

Physiotherapy and physical activity

Summary of key messages

- Physical activity contributes to health improvement and can substantially reduce the burden of ill-health and unnecessary disability in our society
- Physiotherapists and physiotherapy support workers have the expertise in promoting and delivering physical activity interventions, particularly supporting people with long term conditions and those recovering from illness and injury.
- Every contact with a patient is an opportunity to provide physical activity advice, in line with UK Physical Activity guidelines
- The physiotherapy workforce is ideally placed to provide leadership and work in partnership with other health professionals, the third sector and leisure services to ensure people have access to the right support and guidance at all stages of their life

Why physical inactivity is a public health problem

Physical inactivity is a major and costly public health problem. It's the fourth largest cause of disease and disability, directly contributing to one in six deaths in the UK, the same number as smoking.⁽¹⁾

Physical activity guidelines from the Chief Medical Officers (CMOs) across the UK countries recommends 150 minutes of moderate physical activity per week, however 34 % men and 42 % women within the UK do not meet these guidelines.⁽²⁾

Adults are also recommended to undertake muscle-strengthening activities on at least two days per week to increase bone strength and muscular fitness. However 69 % of men and 77 % of women do not meet both the aerobic and muscle-strengthening guidelines.⁽³⁾

Physical activity for prevention and management of long-term conditions

Physical activity is a preventative intervention, and there is evidence to suggest meeting the minimum activity guidelines reduces the risk of individuals' developing heart disease, stroke, dementia, diabetes and some cancers by 30 %⁽¹⁾. A society-wide increase in moderate physical activity could help reduce health inequalities and improve mental, as well as physical, health.⁽⁴⁾

In 2015 Professor Dame Sue Bailey, Chair of the Academy of Royal Medical Royal Colleges stated 'I believe that if physical activity was a drug it would be classed as a wonder drug'.⁽⁴⁾

Meeting the minimum activity guidelines is also key to people successfully managing long-term conditions⁽⁵⁾, as it is effective as a means of managing pain, enabling and maintaining function, and improving quality of life.⁽⁶⁾

The role of the physiotherapy workforce

The Chartered Society of Physiotherapy (CSP), views physiotherapy as central to the prevention of illness and the promotion of improved quality of life and sees health promotion as a core part of the profession.

On a daily basis the physiotherapy workforce apply their expertise to effectively and safely enable people to become physically active as part of the recovery process. Physical activity and exercise are core components of physiotherapy. As an established pillar forming the original Royal Charter, physical activity and exercise are used in the process of recovery and rehabilitation on a daily basis for people with a range of conditions, including musculoskeletal conditions, chronic obstructive pulmonary disease (COPD), heart disease, frailty, cancer, learning disabilities, neurological disorders and many more.

Across the UK physiotherapists and physiotherapy support workers have millions of patient contacts a year and are ideally placed to use each contact as an opportunity for providing health promotion and physical activity advice. In England, for example, the Making Every Contact Count (MECC) approach encourages healthcare professionals to use brief interventions in routine patient contacts to encourage people to make positive changes to their health.⁽⁷⁾ MECC has now been included as a clause in the Standard NHS Contract for 2016/17.⁽⁸⁾

Supporting people to become more physically active is far from straightforward. Patterns of behaviour are complex with strong social influences and individual determinants. For example, people with long-term conditions are likely to have specific motivations and barriers to overcome. One of the barriers is access to expert advice from the health care system to be more physically active.⁽⁹⁾⁽¹⁰⁾

The physiotherapy workforce has a vital contribution to make in addressing this need. Through their experience and training they have a detailed understanding of the barriers different individuals face to becoming active, such as confidence, pain, fear of injury, and the expertise and skills to support people to overcome them. People with long-term conditions see the physiotherapy workforce as trusted and credible experts in the delivery of physical activity and value having access to this support.⁽⁹⁾

The ability to expertly deliver advice and activate people to engage in physical activity is embedded early within undergraduate training, and is further developed through clinical placements and on qualification through clinical experience and post-graduate study. For example, many physiotherapists undertake additional training in behaviour change such as cognitive behavioural therapy and mindfulness.

Physiotherapy support workers take a leading role with patients, supporting them to build confidence in exercise and motivating them to engage with appropriate physical activity interventions.

Working in partnership with others

The physiotherapy workforce are ideally placed to provide leadership and work in partnership with other healthcare professionals and often act as connectors across health and social care, the third sector and those in leisure services to ensure people have access to support in the right place, at the right time at all stages of their life.⁽¹¹⁾

References:

1. Health and Social Care Information Centre. Health Survey for England 2012. Leeds: Health and Social Care Information Centre; 2012. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2012>
2. Department of Health. Start active, stay active : a report on physical activity for health from the four home countries' Chief Medical Officers: London : Department of Health; 2011. www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers
3. NHS Digital. Health Survey for England, 2016. London: NHS Digital; 2017 <http://digital.nhs.uk/catalogue/PUB30169>
4. Academy of Medical Royal Colleges. Exercise: The miracle cure and the role of the doctor in promoting it London Academy of Medical Royal Colleges. London: Academy of Medical Royal Colleges; 2015. www.aomrc.org.uk/publications/reports-guidance/exercise-the-miracle-cure-0215/
5. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S.Department of Health and Human Services; 2008. <https://health.gov/paguidelines/Report/pdf/CommitteeReport.pdf>
6. Townsend N BP, Wickramasinghe K, et al. Physical activity statistics 2012 London: British Heart Foundation; 2012. <https://www.bhf.org.uk/publications/statistics/physical-activity-statistics-2012>
7. Public Health England. Making Every Contact Count Consensus statement 2016. London: Public Health England; 2016. www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf
8. NHS England. NHS Standard Contract 2016/17 Service Conditions. London: NHS England; 2016. www.england.nhs.uk/wp-content/uploads/2016/04/2-nhs-fl-length-1617-scs-apr16.pdf
9. Macmillan. What motivates people with cancer to get active? Understanding the motivations and barriers to physical activity in people living with cancer. London: Macmillan (n.d.) [http://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC16027-Physical-Activity-evidence-reviewREPORT-\(A4\)AWDIGITAL.pdf](http://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC16027-Physical-Activity-evidence-reviewREPORT-(A4)AWDIGITAL.pdf)
10. Britain Thinks. People with long-term conditions and attitudes towards physical activity: Research conducted on behalf of the Richmond Group. London: Britain Think; 2016. https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final.pdf
11. Lowe A, Gee M, McLean S, et al. Physical activity promotion in physiotherapy practice: a systematic scoping review of a decade of literature. British Journal of Sports Medicine. 2016 <http://bjsm.bmj.com/content/early/2016/12/21/bjsports-2016-096735>