



# **PROMINENCE Obesity Competencies Framework for Entry Level Physiotherapy Programmes**



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## Framework Development Process

The PROMINENCE Obesity Competencies Framework for entry-level physiotherapy education programmes has been developed by an international physiotherapy educator collaboration and via a systematic process which included:

- A scoping review of the literature regarding obesity competencies for healthcare professionals [1].
- A survey of physiotherapy educators across the EU [2].
- A website review of curriculum content in existing obesity education programmes.
- PROMINENCE framework development workshops leading to draft frameworks, review, revision and consensus reaching on the final framework by the PROMINENCE international team of physiotherapy educators.
- External validation processes with international physiotherapy educators and clinicians.

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## PROMINENCE Partner Organisations



University College Dublin, Dublin, Ireland (Project Lead)

Arcada University of Applied Sciences, Finland

Mälardalen University, Sweden

Hasselt University, Belgium

Tampere University of Applied Sciences, Finland

Europe Region of World Physiotherapy, Belgium





## Competencies

### Domain 1: Obesity as a Disease

1.1	Epidemiological trends and population differences in obesity	Demonstrate knowledge of current obesity prevalence and trends across age groups (adults, adolescents, and children), including differences by sex, race/ethnicity, socioeconomic status and geographic region.
1.2	Determinants and risk factors for weight gain and obesity and disparities in obesity risk	Recognise the genetic, epigenetic, social, physical, environmental, cultural and behavioural determinants of obesity and analyse how these factors contribute to disparities in obesity risk across different populations.
1.3	Framing of obesity as a chronic disease	Define and explain obesity as a chronic, multifactorial and relapsing disease and distinguish this understanding from common misconceptions that attribute obesity solely to lifestyle behaviours, including diet and exercise.
1.4	Obesity classification systems	Demonstrate the ability to define obesity and describe obesity staging and anthropometric classification systems, whilst recognising their limitations, in accurately representing adiposity and health risk across diverse populations.
1.5	Pathophysiology	Demonstrate a basic understanding of the pathophysiology of obesity, including adipose tissue dysfunction and inflammation, neural and hormonal regulation of energy balances, changes in glucose, lipid and cellular metabolism.
1.6	Mechanisms of energy balance and weight regulation	Explain the principles of energy homeostasis, including appetite regulation and compensatory physiological responses to weight loss that challenge long-term healthy weight maintenance.
1.7	Obesity related disease complications	Describe the common disease complications of obesity, especially those of key relevance to physiotherapy practice. (e.g., type 2 diabetes, knee osteoarthritis, cardiovascular disease, obstructive sleep apnoea, etc.)





## Domain 2: Eliminating Obesity Bias and Stigma in Physiotherapy/Healthcare

2.1	Understanding weight stigma	Explain weight stigma, its prevalence in healthcare, underlying causes and its impact on an individual's well-being and healthcare engagement.
2.2	Bias awareness and inclusive practice	Recognise and address personal biases to provide equitable, respectful care to individuals with obesity, ensuring inclusive, non-discriminatory physiotherapy practice.
2.3	Clinical environment	Create a safe, accessible and welcoming clinical environment for individuals with obesity and advocate for weight-inclusive, bias-free policies and practices.
2.4	Respectful and compassionate communication and engagement	Demonstrate respectful, empathic, non-judgmental, non-stigmatising communication with patients and peers, using person-first language, actively listening and acknowledging perspectives of individuals with obesity, their support networks and healthcare professionals.

## Domain 3: Physiotherapy Clinical Assessment of Person living with Obesity

3.1	International classification of functioning as a framework for physiotherapy assessment	Demonstrate the ability to utilise the International Classification of Functioning, Disability and Health (ICF) as a framework [3], underpinning physiotherapy assessment, treatment planning and outcome measurement for the person living with obesity.
3.2	Diagnostic tests used as part of an assessment of a person with obesity	Demonstrate knowledge of common laboratory-based diagnostic tests used in the assessment of a person living with obesity, understanding their relevance to the assessment and treatment of individuals living with obesity.
3.3	Conduct a comprehensive physiotherapy assessment	Demonstrate the ability to conduct and document comprehensive, evidence-based, obesity-focused physiotherapy assessment, tailoring the assessment to the patient's age, functional status and unique needs across life stages.





3.4	Weight history	Demonstrate the ability to collect a thorough weight history to support physiotherapy management/rehabilitation of individuals living with obesity (including previous weight loss attempts and treatments).
3.5	Lifestyle information	Demonstrate the ability to obtain a lifestyle profile, including but not limited to diet, physical activity, mobility, sleep, occupation, social participation, with more emphasis on lifestyle behaviours which physiotherapists will likely address, given their scope of practice.
3.6	Quality of life	Demonstrate the ability to explore and measure quality of life, choosing appropriate generic and disease specific tools as appropriate and relevant to different age groups.
3.7	Psychosocial screening	Screen for psychosocial concerns such as low mood, depression and emotional or binge eating, using appropriate tools and frameworks, identifying the need to engage with and refer onwards to other members of the multidisciplinary team, cognisant of potential challenges to achieving such engagement.
3.8	Readiness and motivation for behaviour change	Determine the patient's readiness to change using validated tools and methods (e.g., motivational interviewing), evaluating the patient's confidence, self-efficacy and commitment to exploring barriers and challenges to engaging in healthy lifestyle behaviours.
3.9	Physiotherapy physical assessment	Demonstrate the ability to conduct a comprehensive physical assessment of an adult with obesity, guided by the subjective history, available diagnostics and tailored to the individual's needs and goals.
3.10	Clinical risk stratification	Demonstrate the ability to assess obesity-related health risks using validated tools such as the World Health Organisation (WHO) Body Mass Index (BMI) classification [4] and the Edmonton Obesity Staging System (EOSS) [5] and explain their relevance to clinical decision-making across the life stages (child, adolescent, adult).





**Domain 4: Clinical management of person living with obesity for physiotherapists**

4.1	Evidence-based approaches for obesity management	Demonstrate comprehensive knowledge of current evidence-based approaches/guidelines for the prevention and management of obesity across the lifespan including lifestyle behaviours (e.g., diet, physical activity), pharmacological and surgical approaches.
4.2	Ergonomics, patient moving handling and mobilisation	Advocate for appropriate healthcare environments and equipment. Apply bariatric ergonomic principles, including inclusive patient moving, handling and mobilisation and use of appropriate equipment (e.g., clinical examination tables, chairs, blood pressure cuffs, slings, clothing) to ensure safe, non stigmatising, effective care and rehabilitation for people living with obesity.
4.3	Provide education regarding ergonomics and patient moving handling and mobilisation	Provide education and guidance to people with obesity, family members/carers and healthcare colleagues on person-centred, bariatric moving, handling and mobilisation practices, in alignment with national policies and workplace protocols.
4.4	Physical activity and exercise programming in obesity management	Demonstrate the ability to plan and implement evidence-based physical activity and exercise interventions for individuals living with obesity, with consideration of functional status, obesity complications and comorbidities.
4.5	Healthy diet and eating guidance	Demonstrate the ability to offer guideline-consistent healthy eating advice (within scope of practice), judging the appropriateness and best timing of this intervention for each person. Recognise when to refer patients to a registered clinical nutrition professional/dietitian.
4.6	Management of obesity-related complications and/or other morbidities	Deliver optimal evidence-based physiotherapy interventions for the person living with obesity and related complications or other morbidities, (e.g., type 2 diabetes, cardiovascular disease, sleep apnoea, musculoskeletal pain, etc.)





4.7	Management of lymphoedema in obesity	Provide evidence based physiotherapy management for lymphoedema, referring to a specialist physiotherapist or other specialists as appropriate.
4.8	Pharmacological interventions in obesity management	Demonstrate foundation knowledge of optimal obesity management medications (OMMs) and their evidence-based prescription, basic indications, contraindications and common side effects.
4.9	Implications of obesity management medications for physiotherapy management	Demonstrate knowledge of effects of obesity management medications (OMMs) on muscle function and its implications for physiotherapy management strategies (e.g., resistance training required).
4.10	Bariatric surgery knowledge to inform physiotherapy practice	Demonstrate knowledge of the most common surgical procedures for obesity, including indications and implications for physiotherapy practice.
4.11	Pre-post bariatric surgery physiotherapy	Deliver appropriate pre-operative physiotherapy guidance and post-operative mobilisation, respiratory and exercise interventions as indicated to support optimal physical function and recovery.
4.12	Healthcare system navigation and interdisciplinary obesity management	Identify appropriate healthcare systems and community resources for individuals living with obesity and demonstrate sound judgment in collaborating effectively with other healthcare professionals, referring patients onwards to specialist services and weight management programmes as indicated to ensure timely and holistic care.
4.13	Person-centred communication and health education	Engage in sensitive, respectful discussions regarding the many factors influencing obesity, the risks of overweight and obesity and the benefits of engaging with evidence based obesity care, tailoring the information to the person's individual health status, needs and level of understanding.
4.14	Utilising evidence-based behaviour change approaches	Use evidence-based behaviour change techniques, including motivational interviewing, to empower people to make informed decisions and adopt relevant health behaviours.





## Domain 5: Health Promotion and Obesity

5.1	Evidence-based health promotion and prevention	Understand and apply evidence-based strategies to obesity prevention initiatives that promote health and well-being across communities, including in school-based settings.
5.2	Health communication and community engagement	Communicate targeted health information regarding obesity prevention and management clearly and effectively to a range of audiences, using appropriate, inclusive and sustainable formats (e.g., presentations, social media tools, infographics).
5.3	Public health leadership and policy translation	Translate public health policy into effective physiotherapy-led interventions, demonstrating leadership in health promotion.
5.4	Advocacy and influencing policy	Advocate for equitable, inclusive health services and policies that are free from weight bias and stigma, in line with the physiotherapist's public health responsibilities.





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