

Transcript for Prominence History Taking - Lecture

Slide 1:

Hello, welcome to this PROMINENCE project presentation regarding clinical history taking with adults with obesity. This presentation was developed by Dr Mary Davis and myself, Dr Caitriona Cunnigham, from the physiotherapy discipline at University College Dublin in Ireland.

Slide 2:

So, let's get started. This presentation aims to support you to become competent gathering relevant clinical information while also developing a compassionate and person-centred approach. This presentation focuses on the core components of history taking starting, with the patient's weight history, and then considering the person's broader medical, surgical, social, and family history, alongside their lifestyle behaviours.

Finally, this presentation will include a discussion of outcome measures.

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It's important to note that the content and focus of a physiotherapy clinical assessment can vary significantly depending on a number of key factors.

These include the person's age, for example, whether you're working with an adult or child. Also, your specific role as a physiotherapist within the broader care team. Other factors influencing the assessment are the stage or severity of obesity, the primary reason for the physiotherapy referral or assessment, and importantly, the patients own goals and priorities for their management. There are also cultural and ethnic considerations.

Understanding these contextual factors helps ensure that your assessment is both person-centred and clinically appropriate.

Slide 4:

Let's look at the key components of a physiotherapy subjective assessment as part of a consultation where the focus is on addressing obesity and its related complications. Assessment's components typically

include an obesity or weight history, medical and surgical history, social and family history, and a review of lifestyle behaviours. The specific areas you focus on will depend on your clinical judgement, and the individual needs of the patient.

We'll explore each of these components in more detail over the next few slides.

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An important first area to explore is the person's weight or obesity history. This helps us understand how the person's weight has changed over time and can give insight into both contributing factors and the person's experiences with weight management. Key aspects to cover include the age of obesity onset. For instance, whether weight gain began in childhood, developed gradually, or occurred more recently.

It's also helpful to ask about their highest and lowest adult weight, any recent weight fluctuations, particularly over the past three months, and their current phase of weight, whether they are gaining, losing, or maintaining. This can help guide treatment planning and goal setting.

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As we continue building this weight history, it's useful to explore possible causes of weight gain such as pregnancy, medication use, mental health conditions, changes in physical activity or health status, and the presence of comorbidities.

Understanding these contributing factors helps us identify potential barriers to progress and to tailor appropriate support.

We should also take note of the person's previous experiences with weight loss or obesity care. What types of interventions have they tried? Dietary changes, physical activity programmes, medications, surgery. Were they successful? – and if so, were they able to maintain the weight loss over time? This information can reveal both effective and ineffective strategies for the individual.

Understanding whether the person is currently engaged with or has been referred to a weight management service is also important and may help inform where you, the physiotherapist, fit in as part of the broader care team.

Lastly, relevant family history can offer important context, particularly if there's a history of obesity, bariatric surgery, or cardiometabolic conditions, such as type 2 diabetes.

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As with any physiotherapy history taking, it's important to take a thorough medical and surgical history. Our specific focus here is on identifying any obesity-related complications that may impact the person's function, goals, or care plan.

However, depending on your role in your patient's care or their presenting complaint, you may place a greater emphasis on specific aspects of the medical or surgical history.

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To support a more comprehensive and person-centred assessment, we can use clinical tools like the 4Ms framework, which helps to structure an exploration of the major drivers, barriers, and complications of obesity. The 4Ms is an example of just one tool that we can use almost like a checklist to help structure a thorough and efficient obesity assessment.

The 4Ms stand for:

- first, mental health such as depression, anxiety, body image concerns, or cognitive difficulties.
- Mechanical health including pain, osteoarthritis, sleep apnoea, or reduced mobility.
- The third M, metabolic health like type 2 diabetes, hypertension, or dyslipidaemia.
- And finally, monetary, which refers to the person's social, economic, and environmental context, including housing, finances, and access to resources.

As physiotherapists, the 4Ms can guide both history taking and clinical reasoning, helping us develop a more complete understanding of the person in front of us. Used alongside tools, such as the Edmonton Obesity Staging System, the 4Ms support a more holistic person-centred approach, shifting the focus away from weight alone and towards the individual's real world health needs and goals.

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Expanding on the 4Ms framework, we now move on to specific areas of the medical history relevant for adults living with obesity, and consider why these matter for physiotherapy.

First, screening for physical comorbidities is essential. Conditions like osteoarthritis, chronic pain and mobility or balance impairments can limit movement, reduce exercise tolerance, and increase falls risk. Understanding these helps us to tailor interventions to the person's physical capacity and to ensure safety.

Next, review cardiovascular health. Cardiac risk factors, such as hypertension, dyslipidaemia, or smoking, along with existing cardiovascular disease or stroke history, all affect exercise tolerance and safety. Knowing this guides appropriate exercise prescription and monitoring of exercise intensity during sessions.

Assessing diabetes status is also critical. Poorly controlled diabetes can cause blood sugar fluctuations, hypo- or hyperglycaemia that may impact safety during physical activity. Awareness enables us to plan safe, targeted, and effective exercise and to monitor for warning signs.

Finally, it may be relevant to discuss metabolic and hormonal health with your patient. Conditions like metabolic syndrome, thyroid disorders, polycystic ovarian syndrome, or menopausal status, can all influence energy balance and metabolism, affecting how the person responds to physical activity and weight management.

Understanding these health areas informs your clinical reasoning, helps classify the severity and impact of obesity, and ensures physiotherapy, including exercise plans, are safe, effective, and tailored to individual needs.

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To complete the medical history, we explore additional areas with important implications for physiotherapy. Remember, you may be providing care to an adult with obesity in any setting and for any presenting condition.

You may be providing respiratory physiotherapy or low energy levels or respiratory issues may arise as a barrier to engagement in treatment.

Awareness of conditions such as obstructive sleep apnoea, obesity, hypoventilation syndrome or breathlessness will require you to adjust activity levels and consider safety.

Ask about urinary or faecal incontinence and pelvic floor issues. Remember, muscle loss associated with weight loss itself or obesity management medications will impact the pelvic floor muscles, as well as other muscles, and thus may result in incontinence issues. Such issues can affect movement confidence, exercise participation, and require specific physiotherapy and other management approaches.

Mental health must be considered. Disorders like depression and anxiety can affect motivation, adherence to therapy and overall well-being. Recognising these helps tailor communication, goal setting, and support.

Be aware of other obesity-related conditions including gallbladder disease, pancreatitis, fatty liver disease, gynaecologic issues, and skin conditions like fungal infections. These can impact comfort, function, and treatment tolerance.

Finally, review the medication history. Some medications promote weight gain or loss and can influence energy, mood, or physical capacity. This knowledge helps optimise the care plan and manage expectations.

It is important to flag any drugs that may be contributing to weight gain such as corticosteroids, certain anti-depressants or antipsychotic medications. This may be useful not only for understanding the weight trajectory of your patient, but also in supporting the broader management as part of the multi-disciplinary team.

Together, this comprehensive history enables safe, person-centred physiotherapy that addresses the real-world impact of obesity on health and function.

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In any holistic biopsychosocial physiotherapy assessment, understanding a person's social and family history is essential. And this is particularly true when working with individuals living with obesity. Start by gathering standard information: the person's working status, family and support network, home environment, and ability to manage activities of daily living. These details help you understand the context in which the person lives and how their environment may support or limit their capacity to engage in physiotherapy and self-management. There are also specific social determinants that can significantly affect a person's ability to engage in or sustain physiotherapy strategies. Ask about access

to exercise facilities or opportunities. These might include access to safe walking environments, appropriate exercise equipment, or community programmes.

It may be relevant to explore whether the person has adequate income or medical insurance to cover necessary care including physiotherapy, specialist referrals, or specialised equipment. These factors can either support or present barriers to treatment and recognising them allows you to make more realistic and sustainable recommendations.

Finally, it may be important to screen sensitively and appropriately for any history of physical, psychological, or sexual abuse, whether current or historical. This may be of particular relevance if the person expresses distress and may wish to avoid certain types of assessment. Trauma history can influence body image, trust in healthcare providers, and readiness to engage in care. These experiences can have a profound impact on mental health, coping mechanisms, and may contribute to behaviours associated with obesity. They can also influence how comfortable a person feels during physical assessments or interventions.

If a trauma history is disclosed, it's essential to acknowledge this with care, and consider appropriate referral pathways for trauma informed support.

By considering the person's broader social history, physiotherapists can provide more personalised, realistic, and compassionate care, helping reduce barriers and supporting long-term behaviour change.

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As physiotherapists, assessing physical activity and mobility is a critical part of understanding how obesity is impacting function and where we can support safe and sustainable changes. Start by exploring the person's current physical activity levels. Consider using a tool like the physical activity vital sign to record the frequency and duration of activity, including time spent in sedentary behaviours such as sitting or screen time.

It's also useful to ask about commuting or travel. How much time is spent moving throughout the day and by what method? This gives you a better picture of the person's baseline activity. Be sure to identify any barriers or limitations to physical activity. These might include pain, fatigue, time constraints, or obesity-related impairments like breathlessness, reduced joint range, or low general or exercise specific confidence.

As highlighted previously, also consider social or environmental factors such as access to safe spaces for exercise or affordable activity options that may be limiting participation. Alongside this, assess the person's mobility status. What is their current functional capacity? Has it changed over time?

You should also ask about any falls history or known falls risk and whether or not the person requires any mobility aids, and these may need to be specialised. All of this information is essential for safe exercise planning and goal setting. Together, these details help you design interventions that are realistic, tailored, and safe, and that support the person's autonomy and progress over time.

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As part of a holistic assessment, reviewing key lifestyle behaviours, such as sleep, nutrition, and smoking can help you better understand the broader factors influencing a person's health, function, and engagement with physiotherapy.

That said, it's important to recognise that it may not always be relevant or feasible to assess all of these areas in a single or even repeated consultations, particularly in time limited settings. Use your clinical judgement to decide what's a priority and most appropriate for the individual in front of you.

When relevant, ask about sleep, including average hours of sleep, sleep quality, bedtime routines, and any barriers to falling or staying asleep. Also ask about sleep position, especially in the presence of pain or mobility limitations. Screening for obstructive sleep apnoea may also be indicated and tools like STOP-BANG can help guide decisions about onward referral.

While physiotherapists are not expected to provide nutrition counselling, you may briefly explore eating patterns, if they are clearly linked to physical function, energy levels, or recovery.

A more in-depth discussion of diet is covered in a separate dedicated section of this OER.

Smoking status is another lifestyle factor that may come up. While it may not always be central to your physiotherapy intervention, it's important to consider its impact on cardiorespiratory health and physical capacity.

Lastly, be mindful that some lifestyle behaviours, such as substance abuse or addiction, may not fall within the physiotherapist's scope, but can significantly affect health and engagement with care. In these cases, consider referral to appropriate members of the multidisciplinary team.

Overall, use this part of the assessment to inform your clinical reasoning and identify opportunities for collaboration and referral, always keeping the patient's goals and context in mind.

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To close, this slide provides a summary and list of outcome measures that are evidence-based and/or recommended by the core outcome sets referenced at the base of this slide and for use in adults living with obesity. While you may not use these routinely in every clinical interaction, they can be valuable tools for capturing meaningful information about a person's health, function, and quality of life, especially when monitoring progress or contributing to a multidisciplinary care plan. Of these measures, physical outcomes, such as Timed Up and Go may be the most relevant to your assessment as a physiotherapist. These measures support your clinical reasoning and may highlight intervention priorities or the need for onward referral.

They may allow change to be tracked over time in a structured evidence-based way. We've included this slide as a resource, something to draw on when you're selecting outcome measures that align with your patient goals, your clinical focus, or the broader service context in which you work.

Slide 15:

Here are a few resources you may find helpful. These include links to relevant clinical practice guidelines and three core outcome sets previously mentioned. Please also check out other elements of the assessment section of this PROMINENCE OER for practical tools and resources, including a sample assessment proforma, an overview of some relevant diagnostic blood tests you might see performed by your medical colleagues, evidence-based frameworks to support structured clinical reasoning, and links to calculators for anthropometric measurements. Thank you.