

EURES

EURES Report on Labour Shortages and Surpluses
2025

Analysis of physiotherapists

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Executive summary

- This occupational fiche on physiotherapists (International Standard Classification of Occupations 2264) accompanies the 2025 European employment services (EURES) report on labour shortages and surpluses, and synthesises evidence on the causes of labour market imbalances affecting physiotherapists across EURES countries.
- Overall, in EURES countries, physiotherapists are predominantly women and tend to have a younger age profile than the average workforce in other occupations. The density of physiotherapists differs considerably across countries, with notable variations in workforce demographics in terms of age and gender. Labour shortages were reported by 15 countries in the 2025 EURES national coordination offices survey, while only Cyprus reported a surplus.
- The demand for physiotherapy services is increasing across Europe, driven by an ageing population and a rise in chronic and musculoskeletal conditions. While the importance of physiotherapy in primary care is increasing, further integration and expansion of its role are needed to effectively address the changing healthcare needs associated with ageing and chronic disease management.
- Most EURES countries have a physiotherapy workforce primarily composed of nationals working within their own country. However, migration among physiotherapists is present, with patterns characterised by long-term relocations and temporary work arrangements. Migration intentions among physiotherapists are shaped by a complex interplay of economic, professional and social factors.
- Training standards for physiotherapists across Europe are shaped by a complex dynamic, with significant fragmentation. This fragmentation is most apparent in the duration and level of basic education, which vary considerably between countries. Physiotherapy remains a regulated profession, and barriers to mobility between countries persist due to divergent qualification requirements, language proficiency standards and distinct national registration and oversight systems.
- Physiotherapists typically work fewer hours during the week than the average across all occupations, a trend partly explained by the higher prevalence of part-time positions in the field. Despite this, burnout and stress are recognised as serious concerns, especially in hospital settings, where pressures are most acute. Employment arrangements play a significant role in shaping stress levels and job satisfaction; employed physiotherapists report longer working hours and higher stress than their self-employed counterparts.
- Permanent contracts represent the prevailing form of employment among physiotherapists, with a higher proportion of permanent positions in this occupation than in the overall workforce, and voluntary temporary roles being relatively uncommon. Across the EU, physiotherapists are engaged under diverse contractual arrangements. Despite the prevalence of stable employment, the sector faces notable retention challenges, largely stemming from systemic issues such as inadequate compensation and restricted opportunities for career progression.
- Several EURES countries are actively pursuing task shifting and role substitution as strategies to mitigate workforce shortages and enhance care efficiency. Efforts to boost the attractiveness of physiotherapy include abolishing tuition fees and aligning training with EU directives. Recent evidence underscores the necessity of tailoring retention strategies to the distinct stages of the physiotherapy career cycle and to different practice settings.

1. Introduction

This occupational fiche provides an overview of the labour market imbalances affecting physiotherapists in European employment services (EURES) countries, focusing on the determinants and drivers of these imbalances. It accompanies the 2025 EURES report on labour shortages and surpluses, which includes a dedicated analysis of the health and care sector. The fiche covers physiotherapists as defined under International Standard Classification of Occupations 2264.

An overview of the occupation's employment size and demographic characteristics is provided in Chapter 2. The drivers of labour market imbalances in this occupation are analysed in relation to the following topics:

- demand for physiotherapists (Chapter 3),
- labour migration and mobility (Chapter 4),
- skills and qualification gaps (Chapter 5),
- working conditions and occupation attractiveness (Chapter 6),
- recruitment practices and retention trends (Chapter 7),
- measures to tackle labour market imbalances (Chapter 8).

This occupational fiche draws on a comprehensive review of the peer-reviewed and grey literature published between 2019 and 2025 across the 31 EURES countries, alongside secondary descriptive data and microdata or special data extractions. Each chapter presents EURES-level findings and, wherever possible, highlights sectoral and country-specific differences.

This fiche also includes key points from two stakeholder interviews. Participants in these interviews included one stakeholder from an education, training and research institution and one stakeholder representing social partners ⁽¹⁾. Insights from these consultations are presented in boxes throughout the fiche. Given the limited scope of this exercise, the consultation insights presented reflect the comments made during these specific interviews and should not be interpreted as representing the views of all stakeholders relevant to this occupation.

(1) Invitations were extended to representatives of health and care provider and professional groups; however, participation could not be secured.

2. Overview of the occupation

Occupation definition and scope

The scope of physiotherapists' activity encompasses five principal health and care employment settings:

- hospital care, where physiotherapists support post-operative rehabilitation and discharge planning to reduce hospital stay lengths and prevent readmissions;
- specialist medical activity, where physiotherapists deliver a wide range of targeted rehabilitation programmes, such as post-surgery services, chronic disease management or neurological rehabilitation;
- primary care, where physiotherapists often serve as first-contact practitioners for musculoskeletal and mobility issues;
- residential long-term care, where physiotherapists maintain mobility, prevent falls and preserve the independence of residents;
- home care, where physiotherapists deliver home visits, outpatient rehabilitation and programmes to support independent living.

Size of the occupation as an employment category

Physiotherapy constitutes a vital segment of the health and care workforce across EURES countries, with its role expanding in response to changing healthcare needs. For example, in Germany, employment in physiotherapy and other non-physician medical practices grew by 112 % between 2000 and 2018 (Blümel et al., 2020). In Poland, the number of physiotherapists in healthcare units rose significantly between 2015 and 2017, from 17 491 in 2015 to 24 421 in 2017 (Sowada et al., 2019).

The density of physiotherapists varies quite significantly across EURES countries. As shown in [Figure 1](#), northern European countries tended to have higher rates in 2023, with a density of between 150 and 250 physiotherapists per 100 000 inhabitants. These rates were markedly lower elsewhere: in Greece, Spain and Italy the numbers ranged between 100 and 150 per 100 000 inhabitants. In other southern and eastern European countries, the rate fell below 100, or even 50, per 100 000 inhabitants.

Table 1: Countries reporting labour market imbalances for physiotherapists, 2025

	Countries
Labour shortage	15 countries (Belgium, Bulgaria, Germany, Estonia, Greece, Spain, France, Lithuania, Luxembourg, Netherlands, Austria, Portugal, Romania, Slovenia, Sweden)
Labour surplus	1 country (Cyprus)

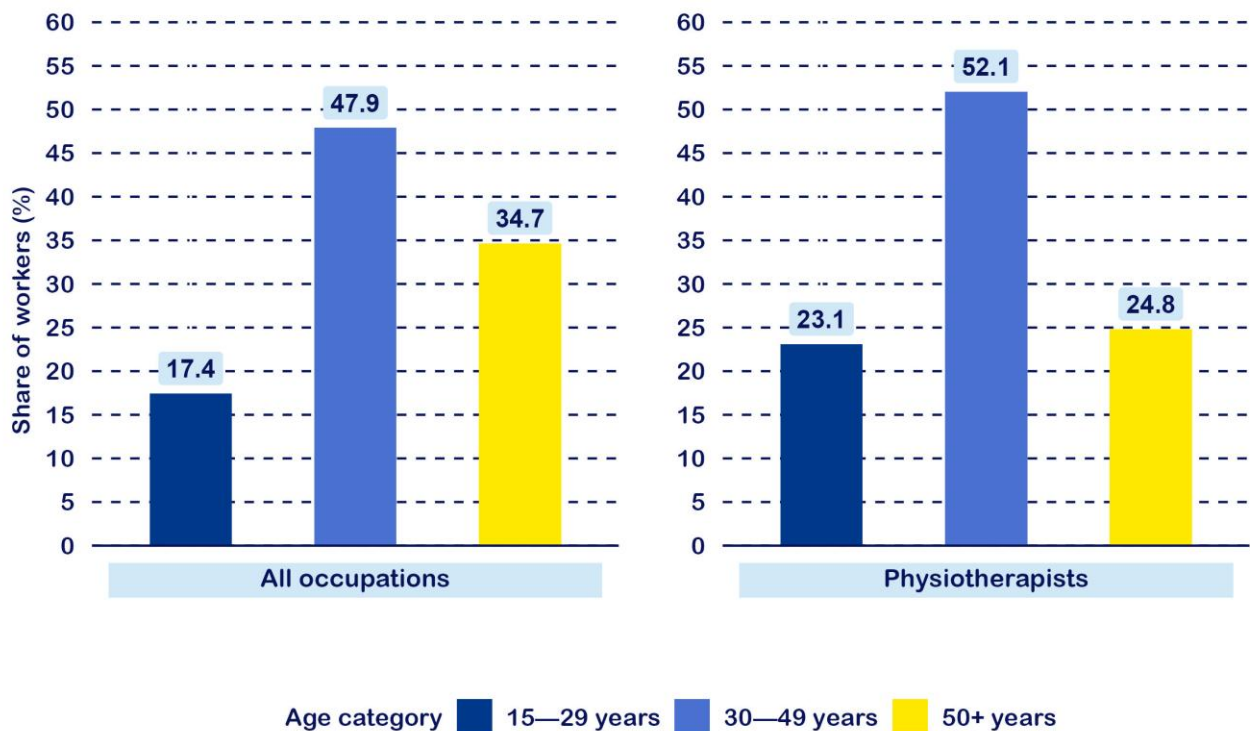
NB: NCOs from Iceland, Liechtenstein and Switzerland have not provided data on imbalances.

Source: Data submitted by EURES national coordination offices.

Occupation's demographics

Overall, physiotherapists tend to have a relatively young age profile in EURES countries (Figure 2). While the share of physiotherapists aged between 30 and 49 is broadly similar to that of occupations across all economic sectors, the proportion of 'younger' physiotherapists (aged under 30) is notably higher (23 %, compared with 17 % of occupations across all economic sectors).

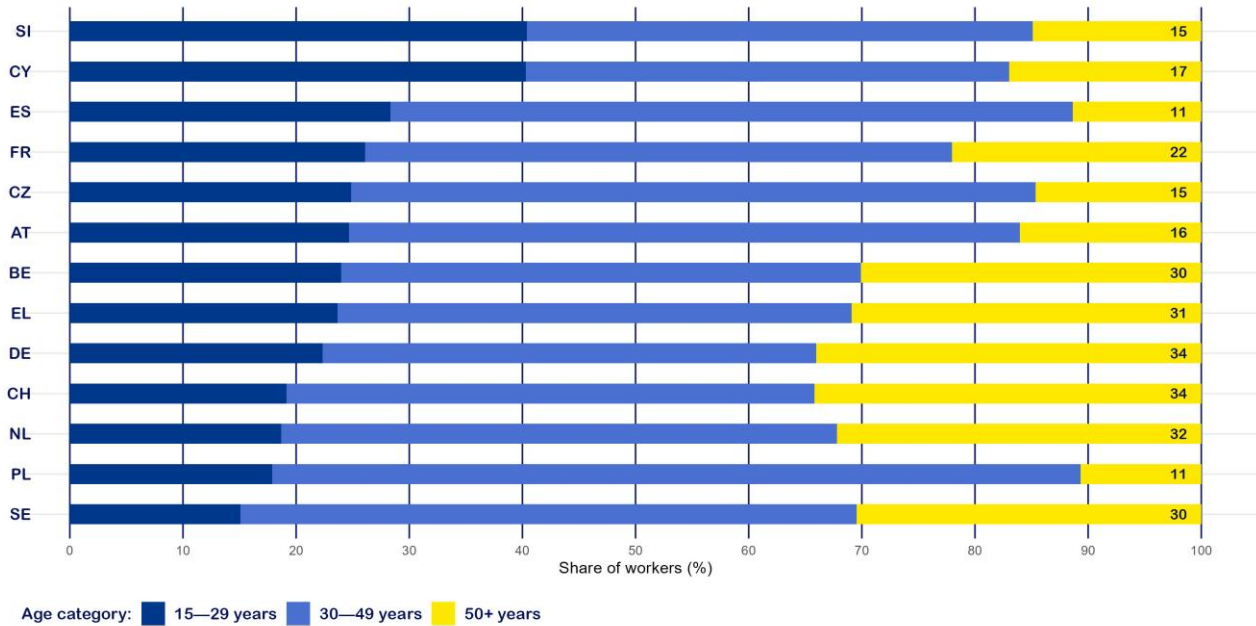
Figure 2: Physiotherapists by age category, EURES, 2024



Source: EU Labour Force Survey special data extraction.

Going beyond this aggregate trend, differences exist in the age distribution of physiotherapists across countries. Figure 3 shows physiotherapists' age categories in 2024 for EURES countries with available data. Among these, the proportion of physiotherapists aged 50 or above is 15 % or lower in Slovenia, Spain, Czechia and Poland. In contrast, in countries like Belgium, Greece, Germany, Switzerland, the Netherlands and Sweden, approximately a third of physiotherapists are in this age group.

Figure 3: Physiotherapists by age category and country, EURES, 2024

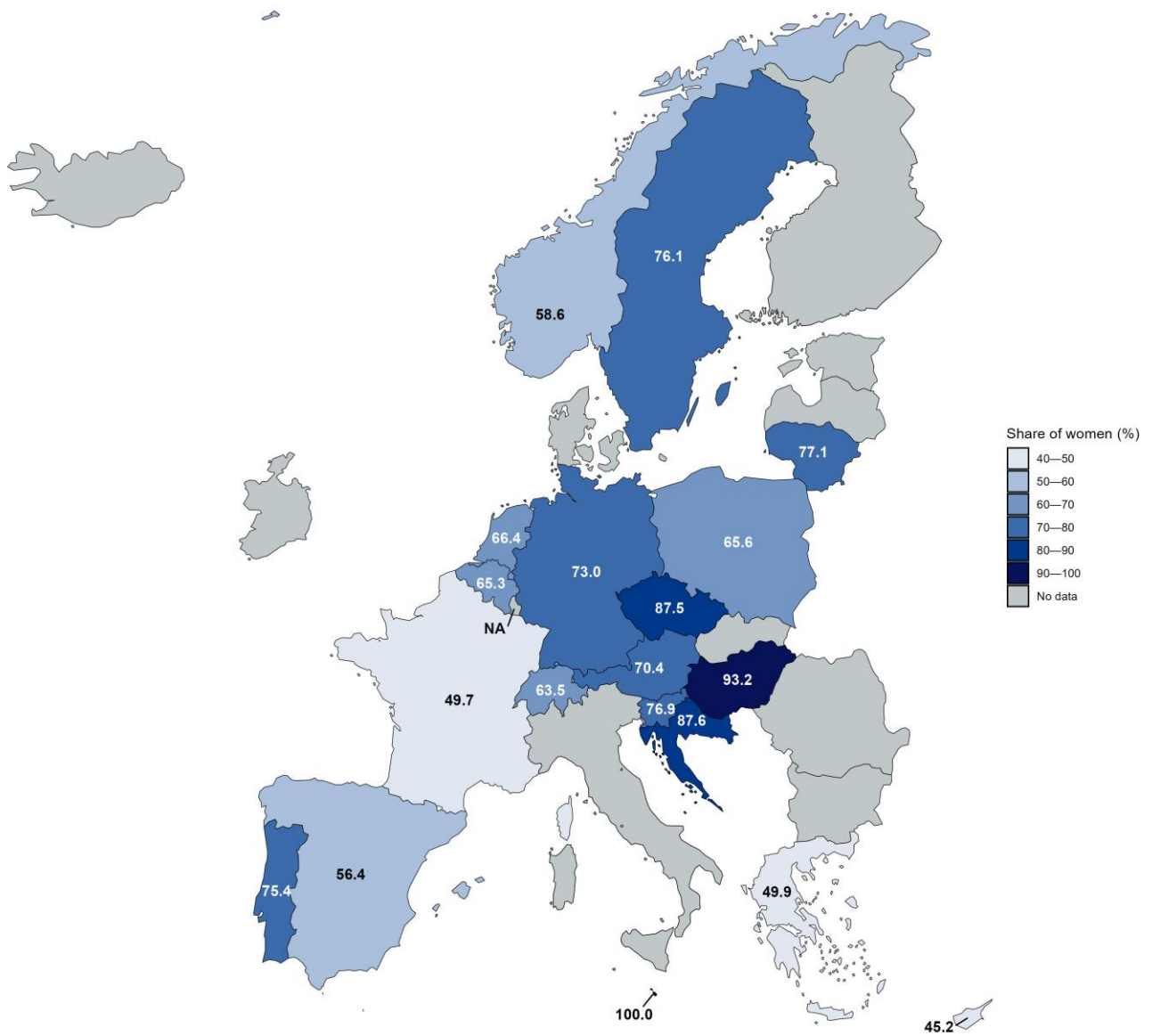


NB: Only for countries with available data.

Source: EU Labour Force Survey special data extraction.

Overall, women make up a significant share of the physiotherapy workforce. Among the EURES countries with available data (Figure 4), Cyprus has the lowest representation of women in the profession (45.2%). In almost all of the remaining countries, more than half of physiotherapists are female. The highest rate is observed in Malta, where 100.0 % of physiotherapists are women.

Figure 4: Share of women among physiotherapists by country, EURES, 2024



Source: EU Labour Force Survey special data extraction.

3. Demand for physiotherapists

Impact of demographic trends

Population ageing and the rising prevalence of chronic conditions are intensifying the demand for physiotherapy services. The World Health Organization (WHO) has underscored the scale of rehabilitation needs across the European region: 394 million people in the region (approximately 2 in 5 inhabitants) have a condition amenable to rehabilitation, most commonly musculoskeletal, sensory or neurological disorders (WHO Regional Office for Europe, 2022). These conditions often require physiotherapy interventions to optimise functioning and reduce disability.

Recognising physiotherapists' crucial contribution to managing long-term conditions, several EURES countries have expanded physiotherapy roles in rehabilitation and functional maintenance as part of multidisciplinary teams and community-based care. For example, Spain, France and Italy demonstrate the integration of physiotherapists across the public and private sectors, with growing involvement in home-based and community care (de Belvis et al., 2022; Or et al., 2023; Bernal-Delgado et al., 2024). These trends underscore the increasing relevance of physiotherapy in health system delivery across diverse care settings.

Recent data also highlight the growing role of physiotherapists in primary care, where they have a central role in providing individual care, chronic disease education, fall prevention and community-based health promotion. For example, in 2020, physiotherapists accounted for 18 % of all regional primary care consultations in Sweden (Janlöv et al., 2023).

Despite the increasing recognition of physiotherapy's role in primary care, further integration and role expansion are needed to meet the healthcare needs of ageing populations and chronic disease management. A survey by the Europe Region of World Physiotherapy found that physiotherapy was included in primary care in 64.9 % of responding countries (Europe Region of World Physiotherapy, 2024a). Yet only 38.7 % of countries reported physiotherapists acting as first-contact practitioners. Furthermore, many respondent countries reported that less than 20 % of their physiotherapy workforce works in primary care settings.

Impact of seasonal peaks and health system pressure

Seasonal demand fluctuations and systemic shocks, such as the COVID-19 pandemic, have placed significant pressure on health systems across the EU. These pressures have prompted or accelerated broad health system responses, many of which aim to alleviate strain on hospitals and traditional care roles, with an indirect impact on the demand for physiotherapy services.

Some countries have adapted their healthcare delivery and organisational models in response to the pressures brought on by the COVID-19 pandemic. At the height of the pandemic, Italy implemented emergency recruitment and task-shifting strategies to meet rising demand, moving towards remote and community-based care. Similarly, Spain and France authorised physiotherapists to provide teleconsultations, for which they were reimbursed by the state; in Spain, national strategies promoted digital health and strengthened primary care, thus expanding physiotherapists' roles in community settings (Or et al., 2023; Bernal-Delgado et al., 2024).

Other countries have implemented long-term health system reforms to reduce the pressure on healthcare services. In Denmark, for example, efforts to strengthen community-based services began well before the pandemic. The country established health clusters around acute hospitals to coordinate disease prevention and health promotion across sectors. It also created municipal health centres that co-locate general practitioners, specialists and health professionals (including physiotherapists), and it expanded rehabilitation services at the municipal level (Birk et al., 2024). Similarly, in Czechia, post-pandemic reforms have shifted primary care towards community-based models, increasing the demand for physiotherapists in outpatient and intermediate care settings (Bryndová et al., 2023).

Box 1: Stakeholder consultations: demand for physiotherapists and the scope of practice

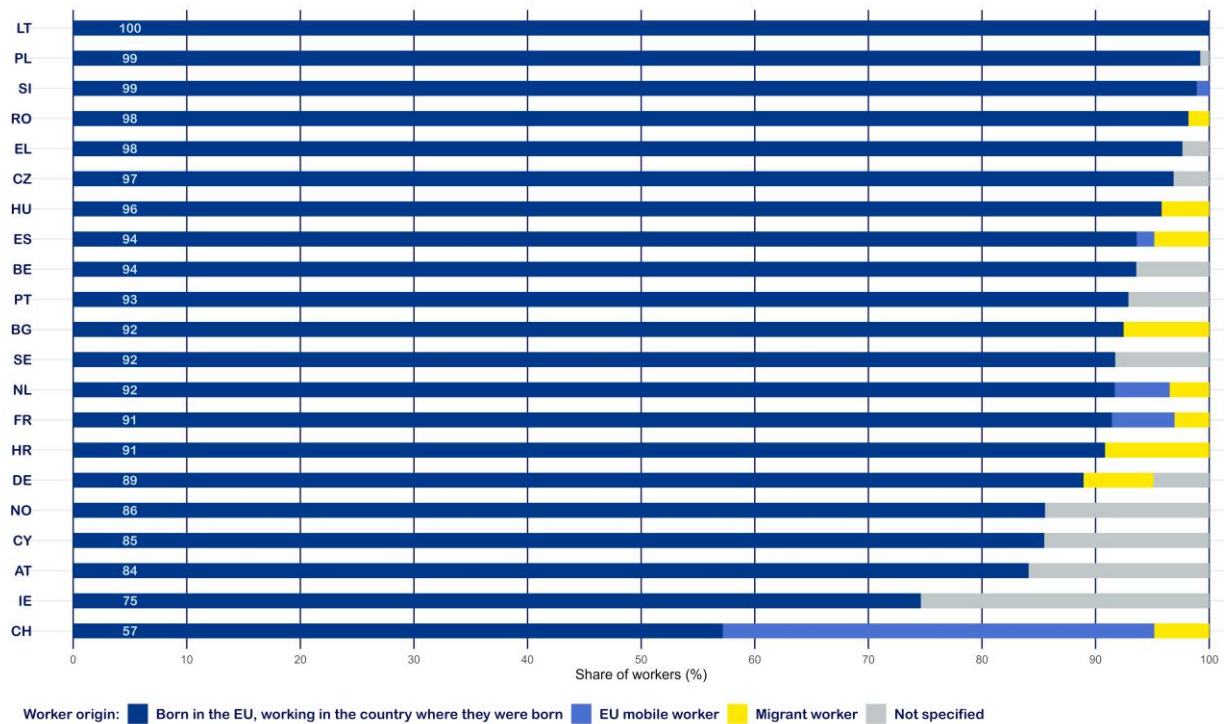
One of the consulted stakeholders explained that despite an increasing demand for physiotherapists, driven by societal trends such as an ageing population and the prevalence of chronic diseases, national regulations might prevent physiotherapists from acting as frontline practitioners in preventive and curative care across different health and care settings. The COVID-19 pandemic temporarily expanded physiotherapists' scope of practice in some countries, but, in many cases, these changes were reverted once the immediate crisis subsided.

4. Labour migration and mobility

Patterns in intra-EU migration and migration from non-EURES countries

Available data on the country of origin of practising physiotherapists (Figure 5) indicate that, in most EURES countries, the physiotherapy workforce is predominantly composed of nationals working within their own country. Nonetheless, both intra-EU migration and migration from non-EURES countries are present, with third-country nationals appearing somewhat more prominently (Figure 5), although variations between countries exist. This may indicate a growing reliance of EURES countries on foreign professionals to address workforce shortages that cannot be met by the EURES workforce alone. Switzerland stands out as the only country that relies significantly on EURES mobile workers as part of its physiotherapy workforce.

Figure 5: Country of origin of physiotherapists, EURES, 2024



NB: Only for countries with available data.

Source: EU Labour Force Survey special data extraction.

Migration trends have shifted from a south-to-north movement to a much more intricate landscape, now characterised by long-term relocations, temporary work arrangements, repeated cycles of migration and frequent cross-border commuting on a daily basis (WHO Regional Office for Europe, 2025). Migration intentions among physiotherapists are shaped by a complex interplay of economic, professional and social factors. For example, in Poland, the intention to migrate is notably high: 47.1 % of practising physiotherapists and 45.3 % of students express a desire to work abroad (Kostrzewa, 2022). The main drivers of this migration are economic and professional. Key pull factors include the prospect of higher earnings, better work–life balance and more opportunities for professional development. At the same time, push factors include the perceived low prestige of the profession in the home country and limited career advancement opportunities.

There are also some notable patterns of circular migration within the physiotherapy workforce, where professionals return to their home country after gaining experience abroad. For instance, in France, a relatively high proportion of physiotherapists hold foreign qualifications, and many of them are French nationals trained abroad (Or et al., 2023). This reflects intra-EU educational mobility and may suggest that, while physiotherapy education in other EU Member States may be perceived as more accessible or attractive, French nationals have an incentive to return to practise in their home country.

National mobility trends and distribution of physiotherapists within countries

The geographical distribution of physiotherapists and the broader category of allied health professionals ⁽²⁾ often exhibits imbalances, typically favouring urban centres and concentrating resources unevenly across territories.

In Europe, geographical disparities for allied health professionals are generally less pronounced than the severe concentration seen among physicians and specialists. For example, in countries like France, allied health professionals are often subject to regulations regarding setting up a new practice to mitigate high-density areas (Or et al., 2023).

Nonetheless, severe shortages of physiotherapists are reported in several regions. In Germany, for instance, 14 out of 16 states reported a shortage of physiotherapists in 2018 (Blümel et al., 2020). In Poland, where the occupation is considered one of the scarcest, the overall density of health workers is significantly lower in rural areas than urban settings (Kostrzewa, 2022). In Estonia, the availability of comprehensive primary healthcare services, including physiotherapy, is limited, and outpatient medical rehabilitation care is geographically uneven and particularly restricted in rural areas (Kasekamp et al., 2023). In Spain, despite the number of registered physiotherapists being close to the EU average, only 10 % have positions in the public health system, reflecting a structural under-representation that limits public access (Bernal-Delgado et al., 2024).

Uneven geographical distribution can be caused by multiple factors. One key reason is the concentration of healthcare infrastructure in urban settings (Sowada et al., 2019). Furthermore, inadequate integration of physiotherapy into primary care settings contributes to access issues across regions. For example, Estonian health policy advocates for multidisciplinary primary care teams that should include physiotherapists (Kasekamp et al., 2023). However, the provision of physiotherapy services is currently mandatory only within the larger primary care group practices. Meanwhile, general practitioners still prefer to work in solo practices, rather than merging group practices, resulting in an uneven geographical availability of physiotherapy services.

⁽²⁾ Allied health professionals are a diverse group of healthcare workers who provide a range of diagnostic, technical, therapeutic and support services. This group includes professions such as physiotherapists, radiographers, dietitians, occupational therapists, speech and language therapists, and paramedics.

Box 2: Stakeholder consultations: prevalence of physiotherapists across areas

One stakeholder commented on the increasing prevalence of part-time work in physiotherapy in certain countries, resulting in the reduced availability of services after certain hours. They provided examples where patients in certain areas had to travel significant distances after 16:00 to access physiotherapy services, which could pose serious challenges for those needing urgent or specialised care.

By contrast, another stakeholder highlighted the high prevalence per capita of physiotherapists in Norway and their even distribution across the country. This success has been achieved through a combination of policies to incentivise work in rural areas. Specifically, Norway has shifted from hospital-centred to community-based care physiotherapy, introducing a legal requirement for municipalities to provide physiotherapy services. Furthermore, it incentivises work in rural areas by offering student loan repayments to recent graduates who take up positions in designated rural municipalities (an incentive available to all university graduates).

5. Skills and qualification gaps

Fragmentation in training standards

The training standards for physiotherapists exhibit a complex dynamic marked by significant fragmentation in implementation details despite overarching mandates for harmonisation across the European regulatory environment.

The fragmentation is most visible in the duration and academic level of basic education, which vary substantially across countries. Physiotherapy training ranges from a uniform five-year master's degree in countries such as Poland and, since 2021, France (Sowada et al., 2019; Or et al., 2023) to a three-year post-secondary programme at the first level of the Bologna Process (European ministers of education, 1999) in Slovenia, with options for specialisation and clinical internships (Albrecht et al., 2021). In Germany, primary training has historically occurred in vocational technical schools that are often privately funded and charge fees, although there is a move towards integrating university degrees (Blümel et al., 2020). In Estonia, physiotherapists are trained at health colleges (Kasekamp et al., 2023). This lack of uniformity may act as an obstacle to mobility: a survey in Poland found that a significant proportion of respondents among physiotherapy students (62.7 %) raised 'differences in education' as a significant barrier to international migration (Kostrzewa, 2022).

Differences in legal authorisation further highlight the uneven landscape of physiotherapy autonomy and skills in EURES countries. While 41.7 % of countries legally permit physiotherapists to assess and diagnose patients, only 2.8 % grant full diagnostic authority (Europe Region of World Physiotherapy, 2024b). Referral rights are similarly fragmented: 33.3 % of countries allow physiotherapists to refer patients to general practitioners, 27.8 % to specialists and just 8.3 % for imaging or diagnostic tests. Only one country authorises physiotherapists to prescribe medication. These disparities reflect broader inconsistencies in national legislation.

Recognition of qualifications and related barriers Physiotherapy is a regulated profession across most EURES countries. This means that physiotherapists who wish to work in another Member State must undergo a formal recognition process to demonstrate that their qualifications meet the standards required to practise in the host country. This process is governed by Directive 2005/36/EC, which establishes a 'general system' of recognition for professions not covered by automatic recognition (e.g. doctors, nurses, architects) (European Parliament et al., 2005).

Under the general system, applicants must submit documentation proving their education, training and professional experience. If substantial differences are found between the applicant's qualifications and those required in the host country, applicants may need to complete an adaptation period or pass an aptitude test. These measures aim to ensure patient safety and uphold professional standards but can also create barriers to mobility, especially when procedures are lengthy and inconsistent or require excessive documentation (European Court of Auditors, 2024).

The 2013 revision of Directive 2005/36/EC introduced the European professional card, an electronic procedure aiming to simplify and streamline the recognition of professional qualifications across Member States. However, only a fraction of eligible professionals have used the European professional card so far, with issues such as high fees, a lack of digital infrastructure and limited awareness cited as barriers by eligible workers (European Court of Auditors, 2024).

Language proficiency is another key requirement for physiotherapists migrating within the EU. In line with Directive 2005/36/EC, host countries may require proof of sufficient language competency if it is essential for safe and effective practice. Similar to other health and care occupations, language skills are necessary to ensure appropriate access to care, ensure patient satisfaction and avoid patient safety risks (miscommunication, medication errors, missed symptoms). At the same time, the directive states that language checks must be proportionate to the language skills that are necessary for the role (European Parliament et al., 2005). Yet, in practice, Member States vary in how and when they assess language skills (e.g. timing of tests, level expected, whether recognition is withheld pending formal certification), producing delays and additional costs (European Court of Auditors, 2024).

Beyond recognition rules set by EU-level directives, different national registration and oversight systems can also contribute to barriers to qualification recognition. In France, physiotherapists must register with their professional council and, since 2023, participate in a six-year re-certification cycle based on mandatory continuing education requirements (Auger et al., 2025). Poland's professional chambers oversee registration, ethics and education standards, with membership compulsory for practising physiotherapists (Sowada et al., 2019). These systems contribute to professional accountability but vary widely in structure and scope across countries.

The legal basis for physiotherapy practice also influences qualification recognition. A 2024 survey by the Advocacy & EU Matters Working Group of the Europe Region of World Physiotherapy found that only 49 % of European countries have profession-specific legislation for physiotherapy (Europe Region of World Physiotherapy, 2024c). In the remaining countries, physiotherapy is regulated jointly with other health occupations, which can limit the ability to define the scope of physiotherapy's practice. This fragmentation may reduce legal clarity and further complicate qualification recognition across borders.

Box 3: Stakeholder consultations: barriers to qualification recognition across countries

One of the stakeholders commented that differences in training content, rather than in duration of training, can act as barriers to mobility, as host countries assess the depth and breadth of subjects covered in entry-level education when deciding whether to recognise foreign qualifications. Other barriers may lie in the differences in the frameworks regulating the scope of physiotherapy's practice, such as the requirement for medical prescription services in some countries. Misaligned requirements in the home and host countries can slow down the qualification recognition process for physiotherapists seeking to work abroad, as the misalignment often necessitates compensatory measures like additional courses or supervised clinical work.

Role of healthcare workforce planning

Workforce planning mechanisms differ in sophistication and scope across EURES countries, with varying degrees of responsiveness to physiotherapy-specific needs. Belgium employs a stock-and-flow model to project future supply and regulate entry through quotas (Gerkens et al., 2020), while Poland uses health needs maps and regional priorities to allocate funding for rehabilitation services (Sowada et al., 2019). In France, planning responsibilities have shifted from a centralised *numerus clausus* system to regional authorities (Or et al., 2023). However, the effectiveness of these approaches in forecasting and pre-emptively addressing physiotherapy shortages is unclear.

Suitability of medical education systems to meet job market needs

Historical mismatches between physiotherapy education and labour market needs have prompted reforms in several countries. In Germany, efforts to improve the attractiveness of the occupation and reduce student dropout rates have included eliminating training fees and introducing vocational salaries (Blümel et al., 2020). In France, reforms have upgraded physiotherapy education to the master's level and integrated mandatory continuing training into a six-year re-certification cycle, aiming to enhance clinical readiness and standardisation (Or et al., 2023).

However, shortcomings in curriculum content and the inconsistent integration of new skills into educational curricula are persisting issues. For example, in Croatia, professional education in rehabilitation has traditionally placed disproportionate emphasis on rheumatology rather than comprehensive rehabilitation approaches (Džakula et al., 2021).

Demand for new skills

Digitalisation is driving the demand for new competencies in tele-rehabilitation, electronic documentation and digital communication. In Germany, the roll-out of the electronic health card (*elektronische Gesundheitskarte*) and the secure data exchange network Telematics Infrastructure (Telematikinfrastruktur) is transforming how health professionals, including physiotherapists, interact with patient data. Although participation in the system remains voluntary for physiotherapists, they are eligible for reimbursement of connection costs. This shift is reshaping expectations around digital competencies, but digital health education is not yet embedded in physiotherapy curricula (Blümel et al., 2020).

Slovenia has made substantial progress in digitising its health system, with widespread implementation of e-prescriptions, e-referrals and the Central Registry of Patient Data. These tools support integrated care and enable physiotherapists to access and contribute to patient records securely, facilitating the continuity of care and multidisciplinary collaboration (Albrecht et al., 2021). Similarly, the national e-health strategy in Spain promotes secure data exchange and multidisciplinary collaboration. This includes participation in shared care planning and remote monitoring, particularly in outpatient and rehabilitation settings (Bernal-Delgado et al., 2024). These developments underscore the importance of aligning education with technological innovation.

Box 4: Stakeholder consultations: education and changing skills

One of the consulted stakeholders noted that, while entry-level physiotherapy education across European countries equips graduates for national practice, curricula often struggle to keep pace with rapid changes in healthcare needs and service delivery models. One example was digital competencies; these are increasingly essential enablers of autonomous practice, which in turn is a key factor influencing workforce retention. For new technologies and clinical practices that may not be addressed in initial training programmes, the stakeholder highlighted the critical role of continuous professional development in ensuring physiotherapists' skills remain up to date.

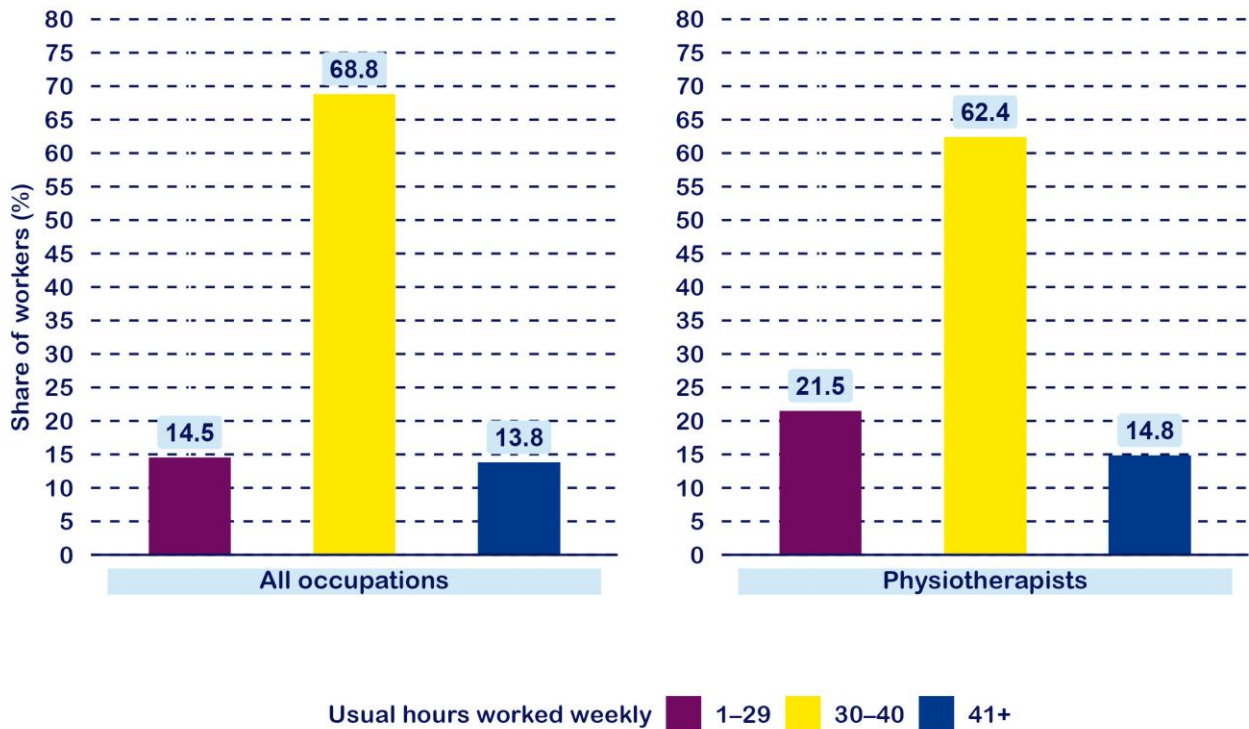
Another stakeholder expressed concern that, in countries where physiotherapists can act as first-contact practitioners for patients with undiagnosed conditions (e.g. Norway), newly qualified physiotherapists may lack the necessary experience to assume such responsibilities safely in primary care.

6. Working conditions and occupation attractiveness

Working hours and patterns

Figure 6 shows the patterns in weekly working hours among physiotherapists. Compared with workers in all occupations, physiotherapists tend to work shorter hours. A larger share of physiotherapists work less than 30 hours per week (21.5 %), while a smaller share work between 30 and 40 hours (62.4 %). The proportion of physiotherapists working over 40 hours per week is similar to that of workers in all occupations.

Figure 6: Usual weekly hours worked by physiotherapists, EURES, 2024

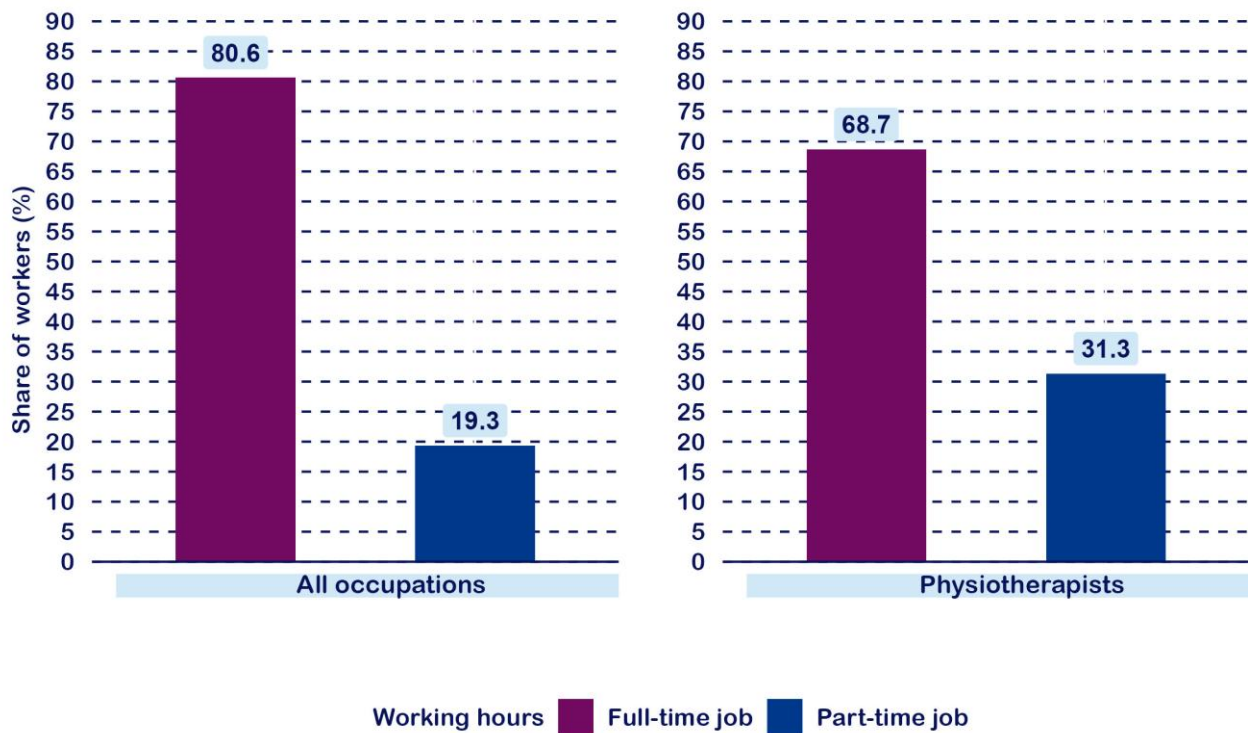


NB: For readability purposes, not all categories are displayed on the graph and the shares may not add up to 100 %.

Source: EU Labour Force Survey special data extractions.

Another notable characteristic of working hours and patterns within the physiotherapist occupation is the higher prevalence of part-time positions than in all occupations. Across EURES countries, nearly 1 in 3 physiotherapists hold a part-time position (31.3 %), whereas the proportion among all occupations is closer to 1 in 5 (19.3 %), as shown in Figure 7.

Figure 7: Share of part-time positions among physiotherapists, EURES, 2024

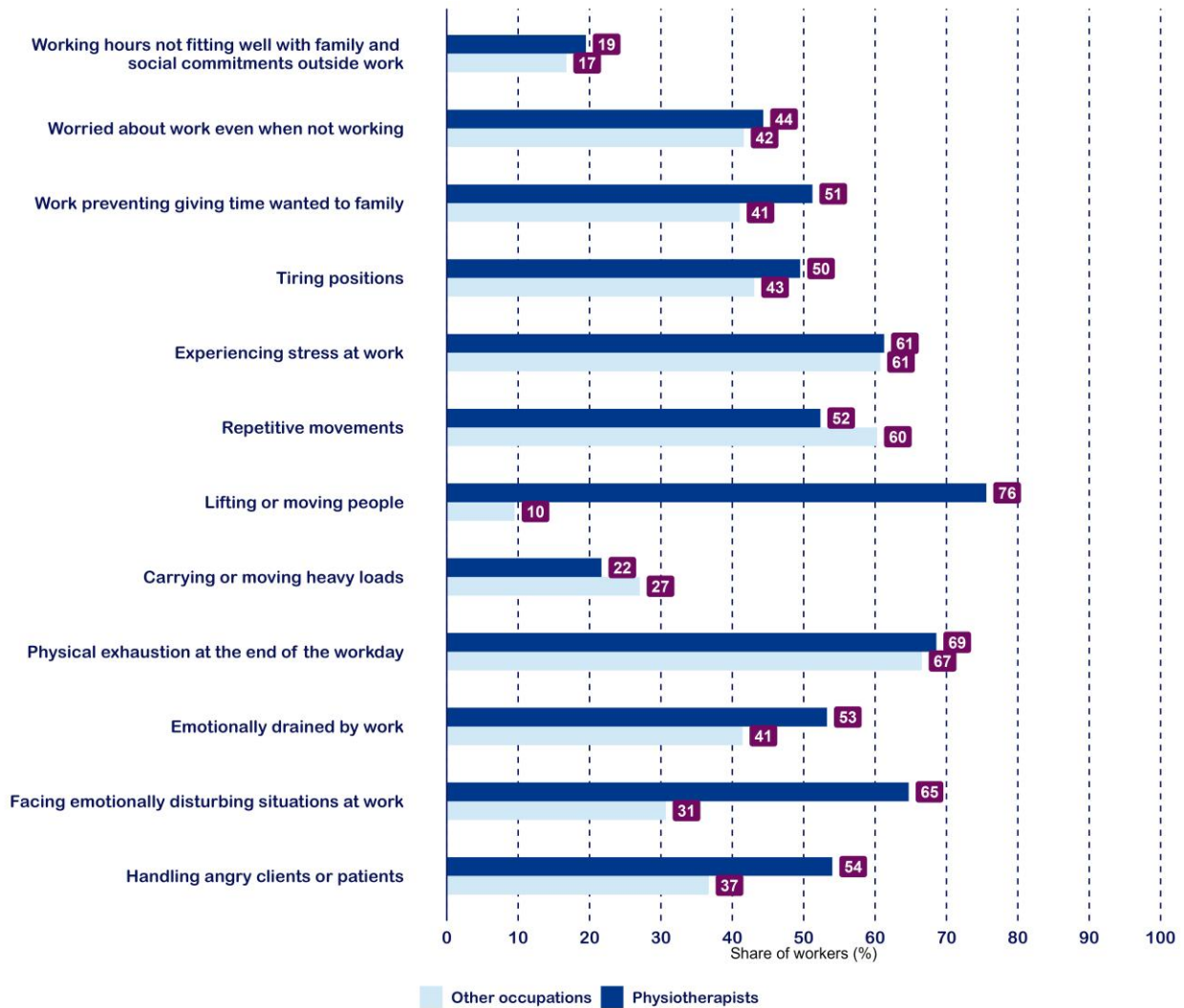


NB: For readability purposes, not all categories are displayed on the graph and the shares may not add up to 100 %.

Source: EU Labour Force Survey special data extractions.

Working conditions for physiotherapists in EURES countries are characterised by a notably higher reported prevalence of both physical and psychosocial risks than in all other occupations (Figure 8). They report significantly elevated exposure to health and safety hazards, with 76 % involved in lifting or moving people (versus 10 % in all other occupations). Psychosocial risks are also pronounced: 54 % of physiotherapists report handling angry clients or patients (compared with 37 % in all other occupations), while 65 % report facing emotionally disturbing situations at work (versus 31 % in all other occupations). These demanding conditions have tangible consequences, with 53 % of physiotherapists reporting feeling emotionally drained by their work, a rate higher than the 41 % observed among workers in all other occupations.

Figure 8: Working conditions for physiotherapists and all other occupations, EURES, 2024



NB: Figure shows combined share for workers reporting facing the listed situations always, often, sometimes or rarely.

Source: European Working Conditions Survey, 2024.

Linked to these working conditions, burnout and stress are increasingly recognised as serious concerns for physiotherapists (Vernturini et al., 2024). A recent meta-analysis found notable levels of emotional exhaustion and depersonalisation and low levels of personal accomplishment among physiotherapists, especially in hospital and rural settings (Watson et al., 2025).

These pressures are particularly acute in hospital care settings. A multicentre survey among physiotherapists employed in French public hospitals found that 49.3 % of respondents felt 'often' or 'always' overwhelmed in their daily work, citing understaffing and increasing patient complexity as key contributors (Auger et al., 2025). In Spain, physiotherapists working in public hospitals during the COVID-19 pandemic described facing extreme physical and emotional strain. Many perceived their work as 'war time' work, marked by unpredictable workloads, high-risk environments and insufficient protective equipment (Palacios-Ceña et al., 2021). The emotional toll was intensified by the fear of contagion, long hours in personal protective gear and the absence of clear protocols.

Employment arrangements also influence physiotherapists' stress levels and job satisfaction. A large Austrian survey found that employed physiotherapists reported longer working hours and higher stress levels than their self-employed peers (Latzke et al., 2021). Those combining both roles faced the greatest challenges in achieving work-life balance. While self-employed physiotherapists valued autonomy and recognition, they lacked access to mentoring and peer support, key factors in managing stress and building resilience.

Career prospects

Career prospects for physiotherapists vary across Member States, shaped by employment models, wage structures and opportunities for advancement. In France, physiotherapists may work independently or in salaried roles, with bundled payments and incentives supporting multidisciplinary practice (Or et al., 2023). The *Ségur de la santé* (Health Reform Plan) reform raised wages for health professionals, including physiotherapists, to improve retention. However, public sector physiotherapists continue to face wage disparities and limited career advancement compared with those in private practice, contributing to high turnover (Auger et al., 2025). Slovenia offers specialisation and postgraduate education, although career progression is less formalised than for physicians (Albrecht et al., 2021). In Spain, job stability and career development are influenced by regional policies, with efforts under way to reduce reliance on temporary contracts (Bernal-Delgado et al., 2024). Despite these initiatives, regional disparities and limited data on pay levels persist, making it difficult to assess equity and long-term career attractiveness.

Role of social dialogue in protecting and improving working conditions

Social dialogue mechanisms vary across EURES countries and are not consistently detailed in relation to physiotherapists. In Croatia, physiotherapists employed in public hospitals are covered by collective agreements negotiated between the government and trade unions (Džakula et al., 2021).

France's dual structure, comprising professional councils and trade unions, helps safeguard both professional standards and labour rights, with councils overseeing ethics and continuing education, and unions negotiating fees and working conditions (Or et al., 2023). However, the limited visibility of physiotherapists in broader social dialogue frameworks may hinder efforts to improve working conditions and professional recognition.

Box 5: Stakeholder consultations: demand drivers for physiotherapists

One of the consulted stakeholders noted that, despite the high education standards in physiotherapy, the limited scope of practice in many countries leads to low retention rates, with some physiotherapists moving into related commercial roles or leaving the profession altogether. Consistent with this, another stakeholder highlighted the roles of professional autonomy and career progression as strong drivers of mobility and migration across countries.

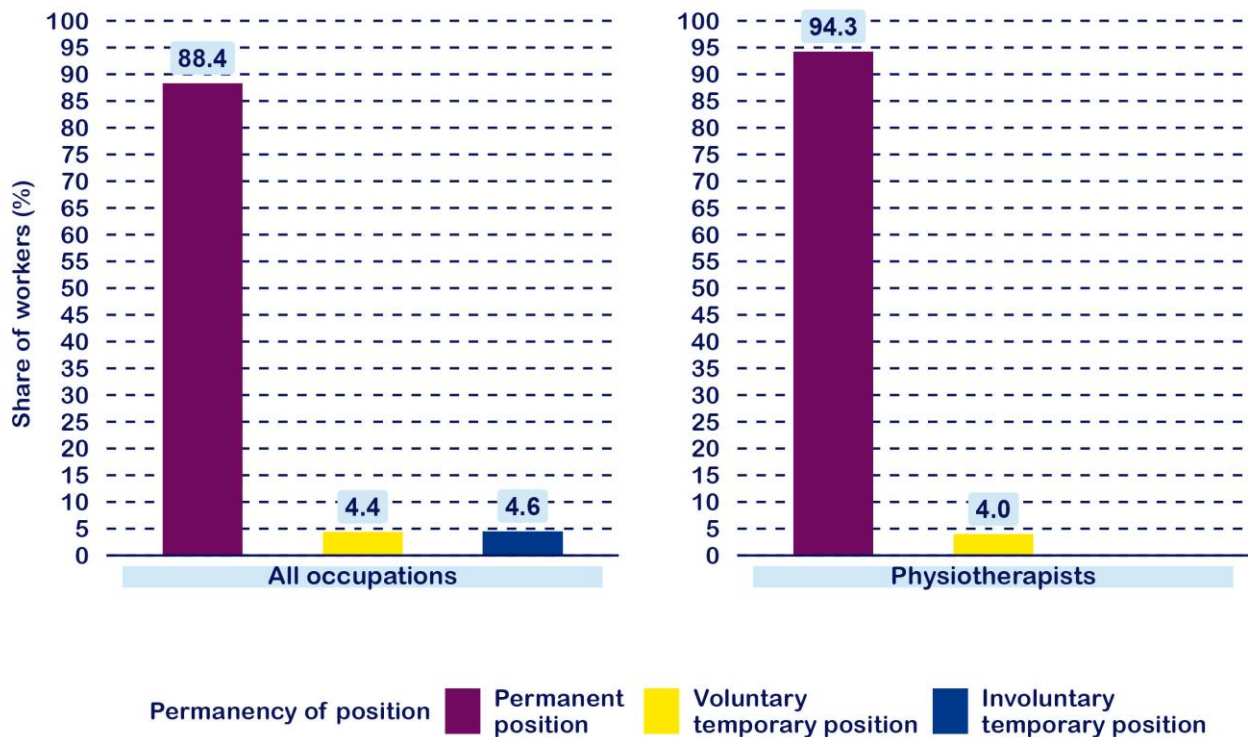
One stakeholder also discussed the attractiveness of practising physiotherapy in the private and public sectors. While private practice typically offers higher earnings and more autonomy, public sector roles are usually associated with greater job security and stable income. Additionally, private physiotherapists have greater managerial and financial responsibilities and, as a result, may experience more pressure. In response to this, management training is increasingly being incorporated into physiotherapy education and continuous professional development. Another measure aiming to reduce the attrition of recent graduates and being increasingly used is the use of mentorship schemes, where experienced physiotherapists guide newcomers or those transitioning into new roles.

7. Recruitment practices and retention trends

Employment forms and contracts

Permanent contracts are the dominant form of employment among physiotherapists, applying to over 90 % of all physiotherapy positions (Figure 9). The proportion of permanent positions is higher for physiotherapists than for all occupations. Voluntary temporary employment is less common than permanent employment, applying to approximately 4 % of physiotherapy positions.

Figure 9: Share of temporary positions among physiotherapists, EURES, 2023



NB: For readability purposes, not all categories are displayed on the graph and the shares may not add up to 100 %.

Source: EU Labour Force Survey special data extractions.

Physiotherapists across the EU are employed under a variety of contractual arrangements, reflecting differences in national health systems and labour market structures. In France, physiotherapists may work independently under national agreements or be salaried in hospitals and ambulatory care centres, with bundled payments supporting multidisciplinary practice (Or et al., 2023). Self-employed arrangements allow autonomy and the possibility of earning more in private practice. However, they create disparities with physiotherapists salaried in hospitals: surveys show private practitioners often earn substantially more than their public sector counterparts (Auger et al., 2025).

Belgium and Germany also report widespread self-employment, often under fee-for-service models (Blümel et al., 2020; Gerkens et al., 2020). While fee-for-service payments ensure that providers are incentivised to deliver services, they also contribute to incentives for volume over quality and create instability for those with variable demand.

In Spain, employment conditions are regulated at the regional level, with a high prevalence of temporary contracts in the public sector (Bernal-Delgado et al., 2024). Between 2012 and 2020, the share of temporary contracts rose from 28.5 % to 41.9 %, prompting reforms to limit contract duration and promote permanent positions. Temporary contracts reduce employment stability, hamper retention and can undermine the continuity of care.

Early retirement rates and dropouts of incumbent staff

Although specific data on early retirement or dropout rates among physiotherapists are limited, broader workforce trends indicate that retention challenges exist. During the COVID-19 pandemic, Italy introduced exceptional measures to retain health professionals, including delaying retirements and converting temporary contracts into permanent ones (de Belvis et al., 2022). These actions targeted the wider health workforce but probably affected physiotherapists as well. In France, despite wage increases under the Ségur de la santé reform, public hospitals continue to face difficulties retaining physiotherapists, with budget constraints and deteriorating working conditions contributing to a shift towards private practice (Or et al., 2023).

Retention challenges are also driven by systemic issues such as inadequate compensation, limited career progression and poor work–life balance. Younger professionals, in particular, report dissatisfaction with the lack of recognition for their qualifications and the absence of meaningful career development opportunities, with 64.1 % of surveyed physiotherapists stating that recent government measures have been insufficient (Auger et al., 2025).

Additional evidence links physiotherapist attrition to systemic stressors such as high workloads, limited career progression and the physical demands of the role. A recent scoping review found that physiotherapists working in rural and hospital settings often face burnout and attrition due to these pressures (Watson et al., 2025).

Furthermore, physiotherapists face structural challenges that may contribute to early retirement and workforce attrition (WHO, 2023). While Poland has a relatively high number of registered physiotherapists among rehabilitation professions, a substantial portion are not employed through core health system roles, and many hold multiple posts to cover gaps in demand and staffing. Associated conditions such as fragmented employment, underutilised or unutilised capacity, and variable job stability are likely to exert pressure on retention and may accelerate early retirement (WHO, 2023).

8. Measures to tackle labour market imbalances

Skills mix and role substitution

Several EURES countries are exploring task shifting and role substitution as strategies to address workforce shortages and improve care efficiency, with implications for physiotherapy. These initiatives aim to redistribute responsibilities traditionally held by physicians, allowing physiotherapists to take on expanded roles in patient care and education. For example, reforms are under way in France to expand physiotherapists' scope of practice, including giving them potential prescriptive authority for certain medications and diagnostic tests (Or et al., 2023). Italy has also considered task shifting as part of broader health system reforms, particularly under the national recovery and resilience plan, which emphasises the importance of updating outdated regulatory frameworks to optimise workforce roles (de Belvis et al., 2022).

Support measures for labour market entry

In Germany, reforms have aimed to increase the attractiveness of allied health careers by abolishing tuition fees and aligning training with EU directives (Blümel et al., 2020). Estonia has taken steps to enhance professional autonomy by granting physiotherapists independent provider status from October 2023 (Kasekamp et al., 2023). Czechia has implemented subsidy programmes to attract health workers, including physiotherapists, to underserved regions (Bryndová et al., 2023). However, there is limited evidence of targeted reskilling initiatives or the inclusion of physiotherapy in critical occupation lists, suggesting that more focused policy attention may be needed to support workforce entry.

Strategies to improve the attractiveness of the occupation

Improving the attractiveness of physiotherapy careers is a stated priority in several EURES countries, although the implementation of measures to achieve this objective varies by context. France introduced wage increases for health professionals under the *Ségur de la santé* reform to improve retention, but public hospitals continue to face difficulties in retaining physiotherapists due to budget constraints and deteriorating working conditions (Or et al., 2023).

Digitalisation has played a key role in enhancing the appeal of physiotherapy as an occupation by modernising service delivery and improving working conditions. In Denmark and Sweden, the adoption of digital platforms and direct access models has helped manage seasonal peaks in demand, demonstrating how innovative approaches can ease pressure on traditional care pathways (Birk et al., 2024; Janlöv et al., 2023). These models not only improve efficiency but also offer physiotherapists greater autonomy and flexibility, making the occupation more attractive. Meanwhile, Germany and Italy have invested in education reforms and digital infrastructure to support workforce planning and modernise healthcare delivery (Blümel et al., 2020; de Belvis et al., 2022).

Retention strategies across the career cycle

Several countries have introduced reforms aiming to enhance career attractiveness, improve working conditions and support professional development. For instance, Germany and France have implemented system-wide changes to make healthcare careers more appealing, although structured approaches specifically supporting return-to-work pathways or retraining for physiotherapists are not documented (Blümel et al., 2020; Or et al., 2023). In contrast, Poland's pilot reforms to integrate physiotherapists into multidisciplinary primary care teams, particularly for chronic conditions and post-hospital rehabilitation, represent a promising model for improving job satisfaction and long-term engagement (Sowada et al., 2019).

Recent evidence highlights the importance of tailoring retention strategies to different stages of the physiotherapy career cycle and practice settings. Early-career physiotherapists benefit from mentorship and support for placements in rural areas, while experienced professionals require pathways that reduce physical strain and offer leadership or teaching roles (Watson et al., 2025). Professional communities and interactive continuing education formats, such as peer review and clinical discussion, also help improve retention. These approaches may be especially relevant in hospital and rural care settings, where workload and professional isolation can undermine long-term engagement.

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