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**Comments from the European Region of the World Confederation for  
Physical Therapy  
on Commissioners David Byrne's paper  
"Enabling Health for all" and his views on the future of EU Health Policy**

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**Introduction.**

The European Region of the World Confederation for Physical Therapy (ER – WCPT) welcomes the opportunity to contribute to the reflection process on Commissioner David Byrne's paper on "Enabling good health for all" and on his views on the future of EU health Policy.

The ER-WCPT is a non-profit, non-governmental organisation that represents the physiotherapy profession at European Level. The Organisation has a membership of 33 physiotherapy associations from each of the European countries, including all the EU Member States, the EEA countries and the applicant countries to the EU representing approximately 150.000 physiotherapists in Europe.

The WCPT aims to improve global health care by encouraging and supporting high standards of physiotherapy education and practice. The commitment to ensure high standards and quality of services is reflected in the Declarations of Principles and Position Statements of WCPT.

The ER-WCPT endorses WCPT's commitment to improve health care and has adopted several documents to ensure high standards of physiotherapy education and practice within Europe:

- A Health Policy Statement of the European Region of WCPT
- A European Benchmark Statement on physiotherapy education outcomes
- European Core Standards of physiotherapy practice
- An Audit Tool to measure the European Core Standards
- European Physiotherapy Service Standards
- A European Education Policy for physiotherapists
- A Framework for Clinical Guideline Development in Physiotherapy

The ER-WCPT has also adopted a migration policy to facilitate free migration of physiotherapists and their right of establishment within the EU. All these documents can be found on the website of the ER-WCPT: [www.physio-europe.org](http://www.physio-europe.org).

Assistance is provided to the Member Organisations in the new and prospective EU countries and the ER-WCPT has given a high priority to encouraging twinning between Member Organisations.

The ER-WCPT has been active in arranging conferences, seminars and workshops for physiotherapists in Europe:

- Migration Conferences were held in 1999 and in 2002.
- Seminars on introduction and accession to the EU were held for Physiotherapy Organisations in the accession countries in 2000 and in 2002.
- Workshops on educational matters were held in 1999 and in 2001.
- A European Congress on Physiotherapy education "Linking education, profession and employment" will be held in Estoril, Portugal in November 2004.

### **Comments on Commissioner David Byrne's paper "Enabling Good Health for all", a reflection process for a new EU Health Strategy of 15 July 2004**

The ER-WCPT is pleased to endorse the views expressed by Commissioner David Byrne in his paper on the future of EU Health Policy and would like to take this opportunity to comment on some key issues.

#### **1. The need to look at the grass root problems - poverty, social exclusion, healthcare access.**

The ER-WCPT supports the ethical principle of equity and universality of access to healthcare services including physiotherapy.

Physiotherapy is an essential part of the health service delivery system and physiotherapy services should be provided within national systems so that they are accessible to all that are in need of these services.

1. It is recognised that there is an increasing trend in many of the countries in the EU towards privatisation and a free market. Despite this trend, the ER-WCPT emphasises the importance of public services in health care and health education and that health care should be accessible to all.

#### **2. A change of emphasis from treating ill health to promoting good health.**

Physiotherapists endorse the view that "prevention is better than cure".

*(Health policy Statement of the European Region of WCPT)*

Full and functional movement is at the heart of what it means to be healthy". *(WCPT's Description of Physical Therapy)*

The active participation of physiotherapy associations and their members in the field of health promotion, at local, national and international levels was underlined at the General meeting of ER-WCPT in 2004.

The ER-WCPT acknowledges that physiotherapists have an essential contribution to make in Disease Prevention and Health Promotion. They utilize their theoretical knowledge and clinical skills to stimulate healthy lifestyles through physical activity and health education. Health education and encouraging physical activity is an integral part of the practice of physiotherapy.

*(Health policy Statement of the European Region of WCPT)*

In a discussion session at the General Meeting of the ER-WCPT in 2004, it was acknowledged that physiotherapists actively participate in the field of Prevention and Health Promotion at different levels, locally, nationally and at European and global level through the ER-WCPT and the WCPT. The importance of sharing experience, expertise and best practice cannot be underestimated and therefore the ER-WCPT is currently working on establishing a European Network for physiotherapists on Prevention and Promotion of Healthy Lifestyles and encouraging further twinning programmes between Member Organisations of the ER-WCPT.

### **3. Good health is a shared responsibility.**

The ER-WCPT shares the view that good health is a shared responsibility; of citizens, health professionals, local authorities, governments and authorities at European level.

At local level, physiotherapists are working together with other health care professionals in hospitals and in the community in the field of Prevention and Health Promotion.

The ER-WCPT emphasises raising the awareness of physiotherapists of their important role in the development of health promotion strategies and encouraging a healthy lifestyle in the community, encouraging people to take responsibility for their own health.

It is recognised that there are differences in health priorities in the countries of the EU but the ER-WCPT emphasises that physiotherapists should make it a priority to deal with avoidable health threats such as lifestyle related diseases.

### **4. Health generates Wealth**

The ER-WCPT has made a commitment to Evidence Based Practice in encouraging high standards of research, education and practice. The importance of clinical effectiveness and cost effectiveness of interventions including physiotherapy services is acknowledged.

As already mentioned, the ER-WCPT has adopted various documents, such as European Core standards of Physiotherapy Practice and Physiotherapy Service Standards and a Framework for Clinical Guidelines Development that is being developed further to ensure transparency and efficiency.

## **5. Towards a European Strategy Enabling Good Health for All**

The ER-WCPT emphasises the importance of cooperation in exchange of knowledge, expertise and information on best practices.

To reach this goal, The ER-WCPT is already cooperating and collaborating with other health professionals at European level and as already stated, the ER-WCPT is currently working on establishing a European Network for physiotherapists on Prevention and Promotion of Healthy Lifestyles and is encouraging twinning programmes between physiotherapy associations.

We believe that establishment of Networks and the use of information Technology can be an effective way of partnership and working together to create a future health strategy to achieve the goal of “Enabling Good Health for all”.

## **Conclusion**

The European Region of WCPT hopes that these comments can contribute to the strategy on a future EU Health Policy. We would welcome the opportunity to actively cooperate with the Commission in developing a Future EU Health Policy for the benefit of the citizens of the European Union.

On behalf of the Executive Committee of the European Region of the World Confederation for Physical Therapy (ER-WCPT)

Yours sincerely

Antonio Lopes

Chairman of the ER-WCPT

## **Annexes:**

A Health Policy Statement of the European Region of WCPT  
WCPT'S Description of Physical Therapy



## **DESCRIPTION OF PHYSICAL THERAPY**

## **Why a Description?**

The existence of WCPT demonstrates the international dimension of Physical Therapy practice. The variety of its Member Organisations illustrates the diversity of needs and contexts of health care delivery throughout the Confederation.

In response to a motion at the 13<sup>th</sup> General Meeting to develop a description of physical therapy, WCPT initiated a consultative exercise with the intention of providing a foundation on which Member Organisations in different parts of the world could build a description of physical therapy relevant to their needs.

WCPT is committed to supporting Member Organisations - not stereotyping them. It is in this spirit that this description of physical therapy has been drawn up in response to the expressed need of members. It is intended as a Position Statement rather than a Declaration of Principle and is therefore open to be adopted fully, in part or developed to meet the evolving needs of the profession. New research is proving further evidence upon which future practice will build. Nowhere is this more apparent than in our understanding of human movement which is central to the skills and knowledge of the physical therapist. Clearly the uniqueness of the contribution which physical therapy can make to health care in the next millennium remains to be fully defined. This statement is presented as the basis upon which subsequent reviews of the description will continue to be conducted in response to the development of knowledge in physical therapy and the profession's response to changing health needs of society.

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#### **Note:**

The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in the country of the WCPT Member Organisation.

The most generally used titles and terms are 'physical therapist' or 'physiotherapist' and 'physical therapy' or 'physiotherapy'. Physical therapist and physical therapy are used in this document but may be replaced by WCPT Member Organisations in favour of those terms officially used by them and their members without any change in the meaning of the document.

## 1 What is Physical Therapy?

### 1.1 The nature of Physical Therapy

Physical Therapy is providing services to people and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. Physical therapy includes the provision of services in circumstances where movement and function are threatened by the process of ageing or that of injury or disease. Full and functional movement are at the heart of what it means to be healthy.

Physical therapy is concerned with identifying and maximising movement potential, within the spheres of promotion, prevention, treatment and rehabilitation. Physical therapy involves the interaction between physical therapist, patients or clients, families and care givers, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physical therapists.

The physical therapists' distinctive view of the body and its movement needs and potential is central to determining a diagnosis and an intervention strategy and is consistent whatever the setting in which practice is undertaken. These settings will vary in relation to whether physical therapy is concerned with health promotion, prevention, treatment or rehabilitation.

### 1.2 The nature of the physical therapy process

Physical therapy is the service only provided by, or under the direction and supervision of a physical therapist and includes assessment, diagnosis, planning, intervention and evaluation.

**Assessment** includes both the **examination** of individuals or groups with actual or potential impairments, functional limitations, disabilities, or other conditions of health by history taking, screening and the use of specific tests and measures and **evaluation** of the results of the examination through analysis and synthesis within a process of clinical reasoning.

**Diagnosis** arises from the examination and evaluation and represents the outcome of the process of clinical reasoning. This may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/ disabilities or syndromes.

**Planning** begins with determination of the need for intervention and normally leads to the development of a plan of intervention, including measurable outcome goals negotiated in collaboration with the patient/ client, family or care giver. Alternatively it may lead to referral to another agency in cases which are inappropriate for physical therapy.

**Intervention** is implemented and modified in order to reach agreed goals and may include manual handling; movement enhancement; physical, electro-therapeutic and mechanical agents; functional training; provision of aids and appliances; patient related instruction and counselling; documentation and co-ordination, and communication. Intervention may also be aimed at **prevention** of impairments, functional limitations, disability and injury including the **promotion** and maintenance of health, quality of life, and fitness in all ages and populations.

**Evaluation** necessitates **re-examination** for the purpose of evaluating outcomes.



## 2. Where is physical therapy practised?

### 2.1 The scope of physical therapy services

Physical therapy is an essential part of the health services delivery system. Physical therapists practice independently of other health care providers and also within interdisciplinary rehabilitation/habilitation programs for the restoration of optimal function and quality of life in individuals with loss and disorders of movement. Physical therapists are guided by their own code of ethical principles. Thus, they may be concerned with one of the following purposes:

- **Promoting** the health and well being of the individual and the general public/society.
- **Preventing** impairments, functional limitations, and disabilities in individuals at risk of altered movement behaviours due to health or medically related factors, socio-economic stressors, and lifestyle factors.
- **Providing interventions** to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life in individuals and groups of individuals with altered movement behaviours resulting from impairments, functional limitations, disabilities.

### 2.2 Settings in which physical therapy is practised

Physical therapy is delivered in a variety of settings which allow for it to achieve its purpose.

**Treatment** and **Rehabilitation** usually occur in community and acute care settings which may include but are not confined to the following:

- Hospices
- Hospitals
- Nursing Homes
- Rehabilitation Centres/Residential Homes
- Physical Therapist Private Office/Practice/Clinic
- Out-Patient Clinics
- Community Settings: Primary Health Care Centres: Individual Homes: Field Settings
- Education and Research Centres

**Prevention** and **Health Promotion** are more likely to occur in the following settings although they often form an integral part of treatment and rehabilitation offered within other care settings.

- Fitness Centres/Health Clubs/Spas
- Occupational Health Centres
- Schools
- Senior Citizen Centres
- Sports Centres
- Workplace/Companies
- Public settings (i.e. Shopping Malls) for health promotion

### **3 What Characterises Physical Therapy?**

#### **3.1 Assumptions underlying the knowledge and practice of physical therapy**

The following assumptions are embedded in this description and reflect the central issues of physical therapy.

##### Movement

The capacity to move is an essential element of health and well-being. Movement is dependent upon the integrated, co-ordinated function of the human body at a number of different levels.

Movement is purposeful and is affected by internal and external factors.

Physical therapy is directed towards the movement needs and potential of the individual.

##### Individuals

Individuals have the capacity to change as a result of their responses to physical, psychological, social and environmental factors.

Body, mind and spirit contribute to individuals' views of themselves and enable them to develop an awareness of their own movement needs and goals.

Ethical principles require the physical therapist to recognise the autonomy of the patient or legal guardian in seeking his or her services.

##### Interaction

Interaction aims to achieve a mutual understanding between the physical therapist and the patient/client/family or care giver and forms an integral part of physical therapy.

Interaction is a pre-requisite for a positive change in body awareness and movement behaviours that may promote health and well-being.

Interaction often involves partnership within inter-disciplinary teams, in determining the needs and formulating goals for physical therapy intervention and recognises the patient/client/family and care givers as being active participants in this process.

##### Professional Autonomy

Professional education prepares physical therapists to be autonomous practitioners.

Professional autonomy is possible for individual physical therapists as they practice with patients/clients/family and care givers to reach a diagnosis which will direct their physical therapy interventions.

##### Diagnosis

Diagnosis within physical therapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, functional limitations and abilities/disabilities.

The purpose of the diagnosis is to guide physical therapists in determining the prognosis and identifying the most appropriate intervention strategies for patients/clients and in sharing information with them.

In carrying out the diagnostic process, physical therapists may need to obtain additional information from other professionals.

If the diagnostic process reveals findings that are not within the scope of the physical therapist's knowledge, experience or expertise, the physical therapist will refer the patient/client to another appropriate practitioner.

## 4 Where are we now?

### 4.1 Principles supporting the description of physical therapy

In order to make explicit the underlying values upon which this international description of physical therapy is based there follows a list of **principles** which are recognised as important by WCPT.

WCPT believes a description must:

- respect and recognise the history and roots of the profession;
- build on the reality of contemporary practice and the growing body of research;
- allow for variation in: cultures, values and beliefs; health needs of people and societies; and structure of health systems around the world;
- use terminology that is widely understood and adequately defined;
- recognise internationally accepted models and definitions (e.g. World Health Organisation definition of health);
- provide for the ongoing growth and development of the profession and for the identification of the unique contribution of physical therapy;
- acknowledge the importance of the movement sciences within physical therapy curricula at all levels;
- emphasise the need for practice to be evidence based whenever possible;
- appreciate the inter-dependence of practice, research and education within the profession;
- recognise the need to continuously review the description as the profession changes in response to the health needs of society and the development of knowledge in physical therapy;
- anticipate that work will flow from this description through utilisation of the document to assist in the development of curricula and identification of areas for research.

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**EUROPEAN REGION OF THE  
WORLD CONFEDERATION  
FOR PHYSICAL THERAPY**



# **HEALTH POLICY STATEMENT OF THE EUROPEAN REGION OF WCPT**

Approved at the  
**General Meeting 13-15 May 2004**  
**Limassol, Cyprus**

## **HEALTH POLICY STATEMENT**

### **European Region of the World Confederation for Physical Therapy (WCPT)**

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## **PREAMBLE**

The World Confederation for Physical Therapy (WCPT) aims to improve global health care by encouraging and supporting high standards of physiotherapy education and practice. The commitment to ensure high standards and quality of services is reflected in the Declarations of Principles and Position Statements (WCPT 1995, revised 2003) <sup>1</sup>.

The European Region of WCPT endorses WCPT commitment to improve health care and has adopted several documents to ensure high standards of physiotherapy education and practice. A Health Policy Statement that was adopted in 2000 is one of these documents. However, a policy statement can never be a final document and must be continually revised.

## **Content**

The revised Health Policy Statement deals with the role of physiotherapists in health care, the physiotherapist's role in the provision of services, prevention and health promotion, and the accessibility to and quality of physiotherapy services.

### **The Health policy Statement of the European Region of WCPT may be used in the following ways:**

- In relation to physiotherapy employment, education and interventions used.
- To emphasise that physiotherapists must adapt to changes and development in national health care which can offer new opportunities and challenge for physiotherapists in the future.
- As a tool to influence the authorities regarding laws; health programmes and plans where physiotherapists are involved.
- As a reference when developing a national health policy of a physiotherapy association.

Member Organisations are encouraged to translate the Health Policy Statement into their national language and implement it.

The European Region of WCPT encourages the establishment of national health policies for the physiotherapy profession.

## **INTRODUCTION**

### **The World Health Organisation (WHO)**

In its constitution, the WHO has stated that the enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition <sup>2</sup>.

Health is influenced by a number of factors including living and environmental conditions and employment.

In 1998, the WHO adopted a health policy declaration on health for all (Annex 1) <sup>3</sup>.

The WHO has recognised that the improvement of health and well being of people is the ultimate aim of social and economic development and is committed to the ethical concepts of equity, solidarity and social justice. The WHO has emphasised the importance of reducing social and economic inequalities by improving the health of the whole population.

Therefore, the greatest attention should be paid to those most in need, burdened by ill health, receiving inadequate services for health or affected by poverty.

The WHO has recommitted itself to strengthening, adopting and reforming the health systems, as appropriate, to ensure universal access to health services that are based on scientific evidence, good quality and are within affordable limits and sustainable for the future.

The WHO has adopted a policy on physical activity where the goal is “to promote higher level of physical activity within the world population of all ages and conditions, men and women, in all life settings” and “Regular physical activity can be a practical means to achieving numerous health gains, either directly or indirectly” <sup>4</sup>.

### **The European Union (EU)**

The ratification of the Amsterdam Treaty of the European Union in 1997 provides a legal basis for development of a formal European Union public health policy (Annex 2) <sup>5</sup>. The EU Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. Such action shall cover the fight against the major health threats by promoting research into their causes, their transmission and their prevention, as well as health information, education and treatment.

The European Union adopted a charter of Fundamental Human Rights in 2001 <sup>6</sup> which states that: “everyone has the right of access to preventive health care and the right to benefit from medical treatment” and “the Union recognises and respect this entitlement to social security benefits and social services providing protection in causes such as maternity, disability, illness, industrial accident, dependency or old age”.

The European Union has adopted a programme of EU Community action in the field of public health 2003 – 2008 <sup>7</sup> that is based on Article 152 of the Amsterdam Treaty. The programme is an ‘incentive measure designed to protect and improve human health’, ‘excluding any harmonisation of the laws and regulations of the Member States’.

The three key priorities of the programme are: improving health information and knowledge, ensuring rapid reaction to health threats, and addressing health determinants.

The European Region of The World Confederation for Physical Therapy (WCPT) accepts the WHO Health Policy Declaration on Health for All from 1998, Article 152 of the Amsterdam Treaty of the European Union from 1997 and the EU Community Public Health Action Programme 2003 – 2008 as a basis for its Health Policy Statement.

## THE PHYSIOTHERAPY PROFESSION IN HEALTH CARE

The aims and objectives of the European Region of WCPT, according to the Charter <sup>8</sup>, are to improve the quality of physiotherapy education and practice in Europe and to promote physiotherapy in Europe.

The European Region of WCPT has adopted several documents to ensure high standards of physiotherapy education and practice.

- *A European Benchmark Statement on physiotherapy education outcomes* <sup>9</sup> was adopted in 2003. The document describes the nature and standards of programmes of study in physiotherapy that lead to awards granted by higher education institutions in Europe in the subject of physiotherapy.
- *European Core Standards* <sup>10</sup> of physiotherapy practice were adopted in 2002.
- *An Audit Tool* <sup>11</sup> to measure these standards was adopted in 2003. The Core Standards provide clear statements about expected quality of interaction required to apply the ethical principles outlined by WCPT. There are clear criteria on how the standards will be achieved. The criteria are measurable so that patients, physiotherapists and others can assess the quality of interaction.
- *European Physiotherapy Service Standards* <sup>12</sup> were adopted in 2003 to ensure the quality of physiotherapy services in Europe.

The WCPT has made a commitment to Evidence Based Practice (EBP) encouraging high standards of research, education and practice. Emphasis is on information exchange and co-operation among physiotherapists' worldwide, endorsement and accessibility of clinical guidelines and the use of outcome measures in physiotherapy practice.

The European Region of WCPT is currently working on development of clinical guidelines as well as on encouraging information exchange and co-operation between Member Organisations in Europe <sup>13</sup>.

The European Region of WCPT recognises that the organisation of health care systems in Europe varies considerably. Despite different systems it is generally accepted that the health care systems are based on some common principles like solidarity, equity, accessibility and quality.

The European Region of WCPT and the Member Organisations are committed to further the objectives of the European Region of WCPT with emphasis on promoting and encouraging:

- Exchange of information and experience between the Member Organisations
- Co-operation between the Member Organisations
- Development of health promotion strategies
- The provision of Evidence Based physiotherapy services.



## **1. PROVISION**

- 1.1 Physiotherapy is an essential part of the health service delivery system. It is the service only provided by, or under the direction and supervision of a physiotherapist, which includes assessment, diagnosis, planning, intervention, evaluation, counselling, prevention and health promotion <sup>14</sup> (the WCPT Description of Physical Therapy, 2.1,1.2)<sup>15</sup>
- 1.2 Physiotherapists practice independently of other health care providers and also as members of the interdisciplinary team (The WCPT Description of Physical Therapy, 2.1). The European Region of WCPT emphasises the importance of interdisciplinary teamwork and the important role of physiotherapists as integrated members of the interdisciplinary team.
- 1.3 Physiotherapists have an essential role in rehabilitation/habilitation programs for the restoration of optimal function and quality of life in individuals with loss and disorders of movement. (The WCPT Description of Physical Therapy, 2.1).
- 1.4 Physiotherapists work closely with persons with disabilities, their families and carers promoting the concept of independent living and full participation in the society.
- 1.5 Physiotherapists acknowledge the importance of cost effectiveness of physiotherapy interventions and recognise that research should investigate not only the clinical effectiveness but also the cost effectiveness of physiotherapy services.

## **2. PREVENTION AND HEALTH PROMOTION**

- 2.1 Physiotherapists endorse that “prevention is better than cure” and recognise that the therapeutic approach to health problems needs to integrate prevention and health promotion approaches <sup>14</sup>.
- 2.2 Physiotherapists have a fundamental theoretical and practical knowledge of muscular-skeletal dysfunction and ergonomics. This knowledge may be used to prevent injury and promote health and safety in many environments e.g. the workplace, schools, at home.
- 2.3 Physiotherapists have an important role in the treatment of people who are injured in sport and leisure activities. Increasingly this role is in preventing such injuries from occurring.
- 2.4 Health promotion and health education as a part of health promotion are integral parts of the practice of physiotherapy and should be further developed.
- 2.5 Physiotherapists utilize their theoretical and practical knowledge and clinical skills to stimulate healthy lifestyles through physical activity and health education.
- 2.6 Physiotherapists participate in the development of health promotion strategies and encourage a healthy lifestyle in the Community, encouraging people to take responsibility for their own health.
- 2.7 Physiotherapy associations should co-operate and consult each other on various aspects of health promotion strategies.

### **3. ACCESSIBILITY**

- 3.1 Physiotherapists in the European Region of WCPT support the ethical principle of equity and universality in access to healthcare services including physiotherapy.
- 3.2 Physiotherapy services should be provided within national systems so that they are accessible to all that are in need of these services unrelated to age, gender, and race, religion, political belief, and disability, social or economic situation.
- 3.3 Attention should be given to the accessibility to physiotherapy services for those vulnerable groups who have special health care needs. Physiotherapy services need to be updated to meet these.
- 3.4 The physiotherapy services need to reflect national health care and respond to demands of the people, their priorities and concerns.

### **4. QUALITY**

- 4.1. Physiotherapists should evaluate the quality of their services and the outcome of interventions used.
- 4.2 Physiotherapists are encouraged by the European Region of WCPT to develop and use evidence-based physiotherapy practice by using clinical guidelines and the systematic use of standardised outcome measures.
- 5.3 Physiotherapists are encouraged by the European Region of WCPT to acknowledge the WHO International Classification of Functioning, Disability and Health (ICF) and how it can be used in relation to physiotherapy services.
- 5.4 Quality assurance in physiotherapy is supported by the European Region of WCPT:
  - \* Supporting a continuous development of the profession through basic education, continuing education and postgraduate education.
  - \* Supporting research in physiotherapy and promoting professional development projects.
  - \* Supporting research in physiotherapy that focuses on the evaluation of care and its provision.
  - \* Supporting implementation of research into clinical practice by developing and using clinical guidelines.
  - \* Supporting development of valid and reliable standardised outcome measures and the systematic use of them.
  - \* Supporting initiatives for quality assurance through development of all aspects of practice of the profession.
- 5.5 The European Region of WCPT emphasises that co-operation and exchange of information between Member Organisations will enhance good physiotherapy practice in the European Region.
- 5.6 The European Region of WCPT emphasises that the quality of physiotherapy services should be a prime objective of physiotherapists for the benefit of their patients/clients.

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## **Annex 1**

### **World Health Declaration**

#### **I**

We, the Member States of the World Health Organisation (WHO), reaffirm our commitment to the principle enunciated in its Constitution that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being; in doing so, we affirm the dignity and worth of every person, and the equal rights and shared responsibilities of all for health.

#### **II**

We recognise that the improvement of the health and well-being of people is the ultimate aim of social and economic development. We are committed to the ethical concepts of equity, solidarity and social justice and to the incorporation of a gender perspective into our strategies. We emphasise the importance of reducing social and economic inequities in improving the health of the whole population. Therefore, it is imperative to pay the greatest attention to those most in need, burdened by ill health, receiving inadequate services for health or affected by poverty. We reaffirm our will to promote health by addressing the basic determinants and prerequisites for health.

We acknowledge that changes in the world health situation require that we give effect to the "Health-for-all Policy for the twenty-first century" through relevant and national policies and strategies.

#### **III**

We recommit ourselves to strengthening, adapting and reforming, as appropriate, our health systems, including essential public health functions and services, in order to ensure universal access to health services that are based on scientific evidence, of good quality and within affordable limits, and that are sustainable for the future. We intend to ensure the availability of the essentials of primary health care as defined in the Declaration of Alma-Ata and developed in the new policy. We will continue to develop health systems to respond to the current and anticipated health conditions, socio-economic circumstances and needs of the people, communities and countries concerned, through appropriately managed public and private actions and investments in health.

#### **IV**

We recognize that in working towards health for all, all nations, communities, families and individuals are interdependent. As a community of nations, we will act together to meet common threats to health and to promote universal well-being.

#### **V**

We, the Member States of the World Health Organisation, hereby resolve to promote and support the rights and principles, action and responsibilities enunciated in this Declaration through concerted action, full participation and partnership, calling on all peoples and institutions to share the vision of health for all in the twenty-first century, and to endeavour in common to realize it.

Tenth plenary meeting, 16 May 1998

## **Annex 2**

### **ARTICLE 152 OF THE AMSTERDAM TREATY**

1. A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.
2. The Community shall encourage co-operation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action.
3. The Community and Member States shall foster co-operation with third countries and the competent international organisations in the sphere of public health.
4. The Council, acting in accordance with the procedure referred to in Article 251 and after consulting the Economic and Social Committee and the Committee of the Regions, shall contribute to the achievement of the objectives referred to in this Article.
5. Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care. In particular, measures shall not affect national provisions on the donation or medical use of organs and blood.

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