

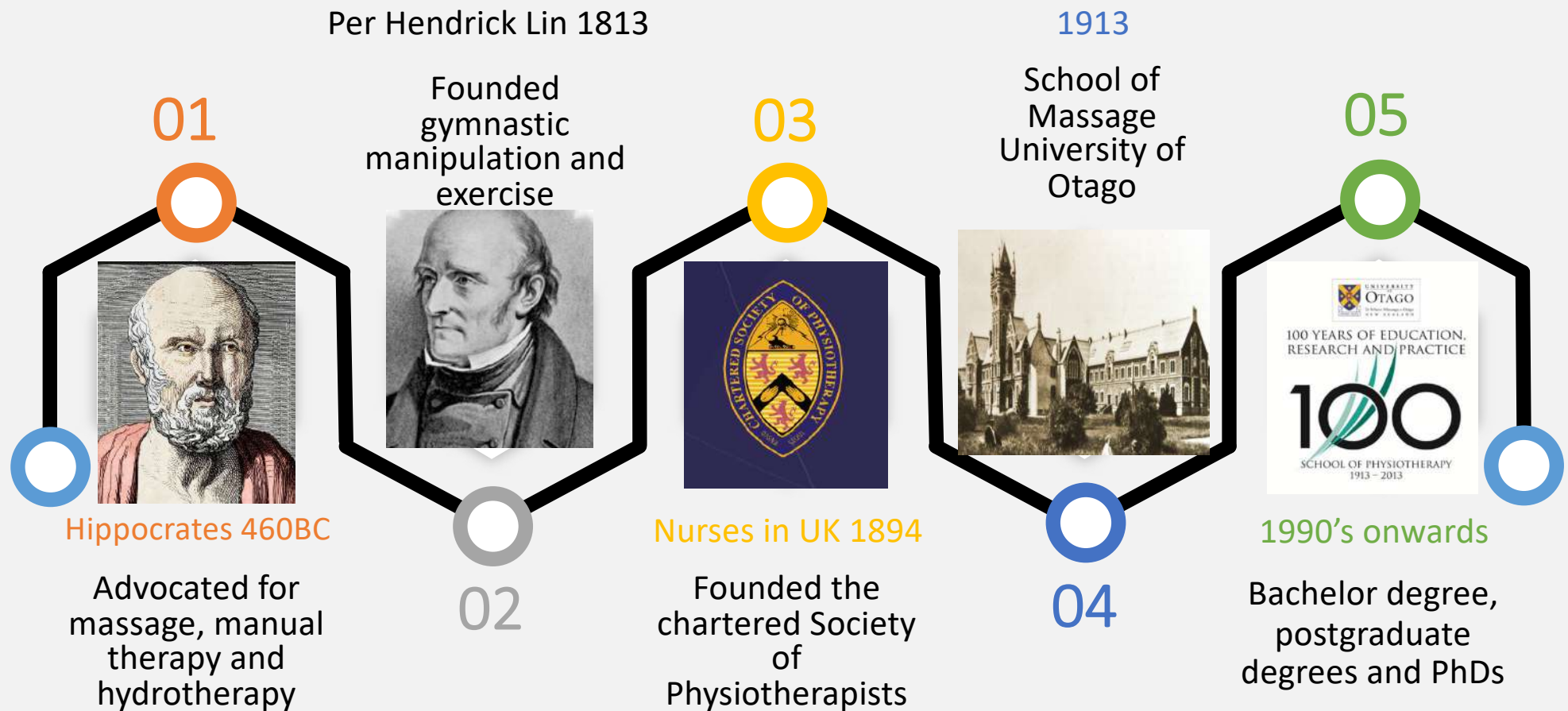


Physiotherapy: a Profession Always on the Move

Margot Skinner



Development of the Physiotherapy Profession





UNIVERSITY
of
OTAGO
Te Whare Wānanga o Ōtāgo
NEW ZEALAND



School of Massage
University of Otago 1913



School of Massage Otago Hospital
and Charitable Aid Board 1917-1948



University of Otago
School of Physiotherapy 1996-



Otago School of Physiotherapy
Otago Polytechnic 1976-1995



New Zealand School of Physiotherapy
Otago Hospital Board 1949-1975

Programmes Offered at the School of Physiotherapy



BPhty
Hons



PhD

OUR ALUMNI: OUR STRENGTH

Elizabeth Washer, Edith Thomson, Frances Skevington, Elen Smith, Flora Gray, Mary McLean, Mary Guinan, Clifton Weedon, Louise Roberts, Edith Wilkin, Stanley Paris, Ruby Millar, Margaret Pyle, May Rousell, Beryl Service, Joan McGrath, Joan Watson, August Brackenbush, Colin Allen, Pam Grayson, Cora Wilding, Kirsten Dourley, Lynette Jennett, June Adams, Shirley Satterthwaite, Gwernth Halsey, Frank Weedon, Gay Jameson, Patricia Payne, Billie McLeod, Sheila Allen, Hilary Keeling, Betty Hawke, Keith Rison, Bernice Aldred, Buddhadasa Abeyarawardana, Judith Grant, Judith Andersen, Majorie Goldsmith, Annette Boyd, Dana Standen, Colleen Moissman, Florence Apperly, Jocelyn Wright, Patricia Gardner, Samuel Thompson, Helen Noel, Stanley Paris, Hazel Good, Raine Whittle, Valerie Bonifant, Michael Monaghan, Robyn McKendry, Shona Budd, Janni Maling, Clement Smallbone, Ferrie McIntosh, Janet Armstrong, Mary Robble, Jennifer Pryor, Julia Grigg, Anne McGilvray, Hilary Andrew, Gillian Robb, Patricia Monaghan, Helen Lepper, Ngare Ward, Jane Hogarth, Lucille Wright, Aine Boasted, Nicola Tyler, Elizabeth Pearce, Stephen Griffin, Avery Moore, Lisa Blake, Gillian Rhodes, Michelle Epplert, Julie Bird, Katherine Sudris, Rachel Swan, Tamara Clarke, Tanya O'Sullivan, Rachel Depree, Joanne McKay, Sandra Guy, Vanessa Forbes, Paula Eden, Richard Sides, Emily Boulton Smith, Jacquelyn Hall, Jeanette Wright, Nicola Shelton, Gretchen Story, Rebecca Spurr, Melanie Bennett, Nicola Macbeth, Michelle Crouching, Gemma Edmister, Mark Steptoe, Sarah Morgan, Kate Fairburn, Ian Slin, Daniel Webb, Jennifer Worburton, Hollie Marlett, Megan Foster, Carrie Felling, Carla Cameron, Hannah Walker, Melissa Gillespie, David Williams, Anita Krammer, Taylor Walter, Jennifer Millard, Tessa MacPherson, Sale Thompson, Diana Harris, Jayley Stevenson, Brian Davey, Sarah

Bachelor of
Physiotherapy

Bachelor of
Physiotherapy
(Hons)

Taught and
Research Masters

PhD

*Clinical
Doctorate*

BPhty

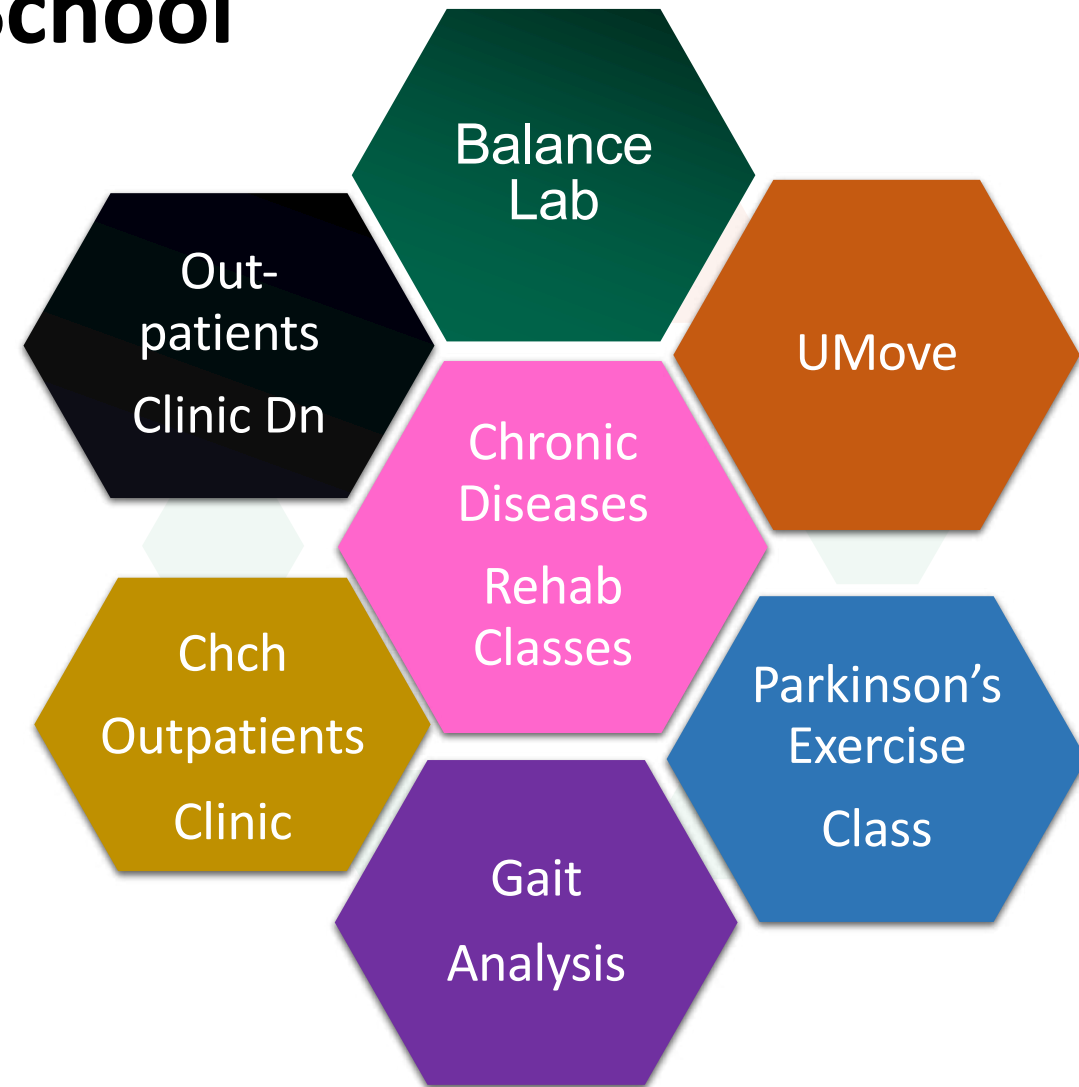


MPhty



The
Future

Services offered by the School of Physiotherapy



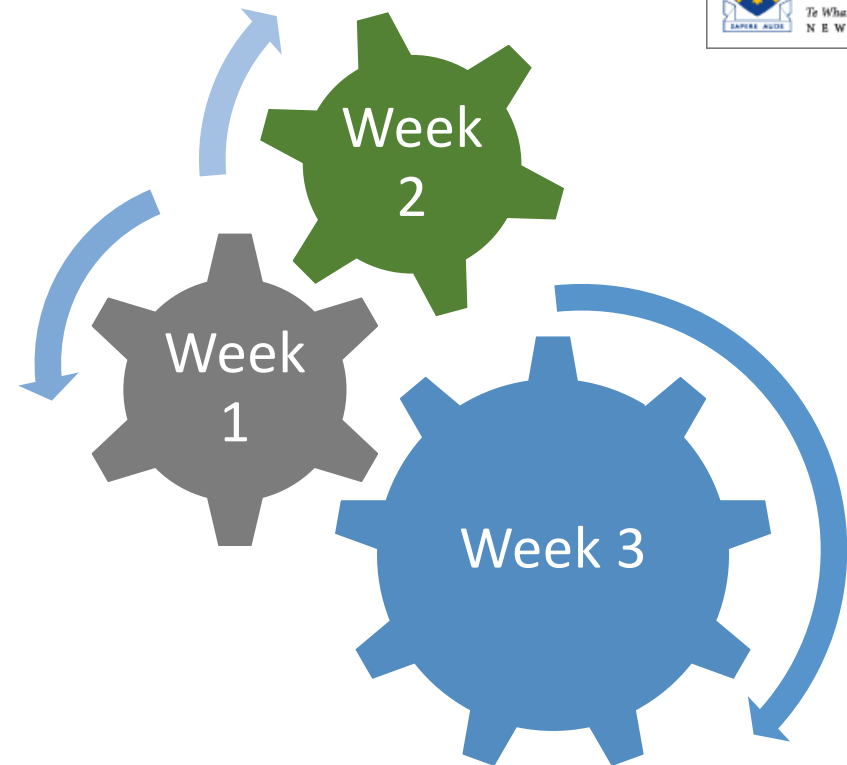
Interprofessional Education (IPE)



“Occasions when two or more professions learn with, from and about each other, to improve collaboration and quality of care”

(Centre for the Advancement of Interprofessional Education (CAIPE), UK, 2002)

- 870+ students
- 8 health professions
- 60+ tutors
- X2 Blocks x30 groups
- 180 room bookings
- 2 Blackboard papers





✓ Dentistry ✓ Oral Health ✓ Dietetics ✓ Pharmacy
✓ Medicine ✓ Physiotherapy ✓ Nursing ✓ Occ Therapy



X



✓



‘I did not realise that x did that...’

‘It makes so much sense to work together...’

The global Physiotherapy community



World Confederation
for Physical Therapy



Scope of Practice

- Physiotherapists are concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation.
- These spheres encompass physical, psychological, emotional, and social wellbeing.

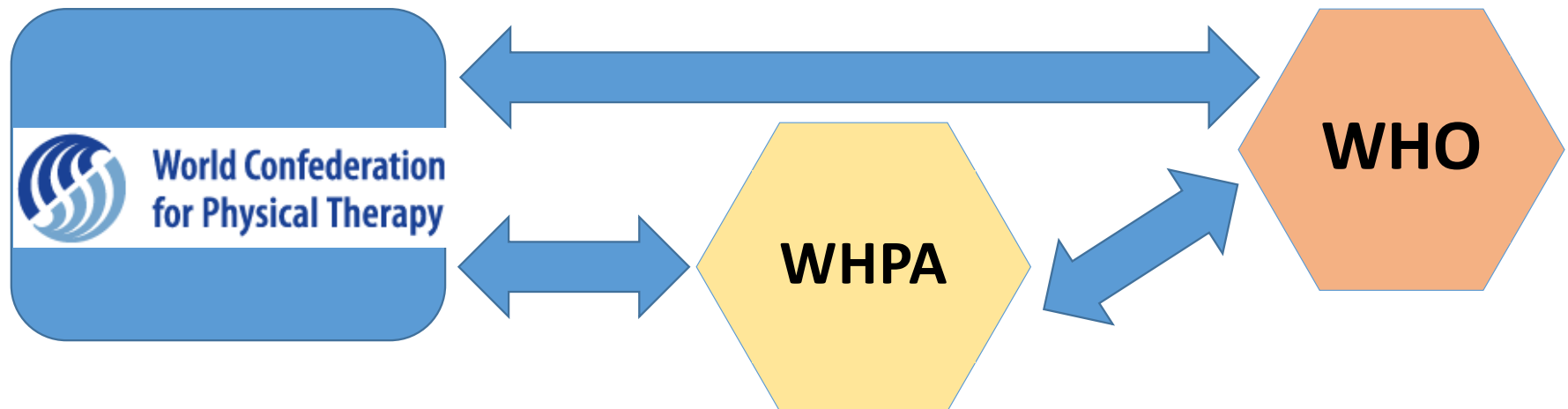
• <https://www.wcpt.org/node/29535>



Physiotherapists' have a key role in improving global health and well being for all

Key Practice Areas





WORLD HEALTH PROFESSIONS ALLIANCE (WHPA)

- United voice
- 31 million health professionals
- Over 130 countries
- Collaborative action – added benefits
- Inform & guide e.g. World Health Organization
- Influence e.g. joint statement on *Priority Assistive Products List*



WCPT WHPA and WHO: Policy Development and Action

Examples:

- Priority Assistive Products List (PAPL) – 50 items agreed to be taken up by Ministries of Health so that the 50 priority products are available
- WCPT campaign on non communicable diseases (NCDs) promoting the App/toolkit from WHPA
- Resources and information on NCDs was provided by WCPT
- Policy statement on healthy aging presented at the 2018 World Health Assembly advocated for increased numbers of health workers
- 2019 Assembly appointed four new goodwill ambassadors from the fields of sports, politics and community mobilisation to promote healthier lives, stronger health workforces and improved mental health globally



WHPA Collaborations

Electronic version of the WHPA's Health Improvement Card targeting awareness of lifestyle and non communicable diseases (NCDs)

- Designed to be used in collaboration with health professionals, to develop targeted interventions to improve health and well being
- Helps people work towards agreed health goals, and rate their habits on a traffic light system



<http://www.whpa-ncdcampaign.org/>

WHPA
World Health Professions Alliance
Noncommunicable Disease Campaign

Project login
***** e-mail GO
Forgot your password

Healthy diet

+ Eat more fruit and vegetables every day and seek advice on lowering salt and saturated fats.

- An unhealthy diet increases your risk of being overweight, obese and developing oral diseases.

☐ 5 portions of fruit and vegetables per day

☐ Less than 5 portions of fruit and vegetables per day

☐ I do not eat fruit and vegetables

Physical activity

Tobacco use

Use of alcohol

Please check one box for each of the 4 sections above and then submit the information in order to get your personalized health report.

SUBMIT AND GET THE HEALTH REPORT

Healthy diet

What can I do to maintain a healthy diet?

A healthy diet is one that gives you the energy you need to work, exercise and enjoy life. Some foods can boost your energy, stimulate your memory and stabilise your mood; they can also reduce your risk of diseases such as cancer, heart disease and diabetes and defend against depression and associated loss of functioning.

There are many more healthy options that are available right at your door. By reading a [review of Bistro MD](#), you can learn how to maintain a healthy diet by utilizing these food delivery services, you can maintain a healthy, caloric efficient diet.

A healthy diet does not mean giving up the foods you love, but it does mean being aware of some basic facts about the risk associated with certain foods. To help you make healthy choices, the following is a table on food facts and tips on what you can do to improve your diet.

Food Facts	What you can do
Fruit and vegetables	
Eating plenty of fruit and vegetables reduces the risk of cardiovascular diseases, stomach cancer and colorectal cancer.	Increase your consumption of fruits, vegetables, whole grains and nuts. We recommend you eat at least five portions of different types of fruit and vegetables a day. It is easier than it sounds: a glass of 100% unsweetened fruit juice can count as one portion, and vegetables cooked in dishes also count.

WHPA
World Health Professions Alliance
Noncommunicable Disease Campaign

Project login
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Forgot your password

Body mass index

Goal Caution High risk

18.5 - 24.9 25 - 29.9 30 or greater

Fasting blood sugar

Cholesterol

Blood pressure

My commitment

My action

Health professional action

My goal

Target date

month year

Body mass index (BMI)

Body Mass Index (BMI) is calculated as measured weight in kilograms divided by measured height in metres squared.

$$BMI = \frac{\text{weight (kg)}}{\text{height (m)} \times \text{height (m)}} \quad () \text{ kg/m}^2$$

OR

$$BMI = \frac{\text{weight (lb)}}{\text{height (in)} \times \text{height (in)}} \times 703 \quad () \text{ lb/in}^2$$

Waist circumference

Waist circumference is a convenient and simple measure, which is unrelated to height, correlates closely with BMI and the ratio of waist-to-hip circumference, and is an approximate index of intraabdominal fat mass and total body fat. Furthermore, changes in waist circumference reflect changes in risk factors for cardiovascular disease and other forms of chronic diseases, even though the risks seem to vary in different populations. There is an increased risk of metabolic/ biometric complications for men with a waist circumference ≥ 102 cm (40 inches), and women with a waist circumference ≥ 88 cm (35 inches).

Test the card News and activities South africa pilot Delphi study Translations About the campaign WHPA

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www.whpa.org

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<http://www.whpa-ncdcampaign.org/>

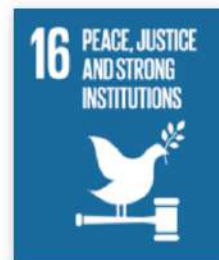
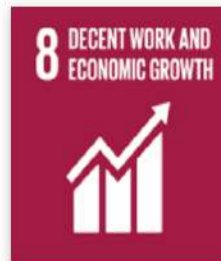
UN Sustainable Development Goals (SDGs)

- The 17 SDGs are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.
- Built on the success of the millennium goals
- Effective from January 2016, until 2030
- Achieving the SDGs requires the partnership of governments, private sector, civil society and citizens

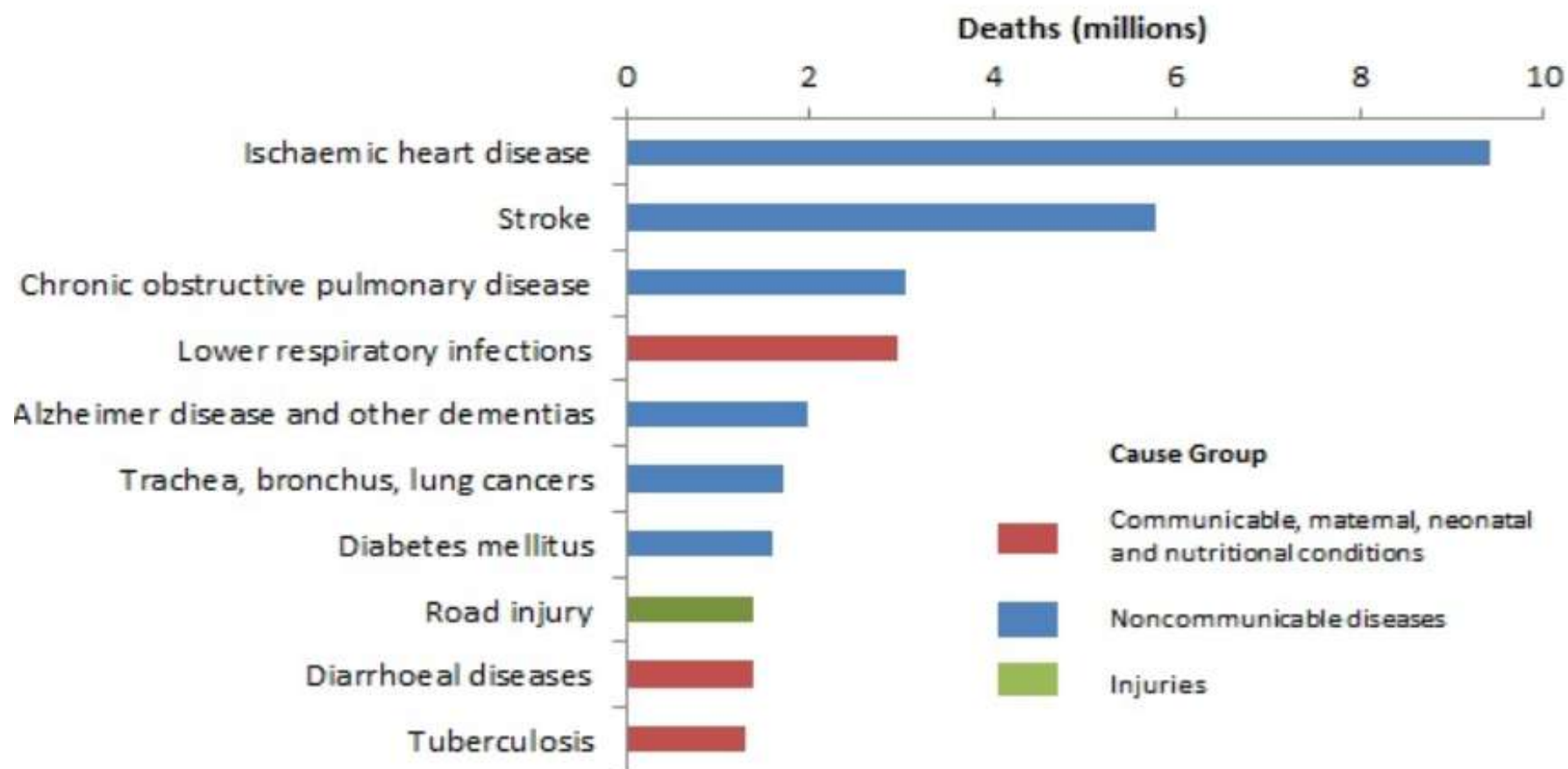




SUSTAINABLE DEVELOPMENT GOALS

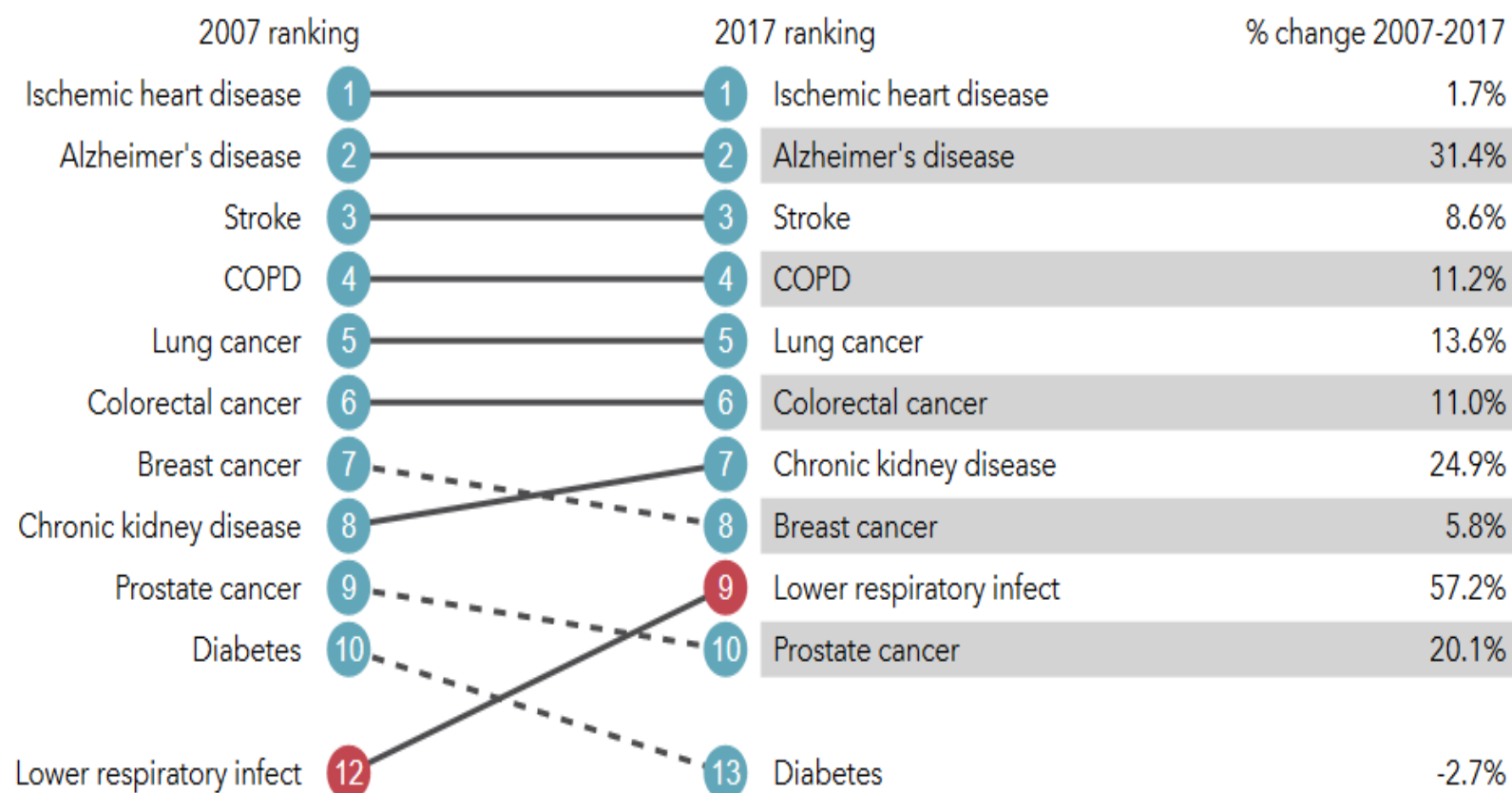


Top 10 global causes of deaths, 2016



Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.

What causes the most deaths?



Top 10 causes of death in 2017 and percent change, 2007-2017, all ages, number

Physical Inactivity: one of the greatest contributors to NCDs and poor global health

- *Guthold et al (2018)* Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1·9 million participants.
- Global age-standardised prevalence of insufficient physical activity was 27·5% in 2016.
- There was a difference between sexes of more than 8 percentage points (23·4%, 21·1–30·7, in men vs 31·7%, 28·6–39·0, in women).
- Prevalence in 2016 was more than twice as high in high-income countries (36·8%, 35·0–38·0) as in low-income countries (16·2%, 14·2–17·9), and has increased in high-income countries over time.



Global Physical Inactivity Prevalence for Men

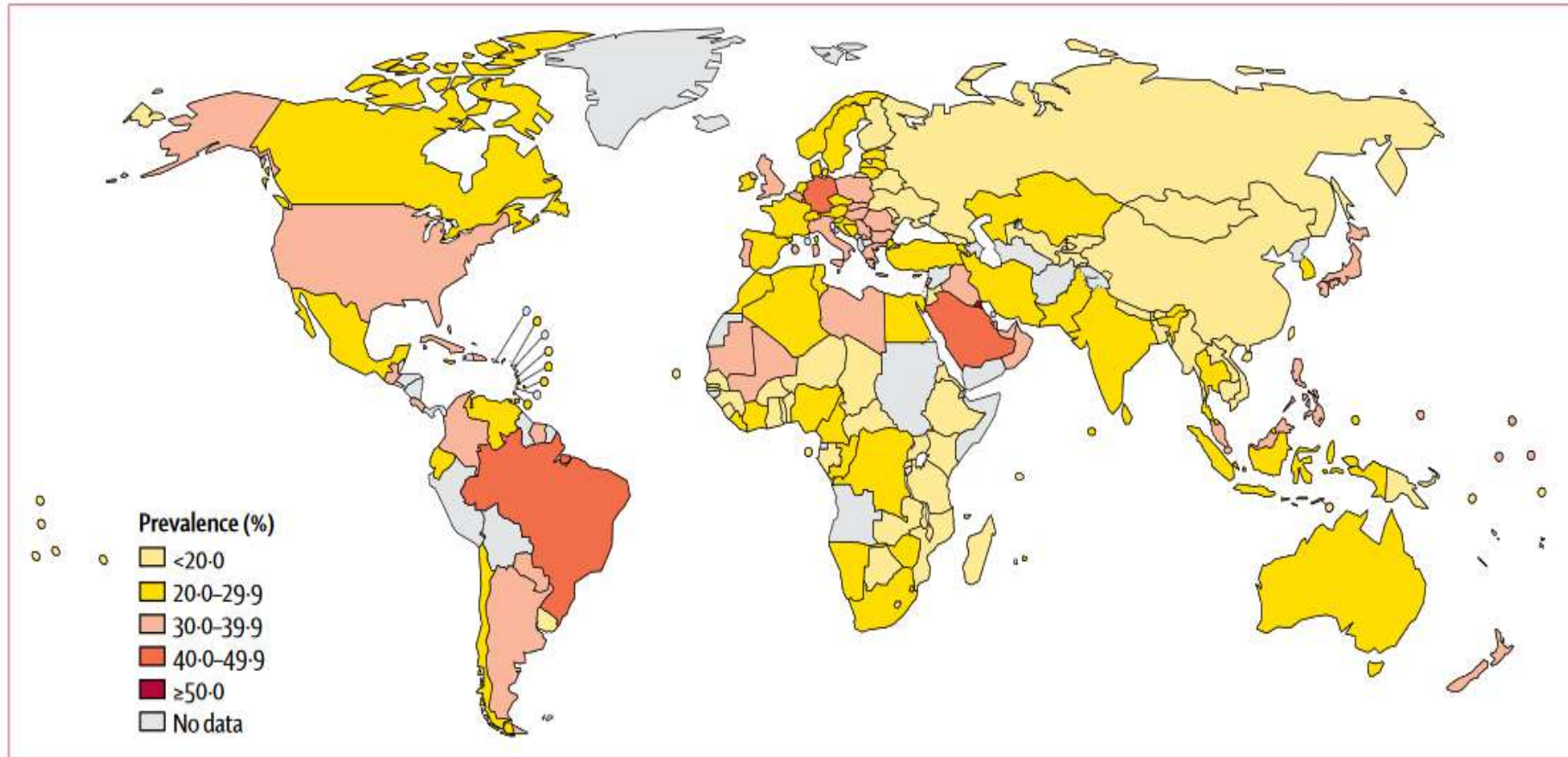


Figure 4: Country prevalence of insufficient physical activity in men in 2016

Global Physical Inactivity Prevalence for Women

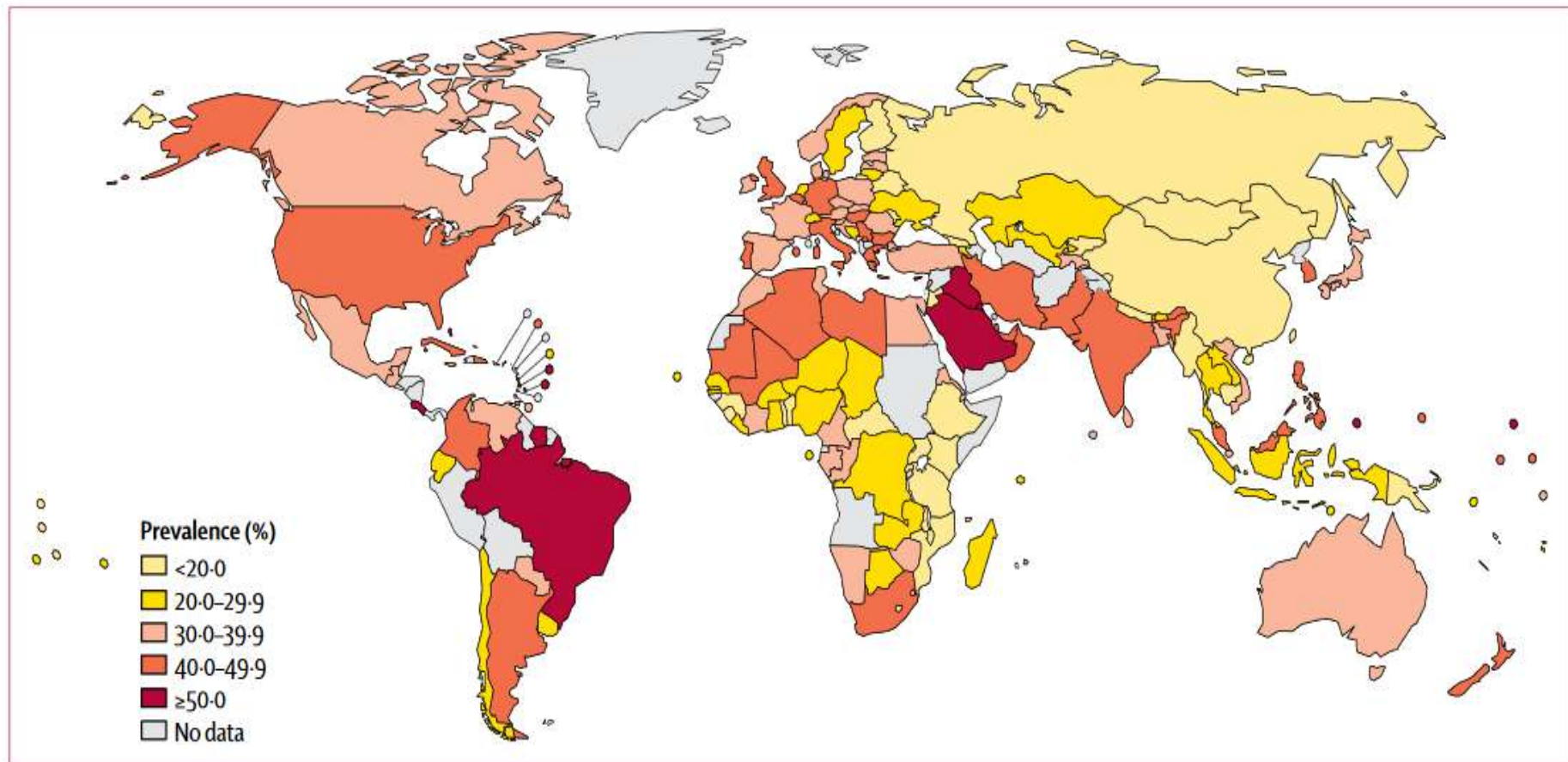
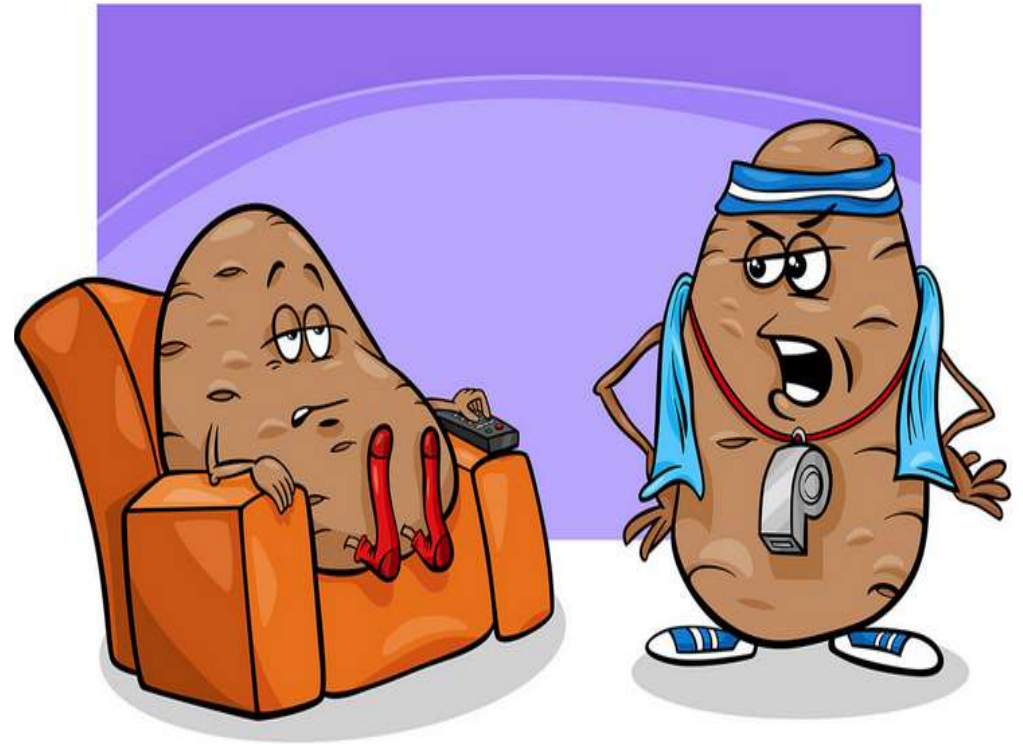


Figure 5: Country prevalence of insufficient physical activity in women in 2016

Key Message

- If the current trends continue, the 2025 global physical activity target (a 10% relative reduction in insufficient physical activity) will not be met. Policies to increase population levels of physical activity need to be prioritised and scaled up urgently.
- ***What role do Physiotherapists have in reversing the trend?***



Level of Evidence for exercise in the management of NCDs



- There is high level evidence supporting the importance of exercise in the prevention and treatment of non-communicable diseases (NCDs)
- Exercise programmes are poorly translated into practice
- Supervised exercise has the best outcomes
- Levels of insufficient physical activity or physical inactivity are increasing across the globe

- ‘In addition to the multiple health benefits of physical activity, societies that are more active can generate additional returns on investment including a reduced use of fossil fuels, cleaner air and less congested, safer roads. These outcomes are interconnected with achieving the shared goals, political priorities and ambition of the Sustainable Development Agenda 2030.1’

Global action plan on physical activity 2018–2030: more active people for a healthier world. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.



Healthy Activity in Healthy Cities

- Half of the world's population now lives in cities.
- By 2050, 2/3 of the planet will be urban dwellers, and 90% of the shift will happen in Africa and Asia.
- There will be 2.5 billion more people in the world by 2050
- This trend means that focusing on urban development that benefits health is more important than ever.
- WHO's partnership for Healthy Cities, focuses on preventing non communicable diseases and injuries
- WHO's Global Network for Age-friendly Cities and Communities, and the Urban Health Initiative, focus on climate and air quality.

1. Create active societies

2. Create active environments

3. Create active people

4. Create active systems

To achieve these four objectives, 20 evidence-based policy actions are recommended and listed below. The recommended specific roles for the WHO Secretariat, WHO Member States and other stakeholders to support implementation are outlined for each action in Appendix 2.



25



Public bicycles in Melbourne, Australia. Photo by: rubixcom / CC BY-ND

Can Dunedin Meet the Challenge to be the World's Best Healthy City and have the Most Active/Healthy Population in the Future?

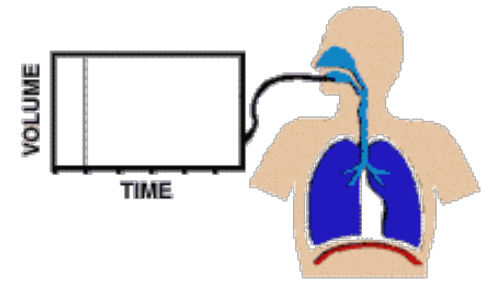


Planning for a health city WHO's Healthy City Network
<https://cities-spotlight.who.int/>



Habourside design designs revealed by Dunedin- based architect Damien van Brandenburg, and Animation Research Ltd's managing director Ian Taylor

Physiotherapy – moving the population forward



Thank you!