Public Health | Physical Activity
The unique role for Physiotherapists

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Background and methodology
Research objectives and methodology

- The objective of the research was to gain feedback on the position that the CSP should take on physiotherapy roles in Public Health, Physical Activity in particular.

- Two focus groups were held, one in Leeds and the other in London, with 9 and 8 respondents respectively. The groups were each around 2 hours in length. An additional three 30-minute long interviews were conducted over the telephone to gain further depth, using an adapted interview guide.

- All respondents were recruited by the CSP.

- Key objectives of the research were as follows:
  - Acknowledge and identify the opportunities we have to encourage Public Health messages and influence physical activity levels of individuals
  - Discussion about the evidence-base, what models are currently out there etc.
  - Identify any potential challenges around physiotherapists delivering Public Health/physical activity guidance in practice
  - Identify gaps and any other relevant issues associated with the unique role, especially in how it relates to physical activity

- The following statements were also tested:
  - Physiotherapists are experts in the delivery and prescription of physical activity and exercise
  - Physiotherapists have the expertise and knowledge to safely manage patients with multiple health conditions, enabling them to take up/resume physical activity and exercise
  - Physiotherapists have the systems knowledge to be able to provide leadership in order to bridge the gap between health and leisure
  - Physiotherapists are trusted experts to advise patients to exercise and become physically active to overcome pain/discomfort or fear of pain or causing further injury/damage.
Attitudes on Public Health and Physical Activity
Perceptions of Public Health focused around education and supporting the health of communities at a large scale

- While there were small differences regarding the definitions of Public Health amongst our respondent groups there were many similarities with most highlighting the following aspects:

  - **Scale:** considered community / large or global scale – beyond the individual
  - A focus on both physical and mental health
  - Educating and supporting in order to prevent Public Health issues
  - Encouragement of healthier lifestyles
Respondents recognise the promotion of physical activity to be a pillar of their own responsibilities within the Public Health arena

- Emphasising the importance of physical activity was considered one of the core roles of physiotherapists in supporting the Public Health agenda.

"Can I just say, I think we’re perfectly placed for this. Public Health used to mean water sanitation ... it’s changing now and we should be on this, but I think we as a profession need to do it. I absolutely agree, and I ask about smoking and I ask obviously about physical activity, however I would say people still look at physios as the person to fix their back. It’s the way you phrase it, if someone comes in and they’re talking about their chronic back pain and you start telling them not to smoke, if that’s the initial thing that they have you get very much a ‘this person hasn’t listened to me, they haven’t listened to my problems’. And I know people here are very senior and get rapport and build it in the right way, but I’ve come across a few physios where ... I’ll see patients and they’ll say ‘yeah, they were telling me not to smoke. That’s great, I know that, but…’"

KF, Focus group, London
Availability and sources of evidence
There is a wealth of evidence available, the challenge lies in mobilising this information

- Respondents agreed that there is plenty of useful evidence available to physiotherapists on Public Health, including information around specific health conditions.

- Two main challenges were brought out in the focus groups:
  1. Making sure that clinicians access the information available and pass it on to their patients
  2. Getting patients to engage with this information in a meaningful way

- Evidence that demonstrates the cost-effectiveness of physiotherapists working within the Public Health initiative may help support those making a case to senior management.

“I think that’s critical because there’s actually bucket loads of information around and in terms of the physio’s role I think education is a very important part of it. But the thing that prevents impact is engagement and an individual’s inability to actually engage with the information they’re being provided with.”

IG, Focus group, London

Sources of evidence

- Clinical and academic research papers
- Charities
- The Department of Health, including agencies such as Public Health England
- Movement Champions Program
- The CSP website was mentioned, although less so than other sources
Physiotherapists’ unique role
Respondents viewed physiotherapists as being uniquely placed to take the lead in promoting physical activity.

- **Experts in pathology**
- **Movement experts**
- **Generalists – with a broad knowledge base**
- **Cheaper than a GP**
- **Inter-departmental relationships**
- **Clinical knowledge**
- **Risk management**
- **Co-morbidities/multiple health conditions and complexity**

"I think we should be classed as the trusted experts because really, who else is?"

"It’s an inherent unique skill of a physiotherapist to take risk and manage safety all at the same time. That’s one of our core skills that other professions don’t have."

"So we’ve got the richness and the qualifications and that knowledge to treat anyone and everyone."

OJ, Focus group, Leeds
Wider society has a role to play in the physical activity arena alongside other healthcare and fitness professionals

- Respondents identified a broad range of players that contribute to the promotion of physical activity.

- These included:
  - Charities and volunteers
  - Parents
  - Cultural leaders
  - Politicians
  - Peer-led support
  - Occupational health officers
  - P.E. teachers

- People in these positions were thought to exert some social influence that could be used to encourage movement.

- Those with a direct role in physical activity included:
  - GPs
  - Occupational therapists
  - Fitness instructors / PTs
  - Green gyms & good gyms
  - Sports therapists
  - Dieticians
  - Community health workers
  - Psychologists

- In general, these players were not seen as an alternative to physiotherapists but peers who could work alongside them for a collective goal of promoting physical activity.
Collaborators are seen as potential friends of physiotherapy, rather than competitors, and are central to making meaningful change

- Collaboration was considered core to physiotherapists’ ethos.

- Working in partnership with other healthcare professionals, as part of a multi-disciplinary team (MDT), was seen as being particularly important when working with patients with co-morbidities as this may require the input of those with different areas of expertise.

- Collaboration was also viewed as being important to preventing the ‘revolving doors’ of return patients, ensuring they ‘Make Every Contact Count’ so that patients receive the advice and guidance they require.

“One thing I like about the collaborations that we’ve formed is they know quite clearly where the physiotherapy skills are... So there is something good about having partnerships and collaborations because they will know the limits of their skills. But obviously you’re lucky in an area if you’ve developed such a good partnership.”

CF, Focus group, London

“We have to get away from this idea that people are stealing our patients. There’re enough people with long term conditions to go around and these are potential collaborations for us.”

HP, Focus group, Leeds
Challenges and opportunities
Challenges for physiotherapists in contributing to this Public Health agenda

The Profession

- Physios losing their position as movement experts in the system
- Lack of leadership and strategy to make meaningful change

The constraints of delivery

- Lack of time
- Lack of funding
- Perception of Physios being expensive providers

The confidence of individual Physiotherapists

- Lack of education
- Lack of additional skills training
- Lack of focus

Patient attitudes

- Patients not readily receptive to these types of discussions or prescriptions
- Many may have negative preconceptions around physical activity

- Many of these challenges were reflective of complexities of behaviour change. This include:
  - Providing the tools to patients to really change habits and behaviours
  - Educating physios about how they can implement new techniques and habits into their consultations to encourage discussion and action around Physical Health within sessions
  - Educating trusts and commissioning groups/budget holders about the necessity to place more importance on these elements within treatment
  - Encouraging greater collaboration across all health care professionals
Challenges and barriers for those working in the public sector were considered to be more profound:

- Time
- Finance
- Wider patient social-demographic
- Less organisational support
- Acute care
Commonality of the profession is potentially the biggest opportunity and strength

- Alongside these challenges, many felt there were significant opportunities for the profession and individuals within it to really have an impact in this important area.

- Aging population have complex movement requirements
- Increasing patient populations with multiple conditions or co-morbidities
- Concrete examples of strong collaborative working between professions
- Increasing evidence on the effectiveness of physiotherapists interventions
- Increased focus from funders and other health professionals (still some way to go though)
- Physios want to be pro-active in this area | Commonality of the profession

“We’d love to be more proactive in all these areas but we haven’t got the time opportunity. I don’t think it’s a lack of will. I think it is if you really talk to people on a one to one basis. There’s a sort of commonality about physios that is about passion, that is about proactivity, but it’s often beaten out of physios just by the circumstances in which they work. I think, if you ask individual physios and you get them into this conversation, they would all wear their heart on their sleeve and want to be proactive. It’s just giving them the opportunity to be like that.”

SK, Focus group, Leeds
Complex patient groups and those with multiple conditions were considered to benefit from guidance specifically from a physiotherapist

**Chronic (often complex) conditions**
- Including COPD, arthritis, asthma, cancer, diabetes, hypertension

**Co-morbidities**

**Vulnerable populations**
- Elderly populations more likely to be prone to falls, memory conditions, osteoporosis, ulcers, heart conditions and frailty
- Those with mental health conditions including eating disorders, depression, bi-polar disorders, schizophrenia
- Those with learning difficulties

**Wheelchair users**
- Or those with impaired physical mobility

**Obese populations**
- Although it must be noted that this often came directly from those working within weight management services who may be preparing patients for gastric band surgery or helping them deal with weight issues alongside other conditions

“I’d go for learning disabilities, cancer, heart disease, because we know the uptake of exercise in those groups is really poor. I mean there’re 2 million cancer survivors in this country, so these are people who have gone through radiotherapy, chemotherapy, wig specialists, you know. They’ve had all the services and yet 1.6 million of those don’t even reach the basic physical activity guidelines. 1.6 million. I mean unbelievable. The NHS has provided all those services. So you know, I think mental health, key, cancer, heart disease. They’re the biggest in COPD.”

“I think chronic conditions and complex conditions.”

“There’s such a high level of co-morbidity within all of those, isn’t there? You would expect co-morbidity in the vast majority of that population.”
Response to statements
Universal observations on the use of language

- Some strong universal themes emerged relating to the use of language.

**Enthusiastic about adding caveats**
- Multiple caveats were often applied to statements, to soften the tone or statement and provide additional levels of specificity.

  Interviewer: the first one is ‘physiotherapists are experts in the delivery and prescription of physical activity and exercise’.
  IG: Some physiotherapists. If you put the word ‘some’ at the beginning it’s a complete...
  CF: Or could it be some physios are trained as experts, so that means they’ve taken on their route and made sure those are the areas of competence?
  DE: I think physios understand the importance of physical activity, that for me would be a key phrase, and some are experts and...
  DE: Well some are experts in the delivery and prescription of exercise. So some are experts, everyone understands the importance of it. Every intervention we do has some...

**Sensitive to superlatives**
- Respondents generally reacted negative to adjectives which they considered to be overtly boastful or empathic. These included phrases such as ‘Trusted Experts’ and ‘Safely Manage’.

**Strong focus on the specific**
- Many reacted to what they saw as generalisations being made of the physio community, for example assuming that all are experts in the delivery and prescription of physical exercise:

  “I think the need to be levels of expertise and accepting different levels of expertise. It’s like doctors are experts in medicine, but probably not all doctors are experts in medicine actually, some of them are experts in surgery. I’m being a bit picky, but you’ve got ‘in the delivery and prescription of physical activity and exercise’ and there’s quite a lot in there.”

  IG, Focus group, London

- Specific words have unique meaning to this audience which may not be apparent to the general public.
Exercise is a potentially loaded word

- For many the word exercise was loaded with potentially negative perceptions for patients and the opportunity to encourage endless debates about language and semantics for physiotherapists themselves.

### Potential barriers for patients

- Suggests a necessary ability/fitness
- May feel potentially dangerous
- May feel out of reach
- Suggests expense
- Suggests potential embarrassment (looking sweaty etc.)

### Potential barriers for physios

- Physios’ concerns that the term may be off-putting to patients
- Doesn’t fully reflect the specialist nature of physiotherapists role in this area
- Therapeutic Exercise considered more appropriate to the core of physio work

“You do, but I think that’s one of the challenges. I would argue that I’ve met a lot of physiotherapists and exercise physiologists that are very semantics and actually, you know, I would just say, when you’re talking to an Asian patient in Derby and just getting them to move more, that’s all just rubbish, you know.... So I think exercise is really important because we’ve got to have structured progression in lots of cases. If we’re really talking about moving a patient from A to B, there has to be progression. We have to man up to it. We have to man up to the fact that exercise has become a dirty word I think because of those semantics, but actually we need to be brave as professionals and we need to be guiding and supporting and enabling our patients along the journey. So it starts off with movement. It starts off with maybe physical activity. It starts off with activities of daily living. At some stage, we want them to be happier, healthier, you know. Walking is exercise. It’s a repetitive structured thing. So we get sucked into the semantics.”

HP, Focus group, Leeds
Role of the CSP
Strong leadership and strategy is required. The CSP is considered to have a distinct leadership role

- Throughout the research, respondents talked a lot about the necessity of long-term behaviour change across a wide number of audiences. To effectively achieve this and promote the unique strengths held by physiotherapists in this area, strong leadership was considered critical.

HP: I see more leadership as getting consensus as far as you can go with consensus on something like professional identity and then disseminating it. I see it more strongly than mediation I think. When I go out around Yorkshire and Humber and talk to clinicians about physical activity, almost every session someone will say, what is CSP doing about it? There is an expectation there will be leadership from them.

Focus group, Leeds

- Leadership was not presumed to come solely from the CSP, many did feel that leadership was an individual and collective responsibility:

“Leadership is the individual and collective effort of enabling, solving, supporting, driving, collaborating, you know, all those partnership things that enable others to effect change. When I say enabling others to effect change, I mean literally everyone owning.”

ZB, Focus group, Leeds

- CSP was considered to be an important part of driving this collective leadership, as well as taking on its own leadership responsibilities in this area:

  - Promoting the importance of Physical Activity and Public Health to physios
  - Developing a position for the profession
  - Proving training and guidance for implementation
  - Ensuring Higher Education curricula include a focus on these skills and areas
  - Represent and advocate for the profession with policy makers
Develop a coherent collective position and communicate it

For many the most pressing need was to provide a position for the profession to rally behind, and strongly communicate and disseminate this position to a variety of audiences including:

- Politicians
- Policy makers
- Other health care professions
- Key trust decision makers
- Priority patient groups
- HE lecturers
- General public
- Charities and other interest groups

“"Yes. I think that issue about our collective identity as a profession. We should all be able to say 2 or 3 things off the top of our head that we all agree on, you know, about things we’ve discussed and I don’t get that sense from other physios that I chat to and I think maybe that sense of physical activity being embedded, you know, at the core of what we do, if that was a little bit stronger maybe, then that might help.”

OJ, Focus group, Leeds

“I think a physician statement we all agree to and is disseminated to all the HPs that really succinctly describes in terms people can relate to in a very positive way who we are, what we do and what our stance is on physical activity and it can be aspirational, you know. It can be things that we’re not currently doing that we want to work towards, but we recognise these as priorities and we recognise that we’ve got a central role.”

SK, Focus group, London
Ensure that undergraduates are trained to see the importance of their role in Public Health and have the necessary exercise knowledge

- Throughout the research respondents debated how fit for purpose current undergraduate training was to develop physios for the future.

- This was an area where we did see splits in opinion.

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**The undergraduate curriculum has improved**

- There is now a greater focus on Public Health and Health and Wellbeing

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**There is still substantive work required**

- With not enough focus on exercise physiology and the application of exercise in a range of environments
- It needs to include skills training around motivation interviewer training and behavioural change management
Provide additional knowledge and skills training in exercise and behavioural change management

**Content**

- Behavioural change management skills
- Motivational interviewing techniques
- Key questions for consultations
- Prescribing exercise
- Exercise physiology
- Latest CMO guidelines

**Format**

- Short courses
- Online sessions
- Short guidance leaflets
- Ideas for exercise prescription
- Opinion pieces within Frontline

“There are resources, aren’t there, that you can use for your patients, but I’m not particularly aware of any that enable clinicians to become better.”

NT, Focus group, Leeds

“It seems to have gone out of vogue that the CSP has a role in putting on courses and CPD. And I think if we were wanting to push something out profession-wide and say ‘come on, let’s raise the buzz about getting involved in exercise and changing people’s minds and behaviours about the way they manage their patients’, getting them to think a bit more transformationally, but there seems to be quite a role there in...”

IG, Focus group, London
With significant changes to policy ongoing, it was important for the CSP to take a leadership role in ensuring the profession is suitably represented.

**Top down**
- Through strong strategic visions
- Influencing policy makers and lobbying
- Providing cost benefit analysis
- Influencing UG curricula

**Bottom up**
- Effecting small changes at the grass roots - ‘every contact counts’
- Reiterating the importance of this within the physios day to day interactions

“How are we going to do it? So we’re going to do it by empowering our current clinicians. We’re going to do it by effecting the curriculum for undergrad, by influencing policy makers. It can’t just be, this is what we do, we’re really great and we’re planning on doing this. It needs to be really tangible, thought out, how we’re going to do it, how we’re going to deliver.”

NT, Focus group, Leeds
Conclusions
Conclusions | SWOT analysis

- Physiotherapists appear to have unique strengths to deliver positive change in this area. While other Health and Fitness professionals have tried to take ownership of some particular areas of Public Health, there are outcomes and audiences that physiotherapists are best placed to serve.

- Further testing should be considered with the general public and those patients with complex medical conditions or co-morbidities to further develop and strengthen a position.

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<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>• Training in rotations give strong multi-disciplinary grounding</td>
<td>• Have fallen behind in exercise physiology</td>
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<td>• Understand complex health conditions</td>
<td>• Time and funding constraints</td>
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<td>• Understands risk management</td>
<td>• Undergraduate training missing key areas around exercise pathology and</td>
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<td>• Give patients confidence and sense of safety</td>
<td>holistic care</td>
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<td>• Experts in movement</td>
<td>• Lack of confidence in delivering PA advice</td>
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<td>• Experts in pathology</td>
<td>• Gaps in education and skills – particularly around behavioural change</td>
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<td>• Have strong inter-departmental relationships</td>
<td>management and motivational interviewing</td>
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<td>• Patients can not see this guidance as part of the physio’s role</td>
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<th>Opportunities</th>
<th>Threats</th>
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<tr>
<td>• Patients with complex medical health conditions and co-morbidities</td>
<td>• Behaviour change is complex and requires time. It may be difficult</td>
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<td>• Patients with mental health conditions or learning disabilities</td>
<td>to achieve in current consultation times</td>
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<td>• More sports therapists are converting on Physio MScs</td>
<td>• Exercise professionals have very specific skills which can be difficult</td>
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<td>• Increasing ageing populations will require more specialist guidance</td>
<td>to match. Important to recognise their unique role</td>
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<td>• Increased focus from DH and Commissioning groups</td>
<td>• Lack of knowledge</td>
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<td>• Increased evidence demonstrating impact of physio interventions</td>
<td>• A resistance from the community to broadcast strengths</td>
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<td>• A fixation on semantics of language may prevent important messages</td>
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Key insights

- A clear defined role exists for physiotherapists within the physical activity area of Public Health
- Changing attitudes to holistic care, prevention and wellness create more opportunities for the physio profession
- There is potentially a gap in current education and skills
- There is a strong desire for a CSP position – and for this to be strongly communicated to a range of stakeholders
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