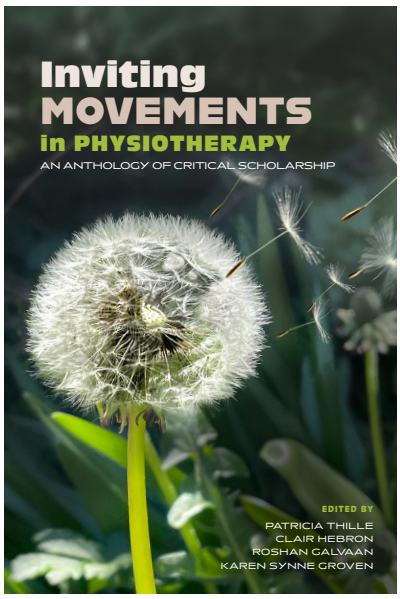

Inviting movements in physiotherapy: An anthology of critical scholarship

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ISBN 978-1-987830-17-0 (ebook)
ISBN 978-1-987830-18-7 (PDF)

Chapter 1

"I didn't come to work in a coffee shop": The untold stories of transnational physiotherapists in Canada

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To cite this chapter:

Andrion, J. J. (2025). "I didn't come to work in a coffee shop": The untold stories of transnational physiotherapists in Canada. In P. Thille, C. Hebron, R. Galvaan, & K. S. Groven (Eds.), *Inviting movements in physiotherapy: An anthology of critical scholarship* (pp. 16–37). Critical Physiotherapy Network and College of Rehabilitation Sciences, University of Manitoba. https://doi.org/10.82231/S8HA-YK54

ABSTRACT:

Physiotherapists' claim as the movement experts is reflected in the profession's academic curricula and advocacy works. As movement experts, physiotherapists explore and exploit human motion where the mantra "movement is medicine" becomes a rallying cry. However, while this clinical aspect of our identity is important, focusing only on the biological and clinical (un) intentionally leaves less room to examine the other forms of movement that shape our identity as a profession. For instance, migration as a form of movement has not been examined by the profession. While the number of transnational physiotherapists (TNPs) in Canada is growing, we know little about their lived experiences as contemporary investigations only examine the experiences of universities in delivering bridging programs. Using a critical labour-migration studies framework, this chapter examines the movement of TNP identities as physiotherapists migrate to or re-enter Canada. The main thesis of this chapter is to suggest that such movements are occurring because their identities have dual-head "origins" in capitalism and post-colonial legacy and the "insertion" of such identities to the Canadian social and professional fabric is facilitated by globalization.

CHAPTER 1

I didn't come to work in a coffee shop

THE UNTOLD STORIES OF TRANSNATIONAL PHYSIOTHERAPISTS IN CANADA

JEFFREY JOHN ANDRION

The transnational physiotherapist

In this chapter I present the stories of immigrant physiotherapists who live and work in the Greater Toronto Area in Ontario, Canada. These stories were shared as part of a doctoral study (Andrion, 2022) where the five integration stages and six identities of transnational physiotherapists (TNPs) emerged. At the outset and first introduced somewhere else (Andrion, 2022), I use the term "TNPs" to refer to individuals who obtained their physiotherapy degrees outside of Canada. Table 1 summarizes the demographic information of all the study participants. By definition, TNPs also include individuals who were born or raised in Canada but decided to study abroad. In my study, I examined how TNPs integrate in Toronto and the neighbouring cities where their stories of resilience and hope have often been eclipsed by injustices, including how being called "foreign trained" or "internationally educated" created the Othering within the Canadian physiotherapy community. Thus, and beyond the demonstrated transnational activities between their home countries and Canada that they take part in, such as sending financial remittances or exercising the right to suffrage (Andrion, 2022), I coined the term "transnational physiotherapist" to promote a more inclusive space within the physiotherapy profession that is a sharp departure from how this cohort has been historically referred to.

Aside from their personal stories of hope and despair, my study also revealed the impact that the "terrible triad" of globalization, capitalism, and postcolonial legacy have on the career trajectories of TNPs.[1] These triad forces were the invisible yet powerful elements that moved their racialized bodies from being the "Proud Newcomers" to becoming the "Humbled Aspirants" or the "Defeated" souls (Andrion, 2022). This movement of TNP identities in Canada is the focus of this chapter. Embedding the participants' voices, the main thesis of this chapter is to suggest that the changed identities of TNPs have dual head "origin" in colonialism and racial capitalism and the (attempted) "insertion" of such identities to the Canadian social and professional fabric is facilitated by globalization.

My identity as a transnational physiotherapist

My identity as a transnational physiotherapist—and as a human being—was formed in the southernmost tip of the Philippines in a place called Davao City. As a fourth generation Davaoeño, my ancestors who were from the north became settlers in a land that was originally occupied and enjoyed by eleven indigenous tribal groups for centuries. At the same time, and as a former colonizee, my identity has also been shaped by the 428 years of combined colonial rule by Spain, Japan, and the United States (Herrera, 2015). Thus, oppression and resistance were terms that I grew up being familiar with. As a result of colonial rule, and as I started practicing as a physiotherapist, I also began questioning why the traditional ways of healing in my country have never been incorporated in my chosen profession. This questioning, alongside my keen interest in anti-oppressive pedagogies, led me to the social sciences.

I conceptualized and used to conduct an annual workshop called "Airport Experience" at the University of Toronto's Ontario Internationally Educated Physical Therapy Bridging Program where participants (my students) were given the opportunity to reflect on their lived experiences as immigrant physiotherapists in Canada. Surrounded by flags that represented their home countries, they shared heartbreaking stories of separation from loved ones and the enduring pain of trying to find themselves again. The Airport Experience was also an opportunity for them to understand how their physical movement within that workshop reflected the physical and professional spaces that they occupied within the Canadian physiotherapy (PT) profession. Their "movement" within that workshop sparked my interest in how this concept can be

reexamined within the profession. Specifically, I began to take an interest in both the visible and invisible forces that shape the lives of immigrant physiotherapists in Canada. My analysis led me to a new concept of movement that was beyond what I have been taught in the classroom and clinical settings.

Movement and physiotherapy

Physiotherapists have long positioned themselves as movement experts. Beginning with physiotherapy curricula that teach how movement impacts the functioning of the human body, such expertise is reflected in proposed movement theories, including the "movement continuum" (Cott, et.al., 1995) or the critical value placed on movement in the practice of the profession (Sahrmann, 2022). Moreover, professional associations such as the American Physical Therapy Association (APTA, 2015) advocate for using the "movement system" to demonstrate how the interactions of the body systems ultimately create physical movement. At the same time, the importance of movement to the physiotherapy profession paved the way for the development of various clinical subspecialties within professional associations. As movement experts, physiotherapists explore and exploit human motion where the mantra "movement is medicine" becomes a rallying cry. However, the movement system as the core foundation of the profession has recently been examined and questioned (Joyce, et.al., 2023). Other critical perspectives on movement have also emerged, drawn from philosophy (Nicholls & Vieira, 2021) and critical disability studies (Gibson & Teachman, 2012), that interrogate the centrality of movement in physiotherapy.

With its professional distinction critiqued by scholars in the past (e.g., Gibson et.al., 2010), centering movement in physiotherapy is perhaps an attempt by the profession to de-fragment its blurred identity. Alternatively, using the social science lens to examine the physiotherapy identity is a welcome opportunity to discover the other ways of inquiry and knowing. Indeed, having a narrow focus on the biological and medical markers of movement ("movement as medicine") leaves less room for one to broadly examine and interpret the other forms of movement that shape our identity as a profession. For instance, how does migration—the movement of people—shape the physiotherapy profession and the identities of TNPs? What are the kinds of "action potentials" that trigger this migration? And how do the larger and often hegemonic systemic forces ultimately influence this movement? To this end, why are the change of identities as

a consequence of migration (and therefore movement) most pronounced among racialized physiotherapists who were educated outside of Canada?

At its infancy, physiotherapy in North America was established through the transnational movement of practitioners to and from the United Kingdom. The North American physiotherapy profession's identity emerged during World War I as a response to the needs of both injured soldiers and patients afflicted with poliomyelitis (Pagliarulo, 2007). With the profession's close affinity with medicine, physiotherapy started to gain status as a profession within the Canadian health care setting and raised three important points. First, the importance of being recognized by physicians (and therefore the hegemony of medicine) was paramount to attain professional status. Second, while some of the early physiotherapy interventions have been used by Indigenous people for thousands of years, their acceptance as a form of clinical treatment was only "validated" after they were used in Western settings. Third, and most importantly, the Canadian physiotherapy profession was built on the grounds of race, class, and gender where white women from high economic and social standing became the standard bearers of professional privilege and power.

In North America, while the geographical movement of the physiotherapy pioneers signaled the birth of a new rehabilitation profession, little is known about the early migration of racialized physiotherapists to Canada. What can be inferred is the fact that the change in the historically racist nature of Canadian immigration policies (Cho, 2018; Okawa, 2018) opened the door for racialized immigrants to enter the country through the "points system." Introduced in 1967, this new method to assess potential immigrants allowed for "the removal of racial or national barriers in immigrant selection…[and] facilitated immigration from Asia, Africa and other non-traditional sources that historically were restricted to enter Canada" (Government of Canada, 2022). Indeed, white immigrants from Europe in the1960s were slowly replaced by new Canadian residents with professional degrees from the non-traditional source countries (i.e., low and middle income) such as China, India, and the Philippines. To date, the Canadian government plans to increase the number of new permanent residents to 500,000 by 2026 (Government of Canada, 2023), surpassing its original record of 431,645 in 2022 (Government of Canada, 2023).

The consistent growth of the immigrant population in Canada is also reflected in the ten-year increase in the number of TNPs who registered with the College of Physiotherapists of Ontario. For instance, the number

ALIAS	COUNTRY OF ORIGIN	NUMBER OF MCQ ATTEMPTS	NUMBER OF OSCE ATTEMPTS	WORK STATUS IN ONTARIO AT TIME OF STUDY
Emily	Colombia	Passed on 1st attempt	Passed on 2nd attempt	Licensed PT
Jordon	Colombia	Passed on 4th attempt[a]	Passed on 2nd attempt	Licensed PT
Marcus	Philippines	Passed on 2nd attempt	Still preparing for OSCE	PTA
Lauren	Middle East	Passed on 1st attempt	Passed on 2nd attempt	Licensed PT
Jasmine	Middle East	Passed on 3rd attempt	Passed on 3rd attempt	Licensed PT
Abby	Philippines	Failed on 3rd attempt, did not try again[b]	Did not attempt	PTA
Lisa	Philippines	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Drake	Philippines	Passed on 1st attempt	Passedon1st attempt	Licensed PT
Mia	Philippines	Failed on first attempt, did not try again	Did not attempt	Nanny

ALIAS	COUNTRY OF ORIGIN	NUMBER OF MCQ ATTEMPTS	NUMBER OF OSCE ATTEMPTS	WORK STATUS IN ONTARIO AT TIME OF STUDY
Alayna	Philippines	Failed on 3rd attempt, exhausted exam eligibility[c]	No longer eligible to take OSCE	Housekeeper
Alexander	Philippines	Failed 1st attempt, preparing for 2nd attempt	(Still completing MCQ)	PTA
CJ	Philippines	Passed on 2nd attempt	Passed on 2nd attempt	Licensed PT
Alyssa	South America	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Jane	Philippines	Passed on 1st attempt	Passed on 2nd attempt	Licensed PT
Jeremy	Philippines	Passed on 1st attempt	Exhausted exam eligibility – failed on 3 attempts[c]	PTA
Kate	USA	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Christofer[d]	Canada	Passed on 1st attempt	Passed on 1st attempt	Licensed PT

ALIAS	COUNTRY OF ORIGIN	NUMBER OF MCQ ATTEMPTS	NUMBER OF OSCE ATTEMPTS	WORK STATUS IN ONTARIO AT TIME OF STUDY
Jake[e]	Canada	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Mario	Italy	Passed on 1st attempt	Passed on 1st attempt	Licensed PT

a. Jordon took his examinations when the original five-attempt policy was still in place.

b. While she attempted her exams under the original five-attempt policy, Abby decided not to continue taking the exam.

c. Under the revised three-attempt only policy.

d. Born in Canada and completed PT studies in the US.

e. Grew up in Canada and completed PT studies in Ireland.

of registered TNP practitioners in 2022–2023 was 32.6 percent (College of Physiotherapists of Ontario, 2023) compared to 21.2 percent in 2014–2015 (College of Physiotherapists of Ontario, 2015).[2] But while the population of immigrant physiotherapists in this particular province is growing, literature has been scant as to how the identities of this cohort change during the process of emigration or re-entry into the country. Problematizing the conditions and environments where the lived experiences of TNPs occur is critical as it might provide clues to the systemic inequities that shape their identities and is a phenomenon that is only beginning to be explored (Andrion, 2022). Particularly, establishing how globalization, capitalism, and colonial legacy impact the lives of TNPs in Canada is important for a country that welcomes thousands of immigrants each year. Contemporary investigations in the area of TNP migration are descriptive in nature and only describe their demographics (Cornwall, et.al., 2016), how universities deliver "bridging" programmes for TNPs (e.g., Greig, et.al., 2013), or how TNPs perform in

national PT examinations (Miller, et.al., 2010). An important observation to note among these studies is the centrality of the deficiency model in professional integration whereby the onus lies on the individual to address such deficiencies. Consequently, possessing cultural capitals (Friesen, 2011) such as having "foreign" PT education would require some "bridge" education to make their prior PT education "Canadian equivalent."

Examining the ways in which the dominance of Western thought has impacted PT education, policy, and practice globally, this chapter is an attempt to expose the impact that the "terrible triad" have on the wider discourse around identity politics, citizenship, and inclusion. While these forces influence the identity of various professions such as nursing (Dorri, et.al., 2020), they have not been investigated thoroughly in physiotherapy and how they have influenced the lived experiences of TNPs living in Canada. As such, this only reinforces the long-standing dogma in physiotherapy where movement is reduced at the biological, bedside, or clinical levels. By using the critical physiotherapy labour-migration framework, I analyze the effect that power and privilege have on TNPs in securing a tight border around the Canadian physiotherapy profession. In this border, the immigrant identity has become a liability that othered TNPs within the Canadian physiotherapy profession. While not exclusive on TNPs, contemporary discourses around power, privilege, and oppression within the physiotherapy profession revolve around the experiences of racialized bodies (Black, Indigenous, and people of colour) (e.g., Vazir and colleagues (2019). Similarly, the work of Matthews and colleagues (2023) challenges the current efforts around equity, diversity, and inclusion within the American physiotherapy profession.

Social justice research: Grounded theory and labour-migration in Canada

Social justice research is central to the Charmazian grounded theory (Charmaz, 2011), the research method used in my study. Using the Charmazian technique was important in generating a theory that explained the integration process of TNPs. Following the principles of grounded theory data collection and analysis such as theoretical sampling and theoretical saturation, nineteen TNPs participated in the intensive interview that took place within the Greater Toronto Area in Ontario, Canada. Of the nineteen participants who were interviewed for the study, fifteen were born and raised in

a low-income setting, with twelve emigrating from Asia. Further, thirteen participants were already working as registered physiotherapists in Ontario at the time of the interview. For negative case analysis, three North America-born/raised TNPs were also interviewed, one of whom was of Asian descent. For fear of repercussions, three requested anonymity of their countries of origin (Middle East and South America). The list of participants in this study can be found at the end of this chapter.

My study on TNPs eventually gave rise to a lens that I call "critical physiotherapy labour-migration studies," an area that appears to be unexplored in the physiotherapy profession. In critical labour-migration studies, how racialized physiotherapy labourers are othered within the profession is emphasized. In this lens, I examine the impact that the triad forces of globalization, capitalism, and postcolonial legacy have on the migration of racialized physiotherapy bodies to high-income countries. Consequently, the dash in this framework (labour-migration) is maintained and intentionally included to demonstrate the nuances, complexities, and dialectic relationship that take place between labor and migration.

Physiotherapy, immigrants, and professional identities

Globally, the identities of immigrant physiotherapists outside of North America have been shaped by the socio-cultural and political contexts of both the sending and receiving countries. On the positive side, Kyle and Kuisma (2013) note how "overseas trained" physiotherapists in the United Kingdom reported their professional growth after migrating to the country. At the same time, the emigration of Nigerian and Indian physiotherapists, respectively, contributed to their feeling of higher professional prestige, aside from receiving better pay and working in ideal conditions (Oyeyemi, et.al., 2012; Grafton and Gordon (2019). On the other hand, how physiotherapists undergo a professional identity crisis post-emigration and career change has been observed by Remenick and Shackar (2003). In their study, they noted how immigrant Russian physicians turned physiotherapists in Israel reflected and questioned their professional identities in the country. Similarly, a study in Saudi Arabia demonstrates how non-Saudi physiotherapists reported discrimination where the majority of the respondents expressed their desire to eventually go back to their home countries (Alghadir, et.al., 2020). There are also ongoing calls to decolonize physiotherapy

education where central to the debate is how the dominance of Western pedagogy in the profession has caused the loss of traditional healing practices in former colonies (Cobbing, 2021; Mtima-Jere, et.al, 2023.).

Outside of the physiotherapy profession, studying the change of identities among immigrant professionals in Canada is not a new phenomenon. In a study on Canadian immigrant engineers, for example, Friesen (2016) argues how regulatory barriers resulted in a professional assimilation attitude assumed by this cohort. In occupational therapy, Mullhollland and colleagues (2013) offer a linear, three-part career trajectory among occupational therapists trained outside of Canada. This linear trajectory has also been suggested by Sochan and Singh (2007) among internationally trained nurses. Moreover, the change in professional identity has also been noted among medical students (Frost & Regehr, 2023) and novice teachers (Pillen, et.al., 2013).

Neocolonial practices, globalization, and racializing TNPs

The experiences of immigrant PTs in Ontario

From a colonial lens, it can be argued how colonization and the rise of capitalism have secured the expansion of the physiotherapy profession across the globe. For instance, historical accounts point to the involvement of American physiotherapists in the Philippines after World War I (Vogel, n.d.) or during World War II (Veterans History Museum, 2021). As neocolonial practices and globalization expanded, Western-based education dominated physiotherapy practice globally where the colonial influence of American education continues to be felt. In my study, this observation was recalled most especially by the participants who emigrated to Canada from former colonies. For instance, Drake, a study participant, remembered how the physiotherapy education system in the Philippines was Western-centric where they "learn[ed] from North American authors." In the same manner, Lauren, a physiotherapist participant from the Middle East felt that the practice of physiotherapy in her home country has been "very influenced by American style."

According to Lodigiani (2020), globalization has been a critical factor in the perpetuation of (neo)colonialism that has further contributed to global inequity. Similarly, Mignolo (2002) reminds us that:

> The expansion of Western capitalism implied the expansion of Western epistemology in all its ramifications, from the

> instrumental reason that went along with capitalism and the industrial revolution, to the theories of the state, to the criticism of both capitalism and the state.

In relation to this, the potent influence and effect of colonialism and the impact of poverty in their home countries have pushed TNPs to migrate to the Global North, notably the United States and Canada. As recalled by Drake, "the goal of my classmates back in high school . . . they want[ed] to pick physiotherapy . . . not to work in the Philippines, but to work in the US." In my study, the desire to migrate to North America was strongly evident among Asian TNPs, notably among Filipinos, with emigration primarily triggered by their desire to financially support their families. At the same time, how the English language has been a facilitator of globalization was an important factor in the movement and shaping of TNP identities. Jordon, a Black Colombian TNP, argued that learning English in a predominantly Spanish-speaking country "opens doors . . . there are always things happening in developed countries and that's mostly in English." But despite the promising future offered by emigration, however, the identities of TNPs were also marred by confusion and guilt, as recalled by Emily, also a Colombian TNP: "I feel guilty about leaving Colombia because I feel that Colombia invested a lot in me. Like I received all my education there."

How poverty pushed the participants to change their identities from being professionals ("Proud Newcomers") to mere blue-collar workers ("Humbled Aspirant") was also notable in my study (Andrion, 2022). This observation was most glaring among TNPs from former colonies such as the Philippines. Several Filipino TNPs changed their original identities from physiotherapy professionals in their home country to becoming domestic workers internationally, as in the case of Alayna, a registered physiotherapist in the Philippines and a former nanny in Hong Kong, who wondered: "Why is the Filipino government allowing other professionals to get out of the country and work as nannies in Hong Kong?" At the same time, the goal of "making it" in a high-income country meant that they also had to adopt the "Humbled Aspirant" identity multiple times as they worked as nannies in different countries (cross-country workers) despite having physiotherapy degrees. This was the experience of Mia, also from the Philippines, who had the ultimate goal of being able to practice physiotherapy in Canada: "There's no [*sic*] much job for us to stay in the Philippines. So, we thought of going to Hong Kong and then

coming to Canada [as nannies], maybe we'll have a better life here in Canada." Evidently, the movement of TNP identities and the process of de-professionalization begins long before they migrate to their host countries and are largely driven by their respective country's long history of colonial rule and the resultant cyclical poverty and economic inequity, among others (OHCHR, 2022).

The importance of teaching physiotherapy from an anti-colonial lens also emerged in my study. While the majority of the participants were trained according to Western physiotherapy epistemology, it appears that culturally they were unprepared for the realities when they started working as physiotherapists in the North American health care environment. Particularly, they experienced shock as they worked in certain Canadian settings, such as nursing homes, where they noted the professional and cultural differences: "I wasn't familiar with this one because we didn't have nursing home in [*sic*] back home (Lauren from the Middle East)." At the same time, the insights of CJ, a Philippine-educated TNP, is even more telling: "at first actually it's very depressing because it's my first time seeing all the old people [in nursing homes] just staring at the glasses and expecting somebody to visit them." Thus, given the dominance of Western pedagogy in former colonies and given the differences in cultural expectations vis-à-vis physiotherapy clinical practice, "a deep, philosophical shift in the way we approach our teaching [physical therapy in former colonies]" (Cobbing, 2021) may be needed.

Processes of othering TNPs

While the impact of colonialism and globalization have been critical to the emigration of TNPs, their cultural capitals played a significant role when they arrived in Canada. Their accents, ways of dressing, command of the English language, and most importantly their academic PT credentials were seen as insignificant capitals and became roadblocks to practising physiotherapy. These barriers were exacerbated by various regulatory and professional restrictions imposed on them. Recalling his experience, Jordon noted that "they made sure that you always feel like a foreigner. It's like—it doesn't matter how successful you are, you become, it's like oh, but remember they're not from here. You are from elsewhere." Another TNP from South America, Alyssa, recalled the day that she was accused of stealing jobs: "And she [a colleague] looks at me and says, so you came here to steal Canadian jobs?" Moreover, the idea of being a foreigner, particularly having a heavy,

non-North American accent was not only perceived as a liability by Lauren from the Middle East, but also a form of dislike, despite her whiteness:

> . . . and I have kind of a white complexion but when I talk . . . all of a sudden, [they] ask me oh where are you from? All of a sudden, when I talk about [name of home country]. . . . You know it's kind of—I just understand they don't like [my home country].

Aside from their experiences of perceived discrimination, the career trajectories of TNPs continued to go downhill after they migrated to Canada. Particularly, the physiotherapy education and work experience that they obtained from their home countries not only became liabilities, but also valueless. For instance, nine of the thirteen registered Ontario physiotherapists interviewed in my study noted the perceived inferiority of their credentials by colleagues and potential employers. On the other hand, the study participants from Canada and the US (negative case analysis), all registered physiotherapists, identified networking as the only barrier to their integration. The dismay in credential recognition was felt even more by TNPs like Alexander from the Philippines who described how his credentials were seen as "garbage":

> And those experiences that you have is just purely garbage. I think that's the concept of, you know, like putting the barrier there. Like throwing away all the experiences that the immigrants had prior to moving in Canada is unacceptable.

Indeed, and whether they were already working as registered physiotherapists or physiotherapy assistants, the TNPs' struggle to reclaim their identities as "physiotherapists" was exacerbated by bureaucracy and perceived discrimination. To this end, working in survival jobs for some was the only way for them to make both ends meet. Marcus from the Philippines thought that "for me, even though I don't like the job, for example, dishwashing of course. It helps me to earn a little money for that and then it gives, it gives me an opportunity to find another job because other establishments is [*sic*] finding if you have Canadian experience." Made illegal by the Government of Ontario in 2021 (Ontario Human Rights Commission, n.d.], the so-called "Canadian experience" was previously required by some Canadian employers as a requirement prior to hiring new immigrants.

Neoliberalist systems of physiotherapy practice

While the impact that neoliberalism has on the Canadian health care system has raised ethical concerns (Church, et.al., 2018), this topic has never been fully investigated within the Canadian physiotherapy profession vis-à-vis critical labour-migration studies. Particularly, how neoliberal principles directly impact TNPs in terms of job security and professional reputation has never been explored. And yet, based on the stories of the study participants, working in for-profit agencies that provide services in public settings offered both shame and precariousness. While the resistance to work in survival jobs was strong for some TNPs, this attitude failed for others in the face of government policies that privatized public services, as in the case of TNPs already working in the field of rehabilitation. Aside from the risk of their agencies losing contracts from other competitors, these contract TNPs were also working as self-employed individuals with no work benefits. In other words, the commodification of Canadian public health services equated to job insecurity among TNPs. Consequently, having precarious work caused TNPs to question their own identities as professionals, as noted by Lisa, a Filipina TNP:

> I, I didn't like the self-employed contract position because in the—the positions that the foreign trained physiotherapists were getting, at that time were contract positions in the nursing home, and I didn't like that. Because like, in the nursing home, they were, they like, we didn't have a good reputation, like they think that physiotherapists were just—because they were paying us on a per patient basis. So, the perception was we just keep get—we, we just keep seeing patients as fast as we could because we want to earn a lot of money.

The precarity of employment also meant that they were always on the lookout for the next available job. Drake, a TNP from the Philippines, recalls that:

> After losing my job in Canada many times, once was because physio stopped being covered by the government in retirement homes and I was working in a retirement home, so I lost my job there. And the next time was because the company that I was working for, in long-term care, was sold, so we lost the contract right there and I lost my job again.

As a result of their precarious work, seeking employment in public hospitals became a coveted prize by TNPs but was also felt to be reserved only for the local Canadian physiotherapy graduates as argued by Alyssa:

> And I think if this was a race, they would be far, far ahead of us anyways, just from completing that education here. From like, just think about if you were the manager of the hospital in the physio program and if you were gonna hire somebody for a fulltime position, will you hire an internationally trained student?

Shaped by historical processes, movement as analyzed within a critical PT labour-migration studies reveals the powerful and complex web of social institutions that have relegated the Brown and Black TNP bodies as racialized commodities. Consequently, how the triad oppressive forces contribute to changing the identities of TNPs reveals both the continued perpetuation of systemic inequities within the PT profession and the ways in which TNPs have attempted to resist these forces.

Identity and resistance

Resistance among immigrant physiotherapists in Canada has been critical in maintaining their professional identities, including the refusal to work in blue-collar jobs. This was especially true for Jasmine from the Middle East:

> I don't want to work in coffee shop, because I'm [a] physiotherapist. I didn't want to come here to work in a coffee shop and then just, like, make a living. Otherwise, I was thinking, if I wouldn't get my license I would go back to [name of Middle East country], because my goal was to be physiotherapist. I didn't come to work in coffee shop.

The resistance and the struggle to reclaim their professional title as "physiotherapists" became even more relevant to TNPs who exhausted their exam eligibility. As the concept of movement in the physiotherapy profession has been so focused on the clinical, the lived experiences of immigrant physiotherapists in Canada continues to be a silent topic where their important stories of resilience and enduring hope remain untold.

Due to a policy change at the time of the study, all exam candidates (locals and TNPs alike) were only given three attempts to pass the national

physiotherapy examination.[3] Once the number of attempts has been exhausted, candidates were no longer eligible to re-take the exam and would never have the chance to call themselves "physiotherapists" in Canada.[4] Whether exhausting exam eligibility in the written or oral components of the examination, these TNPs found themselves at the same place where they were when they first started working in Canada (i.e., "Humbled Aspirants"). For the TNP cross-country sojourners, the pain of losing their professional identity after exhausting exam eligibility bore the marks of pain and frustration. Alayna, a Filipina TNP who entered Canada under the "Live-In Caregiver Program," completed a Canadian bridging program, and exhausted her chances on the written exam, only had this to say: "I just feel like I needed a me-time, that long to process the demise of your career. I feel like it is like the death of something you work hard for, because there's no—you cannot revive this anymore, right? You cannot—you cannot." She further adds: "I mean I'm not ready to give up, but they [examining body] already gave up on you." In Alayna's case, her identity changed from being the "Proud Newcomer" to becoming "The Defeated" (Andrion, 2022). But the idea of not being able to ever practice physiotherapy in Canada opens a bigger debate for Jeremy from the Philippines who also exhausted his exam eligibility. Specifically, he wondered why racialized TNPs have been invited to apply to Canada in the first place:

> . . . it's like why would immigration consider physiotherapy as one of the categories for skilled workers and then once you get here, they don't even support that category by giving you more choices or by giving you more chances. It's like I feel that the immigration, at this point, is like trying to get skilled workers on particular areas where the country need [*sic*] it most, which is aptly right, however, it lacks the support that it should give to these skilled workers once they get here.

Indeed, how these racialized bodies ended up working in low-skilled blue-collar jobs in Canada reflect what Robinson (2008) calls "racial capitalism" whereby bodies from low-income countries are used to render services in jobs that local workers in the Global North would shun away from. In the case of TNPs, their Brown and Black bodies have been relegated to work in highly precarious jobs such as contract workers in nursing homes or in very low paying jobs such as cleaning houses. In other words, the

effects of bringing the physiotherapy profession to the global South (Dados & Connell, 2012) has conveniently produced racialized bodies that have now become important commodities in the Global North. This problem in turn has created an alarming trend whereby TNPs have become de-professionalized or second-class physiotherapists in a country that supposedly welcomed them as professionals. More to the point, unless the physiotherapy profession confronts and attempts to dismantle the powerful and oppressive social structures that were built according to Eurocentric ideals, then TNPs living in the Global North will remain oppressed and silenced individuals whose ways of life will continue to be shaped by the influence of globalization, capitalism, and colonial legacy.

Conclusion

From the foregoing, the terrible triad of globalization, capitalism, and colonial legacy have all connived to offer TNPs an environment in Canada where the processes of de-professionalization, racialization, and Othering continue to flourish. As the physiotherapy profession continues to discover its own identity, this chapter is an attempt to provide another avenue of such discovery. With the extreme shortage of health care professionals globally (Agyeman-Manu, et.al., 2023) and with the perceived benefits of working in the Global North, it is anticipated that more TNPs will be migrating from the low- to high-income settings. Beyond just describing their journey and the services provided to them in host countries, it is hoped that the continued influx of TNPs in Canada and elsewhere becomes a wake-up call for the physiotherapy profession to critically examine the impact that the "terrible triad" have on the lives of TNPs. Consequently, the profession should seriously consider mainstreaming the social sciences to further equip students and practitioners with the necessary sociological tools to reimagine and interrogate social phenomena. Through this chapter, it is hoped that that critical physiotherapy labour-migration lens has been helpful in examining movement. While TNPs born outside of Canada are already lost in the maze of bureaucracy, intolerance, and unacceptance, it is even much more surprising to know that even TNPs like Jake who was raised in Ontario also find how "physio is a mystery. The industry is a mystery to me." Indeed, it is hoped that it won't take another 100 years before the profession will embrace the broader meaning of movement within physiotherapy.

Notes

1 In clinical practice, terrible triad or unhappy triad often refers to the simultaneous injury to the medical meniscus, anterior cruciate ligament, and medial meniscus.

2 "Internationally Educated Physical Therapists" (IEPTs) is the term commonly used in Canada.

3 Prior to this, exam candidates were given up to five attempts to pass the written or oral components of the Canadian physiotherapy licensure examinations.

4 At this point, evaluating the clinical skills of candidates has become the responsibility of each Canadian provincial physiotherapy regulatory body. The written component remains to be administered at a national level.

References

Agyeman-Manu, K., Ghebreyesus, T. A., Maait, M., Rafila,A., Tom, L., Lima, N. T., & Wangmo, D. (2023). Prioritising the health and care workforce shortage: Protect, invest, together. *The Lancet, 11*, e1162–e1164. https://doi.org/10.1016/S2214-109X(23)00224-3

Alghadir, A. H., Zafar, H., & Iqbal, Z. A. (2020). Experiences of overseas trained physical therapists working in Saudi Arabia: An observational study. *International Journal of Environmental Research and Public Health, 17*. https://doi.org/10.3390/ijerph17103406

American Physical Therapy Association. (2015). *Physical therapist practice and the movement system.* https://www.apta.org/contentassets/fadbcf0476484eba9b790c9567435817/movement-system-white-paper.pdf

Andrion, J. J. A. (2022). *The adaptation experiences of transnational physiotherapists in Ontario, Canada: A grounded theory approach* [Doctoral dissertation, York University]. YorkSpace. https://yorkspace.library.yorku.ca/items/d853c2f6-f73e-4ebd-9c87-88ff31d85526

Charmaz, K. (2011). Grounded theory methods in social justice research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed., pp. 359–380). Sage.

Cho, L. M. (2018). Mass capture against memory: Chinese head tax certificates and the making of noncitizens. *Citizenship Studies, 22*(4), 381–400.

Church, J., Gerlock, A., & Smith, D. L. (2018). Neoliberalism and accountability failure in the delivery of services affecting the health of the public. *International Journal of Health Services, 48*(4), 641–662.

Cobbing, S. (2021). Decoloniality in physiotherapy education, research, and practice in South Africa. *The South African Journal of Physiotherapy, 77*(1), 1–6. https://doi.org/10.4102/sajp.v77i1.1556

College of Physiotherapists of Ontario. (2015). *2014–2015 annual report*. https://www.collegept.org/about/cpo-annual-reports

College of Physiotherapists of Ontario. (2023). *2022–2023 annual report*. https://collegept.org/wp-content/uploads/2025/01/cpo_2022-2023annual-report.pdf

Cornwall, M. W., Keehn, M. T., & Lane, M. (2016). Characteristics of US-licensed foreign-educated physical therapists. *Physical Therapy, 96*(3), 293–302.

Cott, C., Finch, E., Gasner, D., Yoshida, K., Thomas, S. G., & Verrier, M. C. (1995). The movement continuum theory of physical therapy. *Physiotherapy Canada, 47*(2), 87–95.

Dados, N., & Connell, R. (2012). The global south. *Contexts, 11*(1), 12–13.

Dorri, S., Abedi, A., & Mohammadi, N. (2020). Nursing education in the path of globalization: Promotion or challenge? *Journal of Education and Health Promotion, 9* (269)*,* 1–8. https://doi.org/10.4103/jehp.jehp_775_19

Friesen, M. (2011). Immigrants' integration and career development in the professional engineering workplace in the context of social and cultural capital. *Engineering Studies, 3*(2), 79–100.

Friesen, M. (2016). Professional integration as a boundary crossing: Changes to identity and practice in immigrant engineers in Canada. *Engineering Studies, 8*(3), 189–211.

Frost, H. D., & Regehr, G. (2013). "I am a doctor": Negotiating the discourses of standardization and diversity in professional identity construction. *Academic Medicine, 88*(10), 1570–1577.

Gibson, B. E., Nixon, S. A., & Nicholls, D. (2010). Critical reflections on the physiotherapy profession in Canada. *Physiotherapy Canada, 62*(2), 98–100.

Gibson, B. E., & Teachman G. (2012). Critical approaches in physical therapy research: Investigating the symbolic value of walking. *Physiotherapy Theory and Practice 28*, 474–484.

Government of Canada. (2022, August 26). *Cultural diversity in Canada: The social construction of racial difference*. https://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rp02_8-dr02_8/p3.html

Government of Canada. (2023, January 3). *Canada welcomes historic number of newcomers in 2022*.

https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/12/canada-welcomes-historic-number-of-newcomers-in-2022.html

Government of Canada. (2023, November 1). *Notice—Supplementary information for the 2024–2026 immigration levels plan*. https://www.canada.ca/en/immigration-refugees-citizenship/news/notices/supplementary-immigration-levels-2024-2026.html

Grafton, K., & Gordon, F. (2019). A grounded theory study of the narrative behind Indian physiotherapists global migration. *International Journal of Health Planning and Management, 34*, 657–671.

Greig, A., Dawes, D., Murphy, S., Parker, G., & Loveridge, B. (2013). Program evaluation of a model to integrate internationally educated health professionals into clinical practice. *BMC Medical Education, 13*(140), 1–8.

Herrera, D. R. (2015). The Philippines: An overview of the colonial era. *Education About Asia, 20*(1), 14–19.

Joyce, C. T., Beneciuk, J. M., & George, S. Z. (2023). Concerns on the science and practice of a movement system. *Physical Therapy, 103*(9), 1–4. https://doi.org/10.1093/ptj/pzad087

Kyle, H., & Kuisma, R. (2013). The experiences of overseas trained physiotherapists working in the United Kingdom National Health Service. *Physiotherapy, 99*, 172–177.

Lodigiani, I. (2020). From colonialism to globalization: How history has shaped unequal power relations between post-colonial countries. *Glocalism: Journal of Culture, Politics and Innovation, 2*. https://doi.org/10.12893/gjcpi.2020.2.12

Matthews, N. D., Rowley, K. M., Dusing, S. C., Krause, L., Yamaguchi, N., & Gordon, J. (2021). Beyond a statement of support: Changing the culture of equity, diversity, and inclusion in physical therapy. *Physical Therapy, 101*, 1–5. https://doi.org/10.1093/ptj/pzab212

Mignolo, W. D. (2002). The geopolitics of knowledge and the colonial difference. *South Atlantic Quarterly, 101*(1), 57–96.

Miller, P. A., Cooper, M. A., & Eva, K. W. (2010). Factors predicting competence as assessed with the written component of the Canadian Physiotherapy Competency Examination. *Physiotherapy Theory and Practice, 26*(1), 12–21.

Mtima-Jere, P., Mathis, L., Chonde, R., Klein, A., Phiri, C., Strieder, W. P., & Felter, C. (2023). Understanding colonialism and its influences on contemporary physiotherapy education and research: Students' perspectives on decolonializing solutions. *Physiotherapy Theory and Practice, 40*(8), 1805–1814. https://doi.org/10.1080/09593985.2023.2207645

Mulholland, S., Dietrich, T., Bressler, S., & Corbett, K. (2013). Exploring the integration of internationally educated occupational therapists into the workforce. *Canadian Journal of Occupational Therapy, 80*(1), 8–18.

Nicholls, D. A., & Vieira, A. (2022). Physiotherapy, movement, and action. *Physiotherapy Theory and Practice, 39*(12), 2520–2538. https://doi.org/10.1080/09593985.2022.2095954

Office of the High Commissioner for Human Rights (OHCHR). (2022, September 28). *Acting High Commissioner: Addressing the legacies of colonialism can contribute to overcoming inequalities within and among states and sustainable development challenges of the twenty-first century*. https://www.ohchr.org/en/press-releases/2022/09/acting-high-commissioner-addressing-legacies-colonialism-can-contribute

Okawa, E., & The Landscapes of Injustice Research Collective. (2018). Japaneseness in racist Canada: Immigrant imaginaries during the first half of the twentieth century. *Journal of American Ethnic History, 37*(4), 10–39.

Ontario Human Rights Commission. (n.d.). *Removing the "Canadian experience" barrier.* https://www.ohrc.on.ca/en/removing-canadian-experience-barrier-brochure

Oyeyemi, A. Y., Oyeyemi, A. L., Maduagwu, S. M., Rufai, A. A., & Aliyu, S. U. (2012). Professional satisfaction and desire to emigrate among Nigerian physiotherapists. *Physiotherapy Canada, 64*(3), 225–232.

Pagliarulo, M. A. (2007). *Introduction to Physical Therapy* (3rd ed.). Mosby Elsevier.

Pillen, M., Beijard, D., & den Brok, P. (2013). Professional identity tensions of beginning teachers. *Teachers and Teaching, 19*(6), 660–678.

Remennick, L., & Shakhar, G. (2003). You never stop being a doctor: The stories of Russian immigrant physicians who converted to physiotherapy. *Health, 7*(1), 87–108.

Robinson, C. J. (2000). *Black Marxism: The making of the black radical tradition*. University of Carolina Press.

Sahrmann, J. (2022). Doctors of the movement system—Identity by choice or therapists providing treatment—Identity by default. *International Journal of Sports Physical Therapy, 17*(1), 1–6. https://doi.org/10.26603/001c.30175

Sochan, A., & Singh, M. D. (2007). Acculturation and socialization: Voices of internationally educated nurses in Ontario. *International Nursing Review, 54*(2), 130–136.

Vazir, S., Newman, K., Kispal, L., Morin, A. E., Mu, Y., Smith, M., & Nixon, S. (2019). Perspectives of racialized physiotherapists in Canada on their experiences with racism in the physiotherapy profession. *Physiotherapy Canada, 71*(4), 335–345.

Veterans' History Museum. (2021). *Physical therapy in a war zone*. https://theveteransmuseum.org/physical-therapy-in-a-war-zone/

Vogel, E. E. (n.d.) *Physical therapists before World War II (1917-40).* AMEDD Center of History & Heritage. https://achh.army.mil/history/corps-medical-spec-chapteriii