



The role of physiotherapists in global health

Viveka Hammelin*

What is the most important thing in life? The answer will, of course, depend on who is asked but given that only one choice is allowed, the body will probably not get the amount of votes it deserves. Physiotherapists around the world are constantly working to keep it that way, because when the body works as it should, it is seldom thought of. But let us not get stuck in the old, incorrect and insufficient view of the body as something apart from the mind. Nowadays, health is a wide term which include physical, emotional and social wellbeing.¹ Therefore the instrument to achieve health needs to be broadened and able to address more parts of life and society than often has been the case in the biomedical tradition. The International Classification of Function, disability and health (ICF)² is a widely used instrument within the physiotherapy clinic, aimed to include all aspects of life in the assessment of a persons health and need for re-/habilitation. It gives importance to the personal strengths and targets the areas in need of improvement in terms of physical and mental health, social life and surrounding environment with the goal of a higher quality of life (QOL).²

Let me present some of the areas where physiotherapists are a valuable resource.

As wealth and growth are rising, the more affluent lifestyle leads to an increase in non-communicable diseases (NCD) causing an economical and emotional disaster for individuals as well as for states and societies. Between 80-90% of all deaths due to NCD's occur in Low and Middle Income Countries (LMIC)³ Physiotherapy is, when adequate, often a more economic choice of treatment than pharmacological or surgical treatment. Not only because of an actual lower price but also because of the secondary

benefits being an inherit part of physical activity; such as decreased levels of stress hormones, lower body weight, decrease in blood fat, lower blood pressure, prevention of osteoporosis, improved circulation, uptake of oxygen, and so on. In addition there are no negative side effects as there are from many medications.

Physiotherapists can offer a treatment suited for the needs and abilities of each individual.

As stated earlier, health is not only the absence of disease but also social and mental wellbeing, which include QOL. Years lived with disability, e.g. due to traffic injuries or war, are increasing⁴ and thereby the need for rehabilitation in order to achieve QOL. Physiotherapists are educated to optimize function and ability of the patient and also to provide the patient with assistive devices when the own body is not enough. Neurological dysfunction, mental health and respiratory diseases are all areas in which physiotherapists can play a major and important role, both educative and treating.

GJMEDPH 2014; Vol. 3, issue 4

* BSc Physiotherapy, MSc Global Health

Analyst, Health Development Unit, Stockholm County

v.hammelin@gmail.com





Physiotherapy springs from, and most research is made in, high-income countries. However, the need is increasing in LMIC. As the profession is implemented in LMIC it needs to be contextualized and adjusted to culture and resources.⁵

In conclusion, there is a world of possibilities to increase the presence of physiotherapy in global health care. Physiotherapy research should in the future include context specificity, cultural adaptability and efficiency. Sometimes there is no cure to be offered, however, empowerment of the patient, QOL and function despite impairments, are goals well worth the effort.

REFERENCES

1. WHO. Basic documents, 45th edition, supplement. October 2006. Available from: http://www.who.int/governance/eb/who_constitutions_en.pdf
2. World Confederation of Physical Therapy (WCPT). Health classifications 1 - An introduction to the ICF. 2006. Available from: <http://www.wcpt.org/sites/wcpt.org/files/files/KN-ICF-Intro-eng.pdf>
3. WHO. Executive Summary on Non-Communicable Diseases. April 2011. Available from: http://www.who.int/nmh/publications/ncd_report_summary_en.pdf?ua=1
4. Murray C.J, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012;380:2197–223.
5. Norris M, Allotey P. Culture and physiotherapy. *Diversity in health and social care*. 2008;5:151-9.