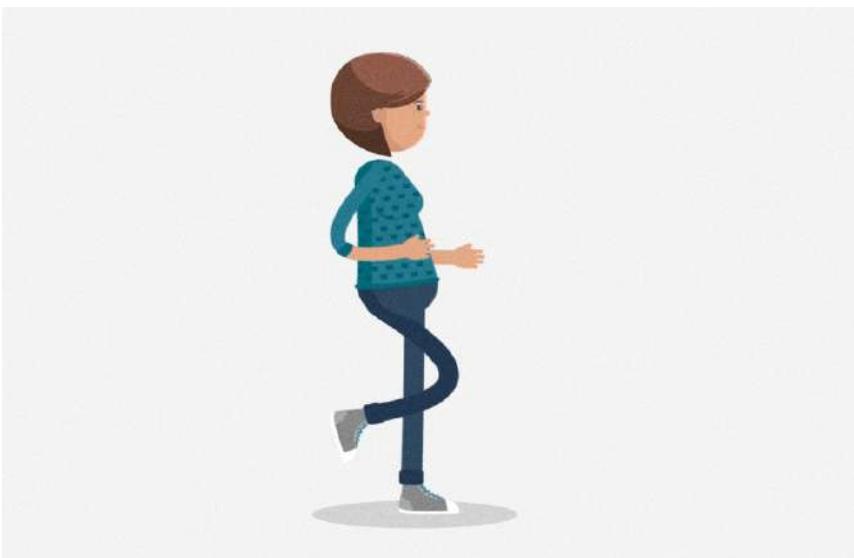




# Physiotherapy: a Profession Always on the Move



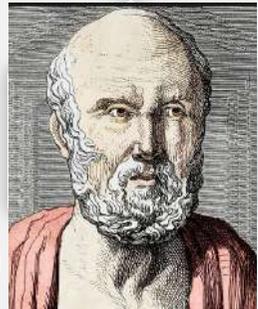
Margot Skinner



# Development of the Physiotherapy Profession

Per Hendrick Lin 1813

01



Hippocrates 460BC

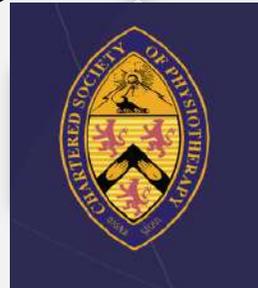
Advocated for  
massage, manual  
therapy and  
hydrotherapy

Founded  
gymnastic  
manipulation and  
exercise



02

03



Nurses in UK 1894

Founded the  
chartered Society  
of  
Physiotherapists

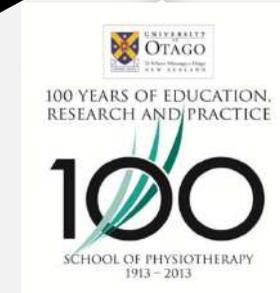
1913

School of  
Massage  
University of  
Otago



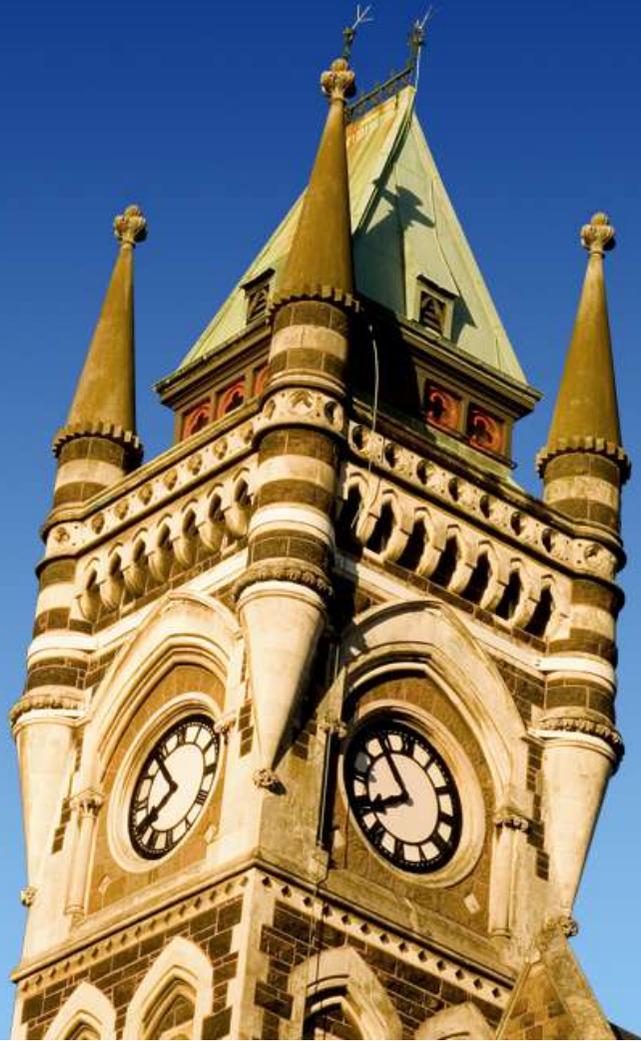
04

05



1990's onwards

Bachelor degree,  
postgraduate  
degrees and PhDs





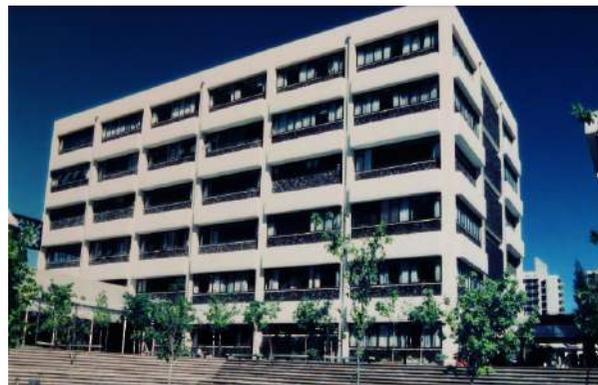
School of Massage  
University of Otago 1913



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 Skelvington, 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 Dorsley, Lynette Jennitt, June Adams, Shirley Sabharwal, Swagathi Haslog, Frank Weedon, Gay Jamieson, Patricia Payne, Billie McLeod, Sheila Allen, Hilary Keeling, Betty Howell, Keith Ritson, Bernice Aldred, Buddhadasa Alveystewardana, Judith Grant, Judith Andersen, Majorie Goldsmith, Annette Boyd, Diana Standen, Colleen Measman, Florence Apperly, Jocelyn Wright, Patricia Gardner, Samuel Thompson, Helen Ngai, Stanley Paris, Hazel Good, Rainee Whittle, Valerie Bonifant, Michael Monaghan, Robin McKenzie, Shona Budd, Janni Makig, Clameth Smallbone, Terrie McIntosh, Janet Armstrong, Mary Bobble, Jennifer Pryor, Julia Grigg, Anne MacGillivray, Hilary Andrew, Gillian Robb, Patricia Monaghan, Helen Lepper, Ngare Ward, Jana Hogarth, Lucille Wright, Aime Boitard, Nicola Tyler, Elizabeth Pearce, Stephen Griffin, Avery Moore, Lisa Blake, Gillian Rhodes, Michelle Eppler, Julie Bird, Katherine Sudris, Rachel Swain, Tamara Clarke, Tanya O'Sullivan, Rachel DePree, Joanne McKay, Sandra Guy, Vanessa Forbes, Paula Eden, Richard Sides, Emily Boulton Smith, Jacquelyn Hill, Jeannette Wright, Nicola Shelton, Gretchen Stray, Rebecca Spurr, Melanie Bennett, Nicola Macbeth, Michelle Crouching, Gemma Edrington, Mark Steeles, Sarah Morgan, Katie Fairburn, Ian Sim, Daniel Webb, Jennifer Worburton, Hollie Marett, Megan Foster, Carrie Felling, Carla Cameron, Hannah Walker, Melissa Gillespie, David Williams, Anita Krammer, Taylor Walker, Jennifer Milford, Tessa MacPherson, Gabi Thompson, Dina Harris, Jayley Stevenson, Brian Davey, Sarah

Bachelor of  
Physiotherapy

Bachelor of  
Physiotherapy  
(Hons)

Taught and  
Research Masters

PhD

*Clinical  
Doctorate*

BPhty

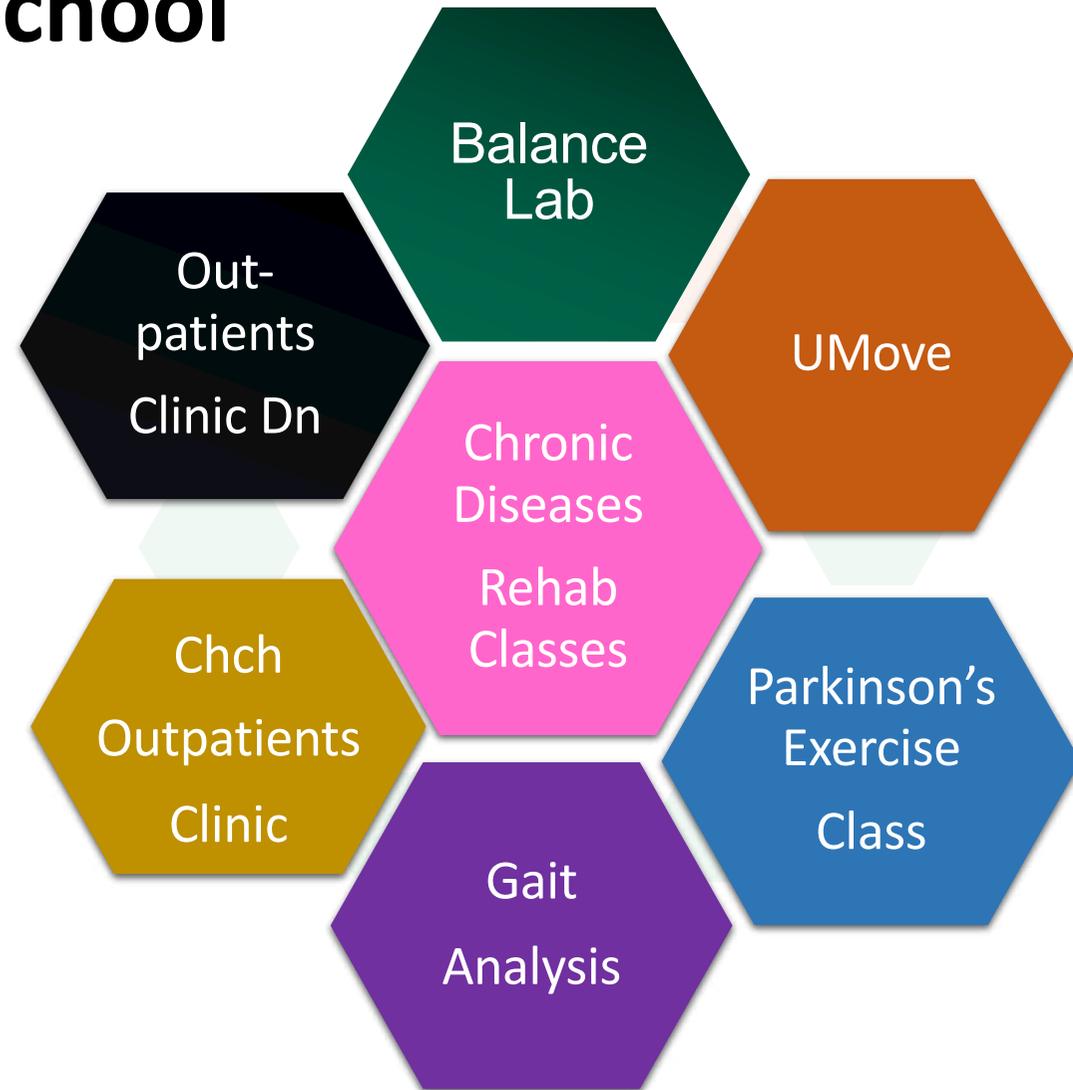


MPhty



The  
Future

# Services offered by the School of Physiotherapy



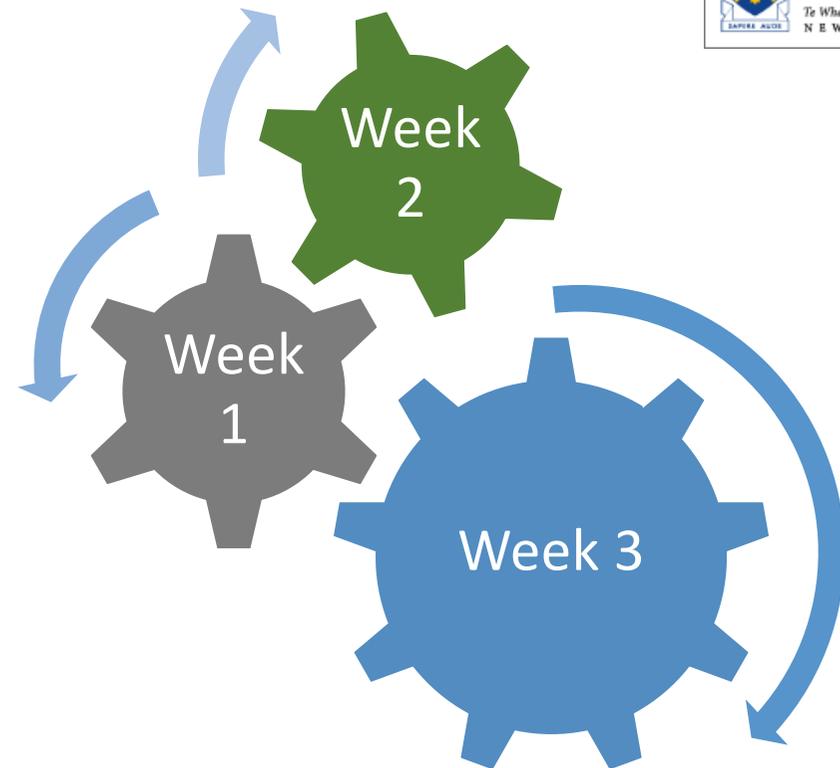
# Interprofessional Education (IPE)



*“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...’**

**v**



# 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.

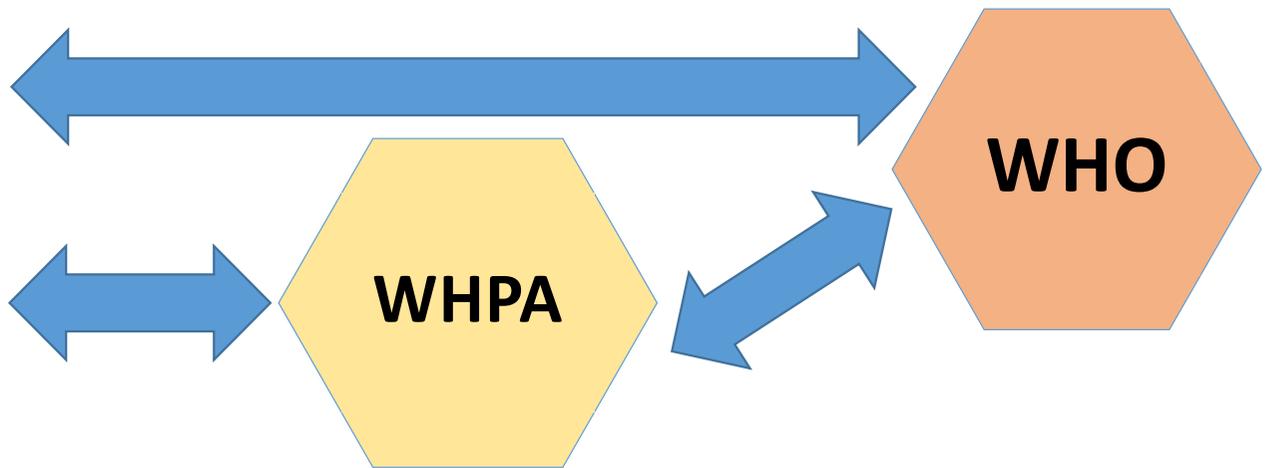
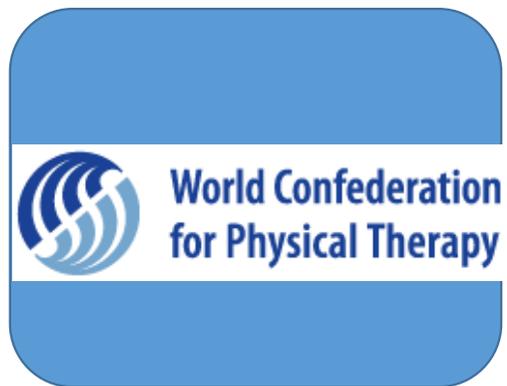
• <https://www.wcpt.org/node/29535>



*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

World Health Organization

EQUIPPING, ENABLING AND EMPOWERING

## Priority Assistive Products List

Improving access to assistive technology  
for everyone, everywhere

USAID The GATE Initiative International Disability Alliance

# 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



The screenshot shows the WCPT News website interface. At the top, there is a navigation menu with links for ABOUT WCPT, NEWS & EVENTS, ACTIVITIES, RESOURCES & INFO, PUBLICATIONS, CONGRESS, and MY WCPT. The main header features the WCPT NEWS logo and the date JANUARY 2015, along with a 'Download Issue' button. Below the header is a large image of a hand holding a smartphone displaying the app interface. To the right of the image are social media sharing options (Facebook, Twitter, Comments) and utility links (About WCPT News, Print this issue, Print this article, Previous article, Next article). On the far right, there is a sidebar with 'IN THIS ISSUE' and 'FEATURES' sections, listing various news items and congress courses. The main content area displays the article title 'New healthy living app launched by World Health Professions Alliance' and a summary: 'A new app to help people improve their health through changing lifestyle, establishing goals and tracking progress has been launched by the World Health Professions Alliance (WHPA), of which WCPT is a member.' The article text continues: 'The app, named HealthyScore, is available for Android and iOS devices and is aimed at the public and their health professionals. It is the electronic version of the WHPA's Health Improvement Card – a central component of the alliance's non-communicable disease campaign, launched in 2011. The guidance was developed jointly by WHPA members representing nurses, pharmacists, physical therapists, dentists and doctors.'

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


 World Health Professions Alliance  
 Noncommunicable Disease Campaign

Project login

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**


 World Health Professions Alliance  
 Noncommunicable Disease Campaign










**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
<b>Fruit and vegetables</b>	
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.


 World Health Professions Alliance  
 Noncommunicable Disease Campaign

Project login

Forgot your password

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**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**

---

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

WHPA Secretariat, c/o World Medical Association, BP 63  
 01210 Fernay Voltaire, France  
 Tel: +33 450 40 7575, Fax: +33 450 40 5037  
 www.whpa.org









**Body mass index**

Body mass index (BMI)

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

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

OR

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

**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).

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

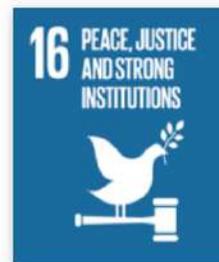
# UN Sustainable Development Goals (SDGs)

- 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

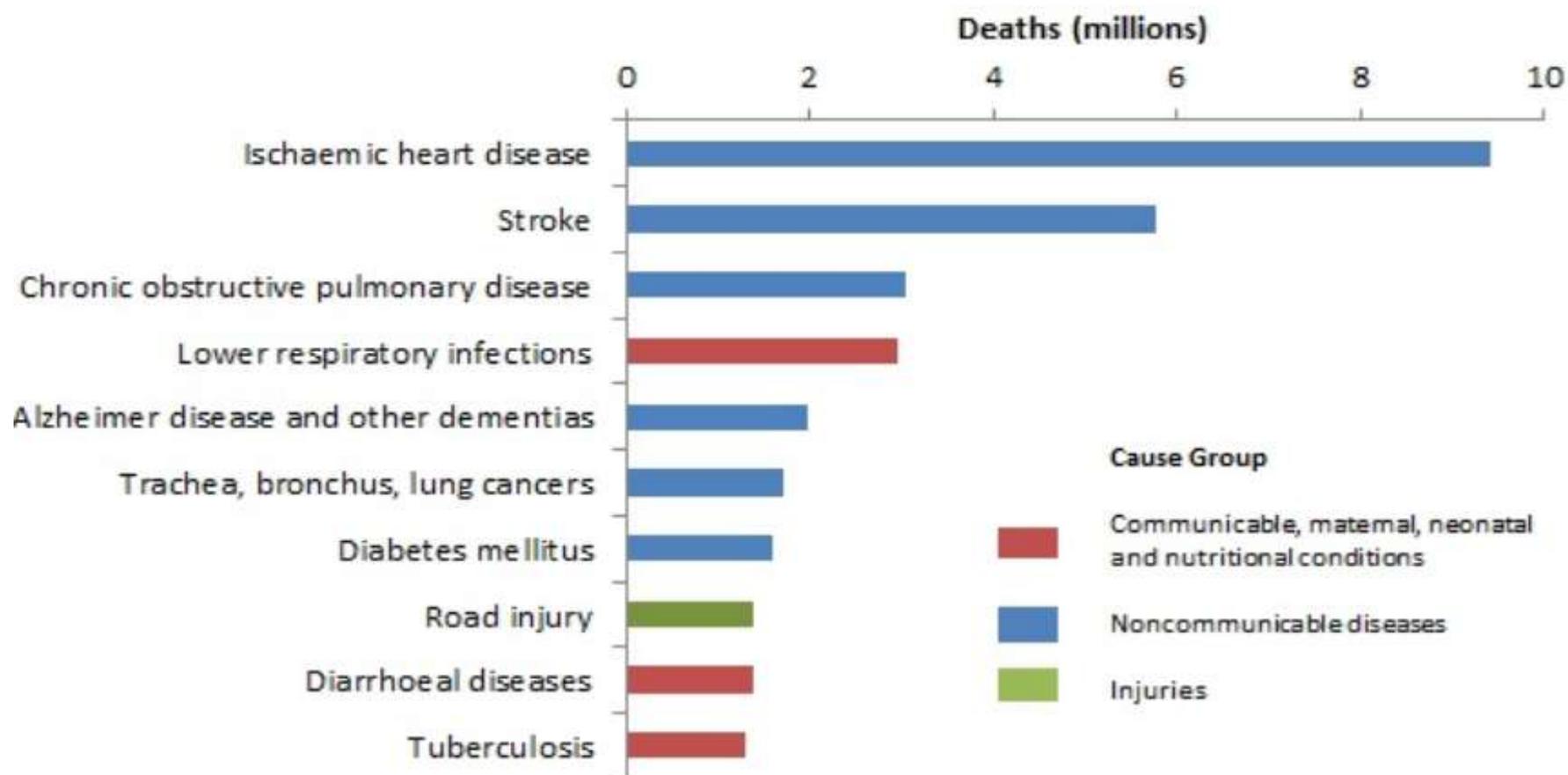




# SUSTAINABLE DEVELOPMENT GOALS

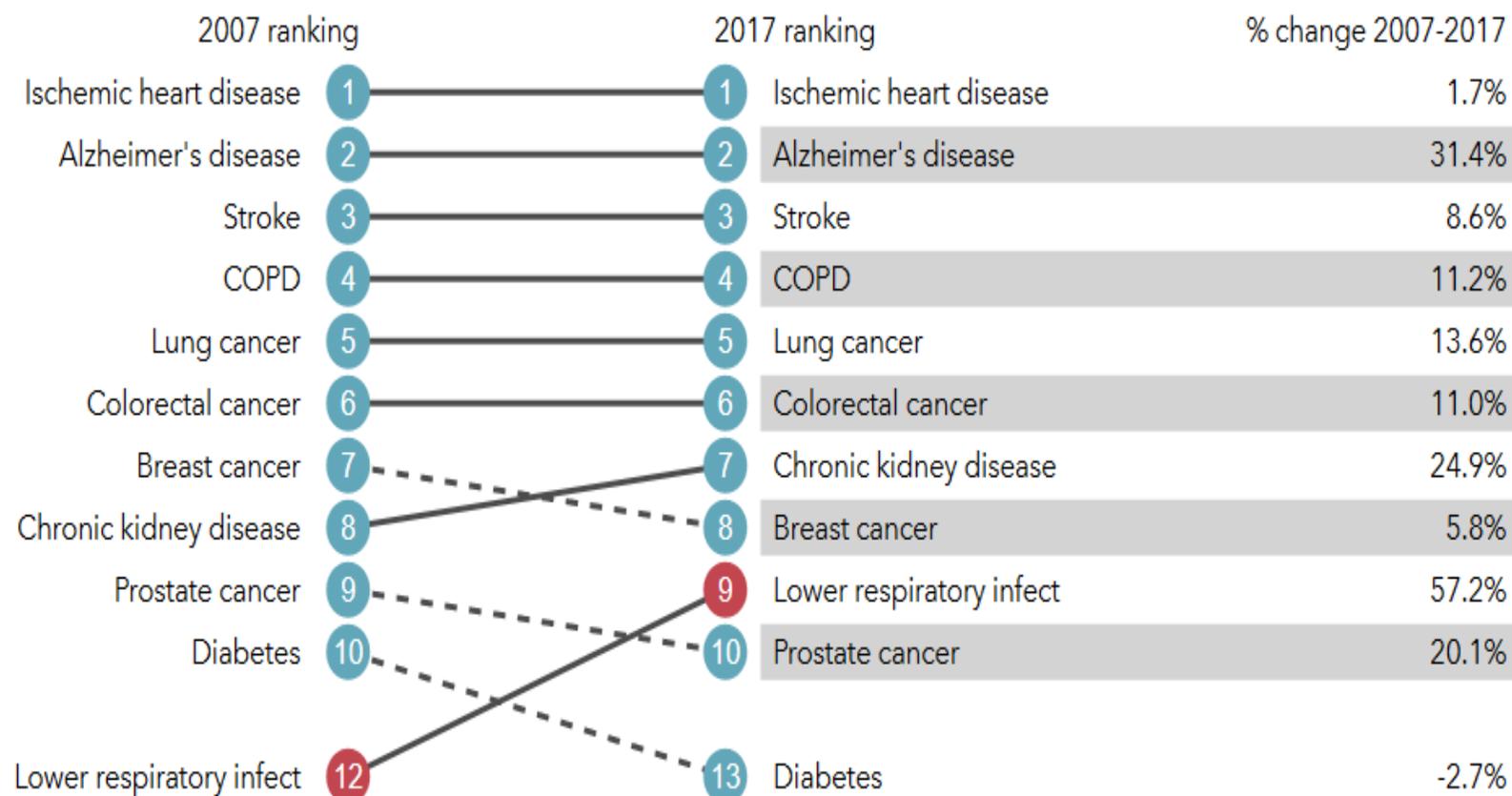


## Top 10 global causes of deaths, 2016



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

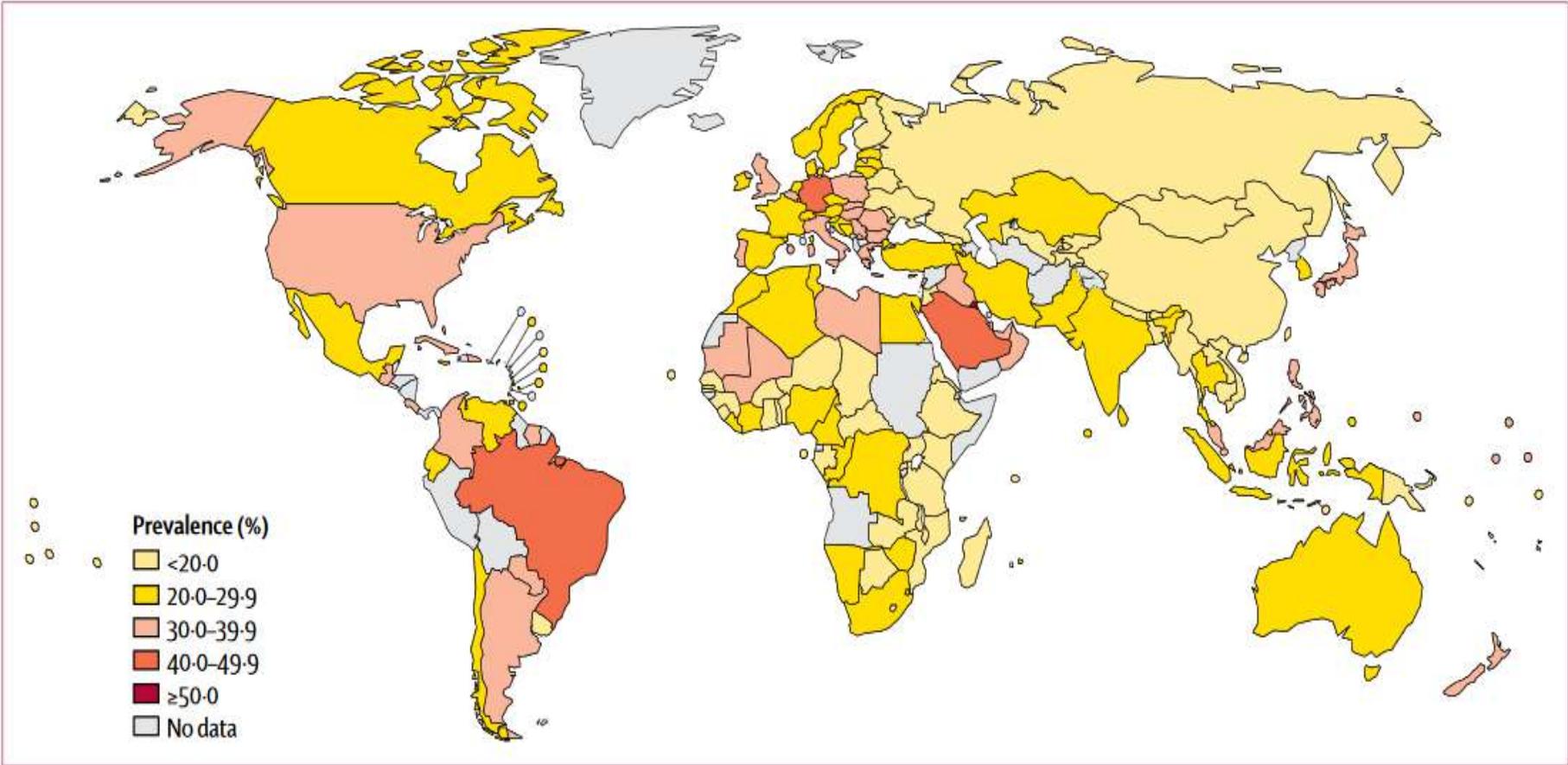


Figure 4: Country prevalence of insufficient physical activity in men in 2016

# Global Physical Inactivity Prevalence for Women

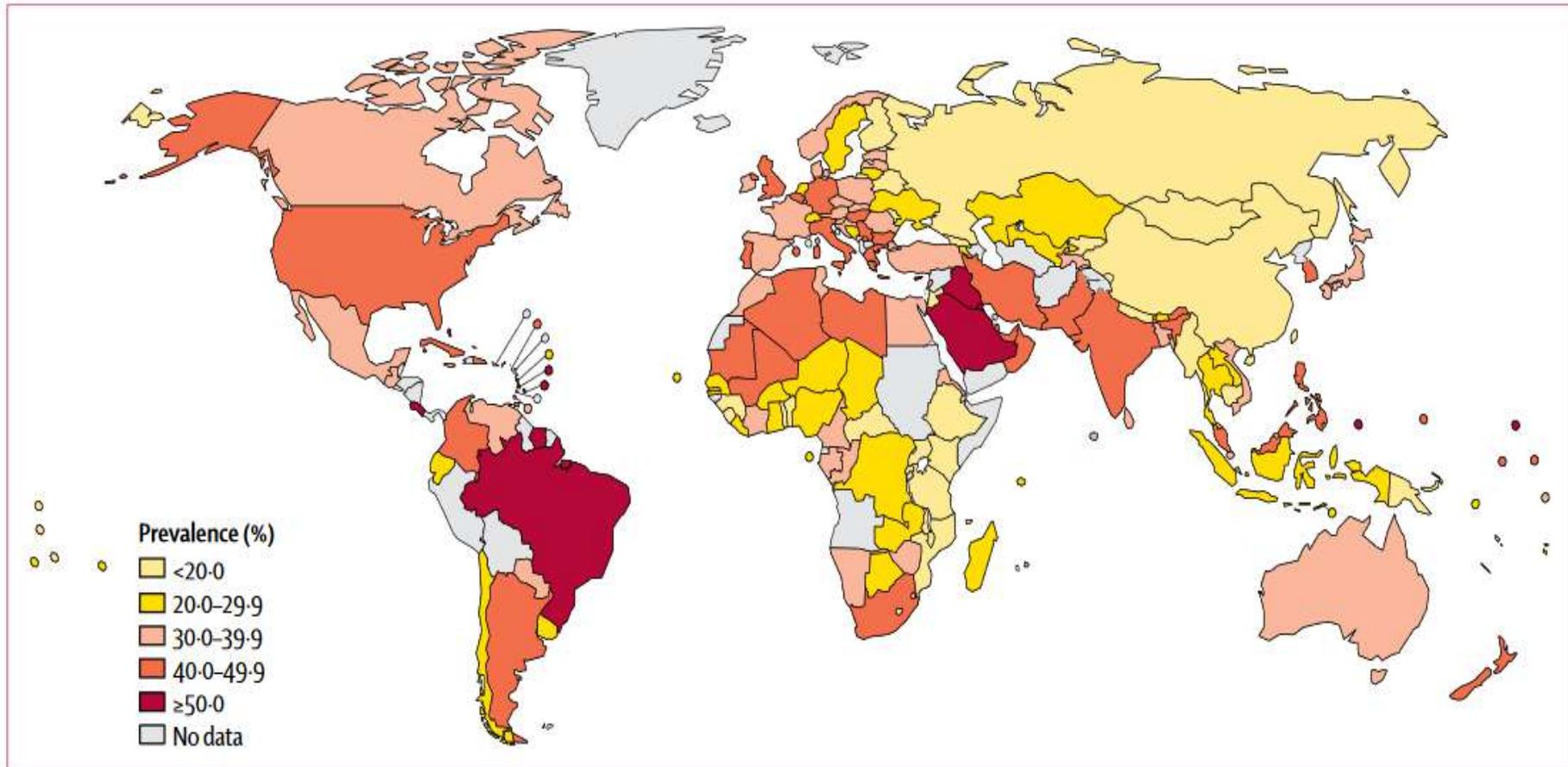
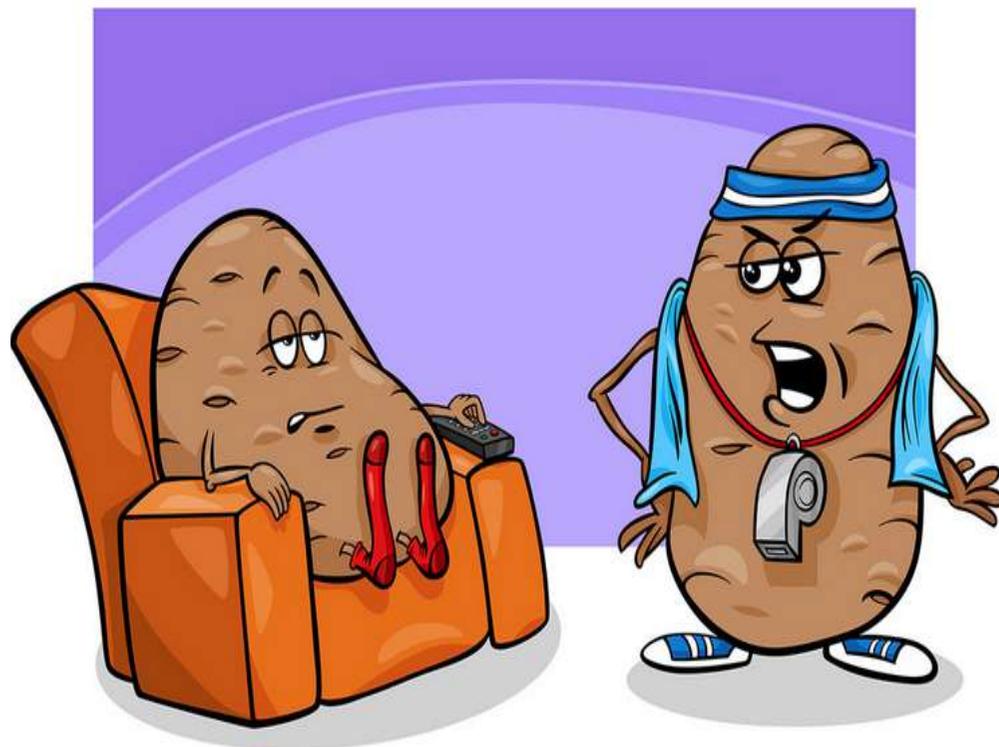


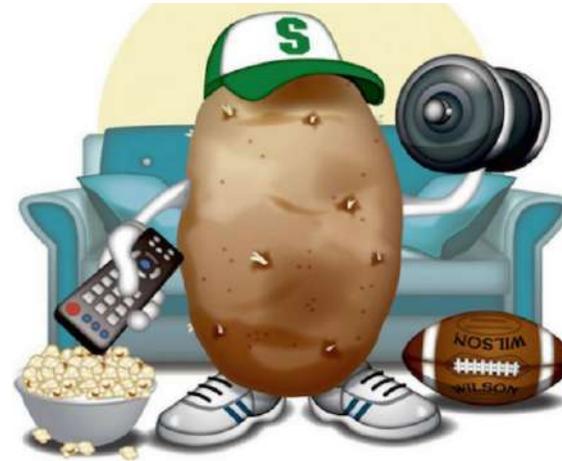
Figure 5: Country prevalence of insufficient physical activity in women in 2016

# 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?

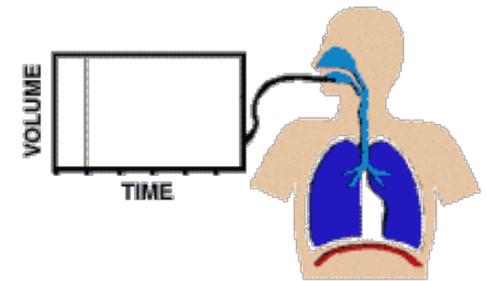


Planning for a health city WHO's Healthy City Network  
<https://cities-spotlight.who.int/>



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!