

PROMINENCE

Promoting Obesity and Metabolic Rehabilitation Inclusion in EU Entry-level Physiotherapy Curricula



Webinar Launch

PROMINENCE Open Education Resource

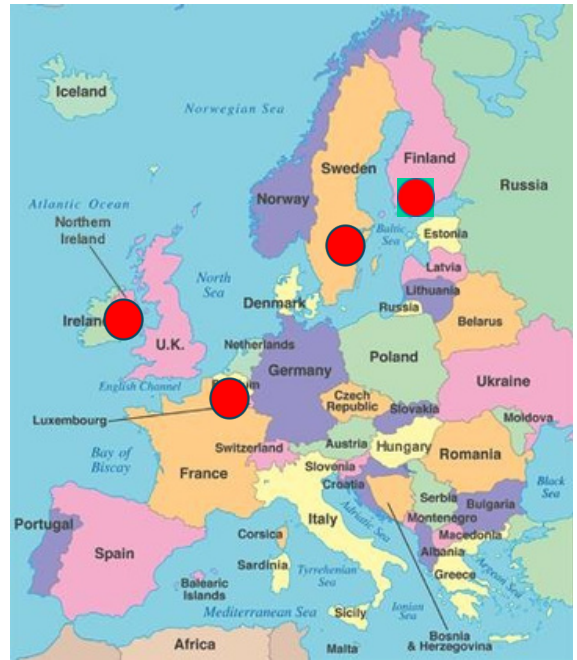
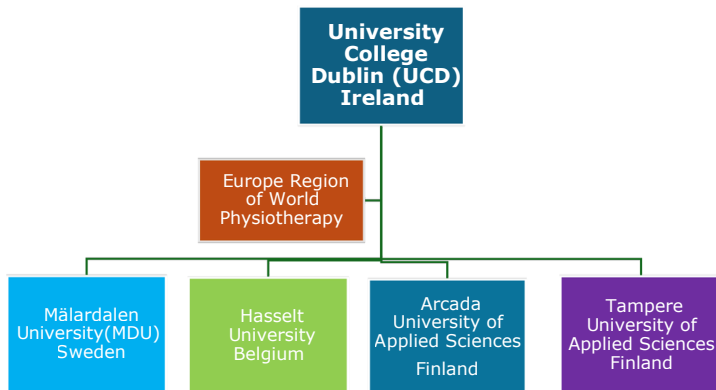
24 March 2026

Caitríona Cunningham
University College Dublin
Ireland



Welcome to the launch of the PROMINENCE Obesity Open Education Resource for physiotherapists. We're delighted to have so many people joining from all over Europe today.

PARTICIPATING ORGANISATIONS



The Prominence project was funded by an Erasmus+ grant and today's launch is the result of work by a transnational collaboration. This includes five Higher Education Institutions and the Europe Region of World Physiotherapy.

I'm Caitriona Cunningham, Project lead from University College Dublin, Ireland.

The other project partners are:

- Hasselt University, Belgium
 - Mälardalen University, Sweden
 - Arcada University of Applied Science, Finland
 - Tampere University of Applied Science, Finland
- and
- Europe Region of World Physiotherapy, based in Belgium.

Presentation



PROMINENCE Project Overview

Needs Assessment: Higher Education Institutions Survey, Scoping Review Literature

Obesity Competency Framework: development process and share overview

Open Education Resource Dissemination and OER Implementation



Co-funded by the
Erasmus+ Programme
of the European Union

First a project overview - I'll explain why this project came about and give an overview of the project work. Next, I'll describe the needs assessment: a survey of physiotherapy educators we conducted and a scoping review of the literature.

Then I'll move on to the key project outputs:

- an Obesity Competency Framework for physiotherapists, and
- the Open Education Resource which we are launching today.

Finally, I'll talk about dissemination of project findings and OER implementation.

Why this project ?



- Rising prevalence of obesity with significant associated health and societal consequences
- Physiotherapy education
- Obesity is widely recognised as a complex, chronic disease

So why this project?.. All of you are here no doubt because you are aware of the rising prevalence of obesity and the health and societal consequences. You know that you and your students and colleagues are meeting more people with obesity in clinical practice.

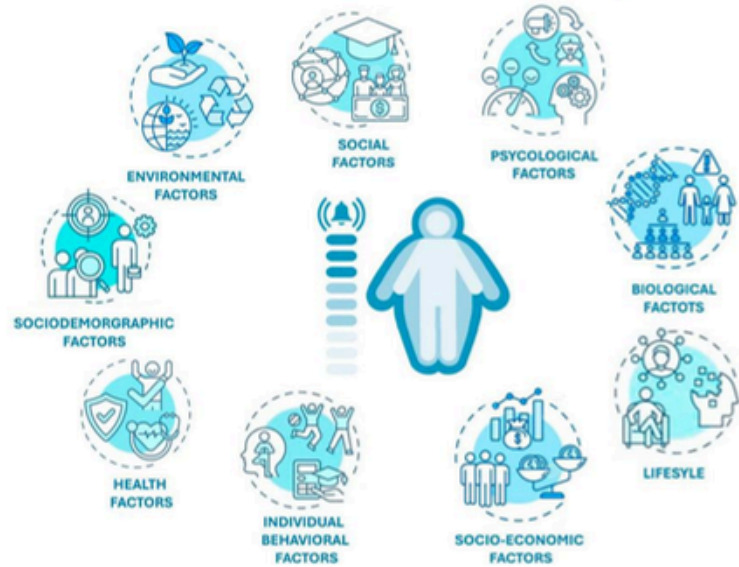
And perhaps you're reflecting on your own physiotherapy education and considering your own and other physiotherapists' preparedness to address obesity - you are aware there are gaps in education.

Importantly, a paradigm shift has occurred in the thinking around obesity, where it is now widely recognised as a chronic disease by organisations such as the World Health Organisation and the European Association for the Study of Obesity.

Principal biological determinants of obesity



Obesity is determined by an enormous complexity of the causal factors and their interrelationships, clearly indicating that individual physiology and behaviour are shaped by strong social and local environment factors.



Reused from Monda A, et al. *Foods*, 13(16), 2627; under the Creative Commons Attribution (CC BY) license 4.0
<https://doi.org/10.3390/foods13162627>

Obesity involves complex physiological mechanisms, including genetic predisposition, neuroendocrine regulation of appetite and metabolism, hormonal signalling and changes in energy homeostasis.

Environmental and social determinants, such as food environments, socioeconomic status, urban design and marketing of foods play a significant role in shaping risk.

Why this project?

Management of obesity often based on outdated models

Change in healthcare systems

Weight bias and stigma common among healthcare workers



Whereas current management of obesity is often based on outdated models with an overemphasis on calories in/calories out and on changing BMI.

This shift has important implications for healthcare systems, emphasising structured care pathways, medical and/or surgical treatments, interdisciplinary management approaches, rather than short-term weight loss efforts alone.

Weight bias and stigma is common among healthcare workers and people with obesity do not receive the evidence-based healthcare they require and deserve. Advocacy for policy change and equitable healthcare is required.

PROMINENCE Team

University College Dublin, School of Public Health Physiotherapy and Sports Science, Dublin, Ireland:

PROMINENCE Project Lead: Caitriona Cunningham

Gráinne O'Donoghue

Catherine Blake

PROMINENCE Project Coordinator: Mary E. Davis

Mälardalen University, Department of Health Sciences, Innovation and Design, Västerås, Sweden:

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Tampere University of Applied Sciences, Faculty of Social Services and Health Care, Tampere, Finland:

Tiina Pystynen

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Arcada University of Applied Sciences, Graduate School and Research, Helsinki, Finland:

Camilla Wikström-Grotell

Cia Törnblom

Hasselt University, Hasselt, Belgium:

Kenneth Verboven - Rehabilitation Research Center (REVAL), Faculty of Rehabilitation Sciences

Anouk Agten - UHasselt Research on Innovative and Society-engaged Education (U-RISE)

Europe Region of World Physiotherapy, Brussels, Belgium:

Emilia Kosińska



I'd like to thank all the PROMINENCE team members for all their work since we applied for funding over 3 years ago to bring us to today's launch.

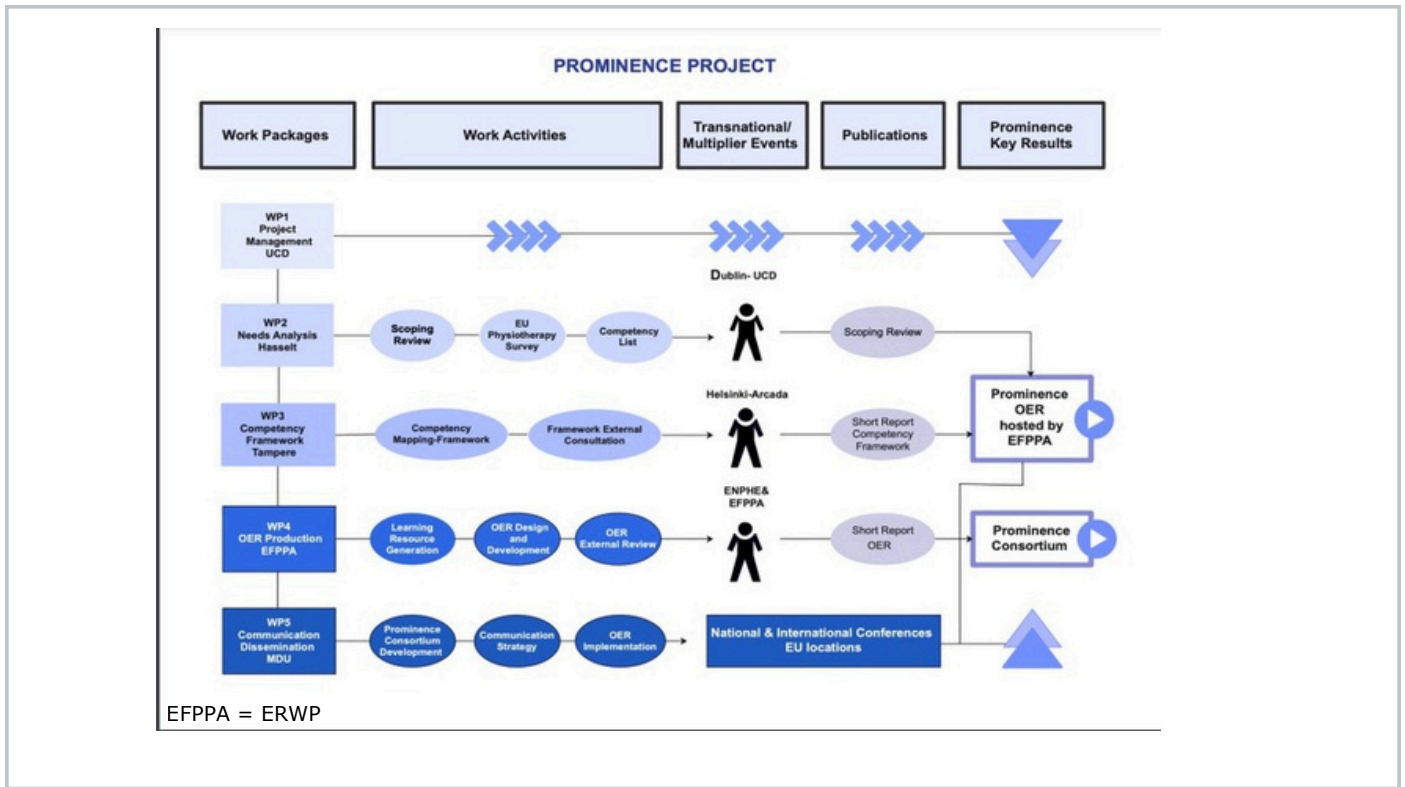
We also had multiple other contributors who we will acknowledge later.



PROMINENCE Mission Statement

"Our mission at PROMINENCE is to empower physiotherapists to prevent and manage obesity through evidence-based practices. Through development of comprehensive education with innovative solutions, we strive to inspire Physiotherapists to make a lasting impact on the health and well-being of individuals, communities, and society as a whole. Together, we are dedicated to transforming the way obesity is understood, prevented and managed, creating a healthier future for all."

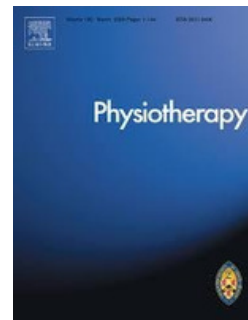
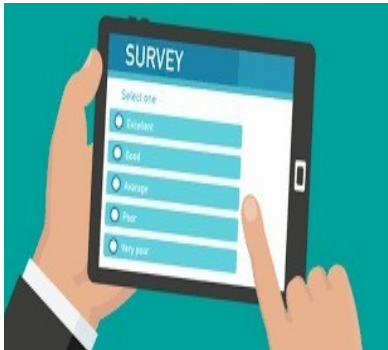
And yes, we had a mission statement. The key point was that we want to empower physiotherapists to prevent and manage obesity through evidence-based practices... driven by evidence-based education.



Here you see an overview of project work, which commenced in December 2023 – so just over 2 years ago.

There are a series of work packages led by different international project partners, and also works activities, a number of transnational meetings – all leading to the key outputs of the competency framework and open education resource.

**A European Survey of Current Practice
Integrating Obesity Education into Physiotherapy Curricula:**



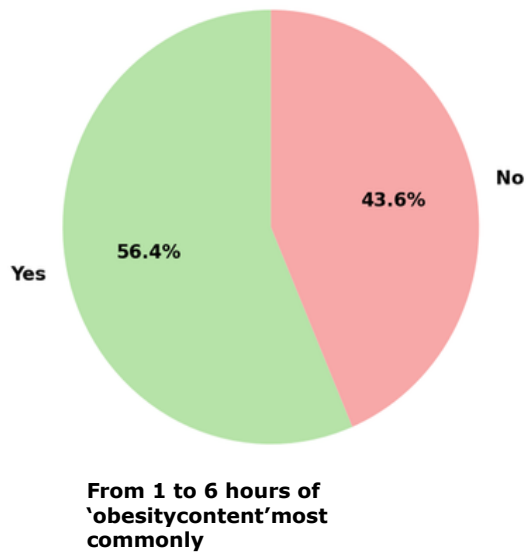
Davis Mary. E, O'Donoghue Grainne, Kosińska Emilia, Verboven Kenneth, Lehtinen-Jacks, Susanna, Fridén Cecilia, PystynenTiina, Blake, Catherine, Tuominen Pipsa P. A., Wikström-Grotell Camilla, TörnblomCia, Cunningham Caitriona.

First, it was important to know what the state of play was with physiotherapy obesity education in 2024. So, the team conducted a survey of higher education institutions who delivered physiotherapy education across the EU.

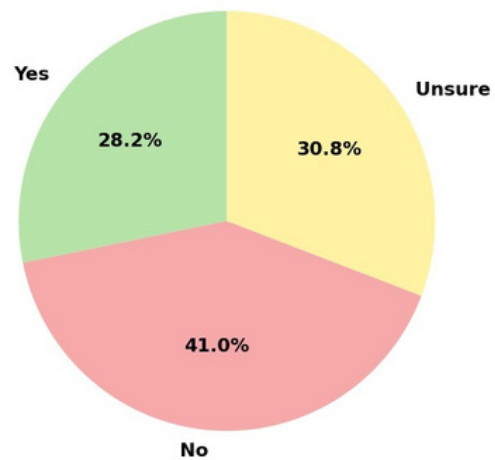
This study was facilitated by Europe Region of World Physiotherapy and informed by the current evidence-based obesity management and obesity competencies literature. Thanks to many of you here today who responded, and our related paper should be available for you to read in the coming few months in Physio UK journal.

Survey: 'Obesity Content' in Physio education Programmes (n=78)

Specific Obesity Content in Entry-Level Physiotherapy Programmes

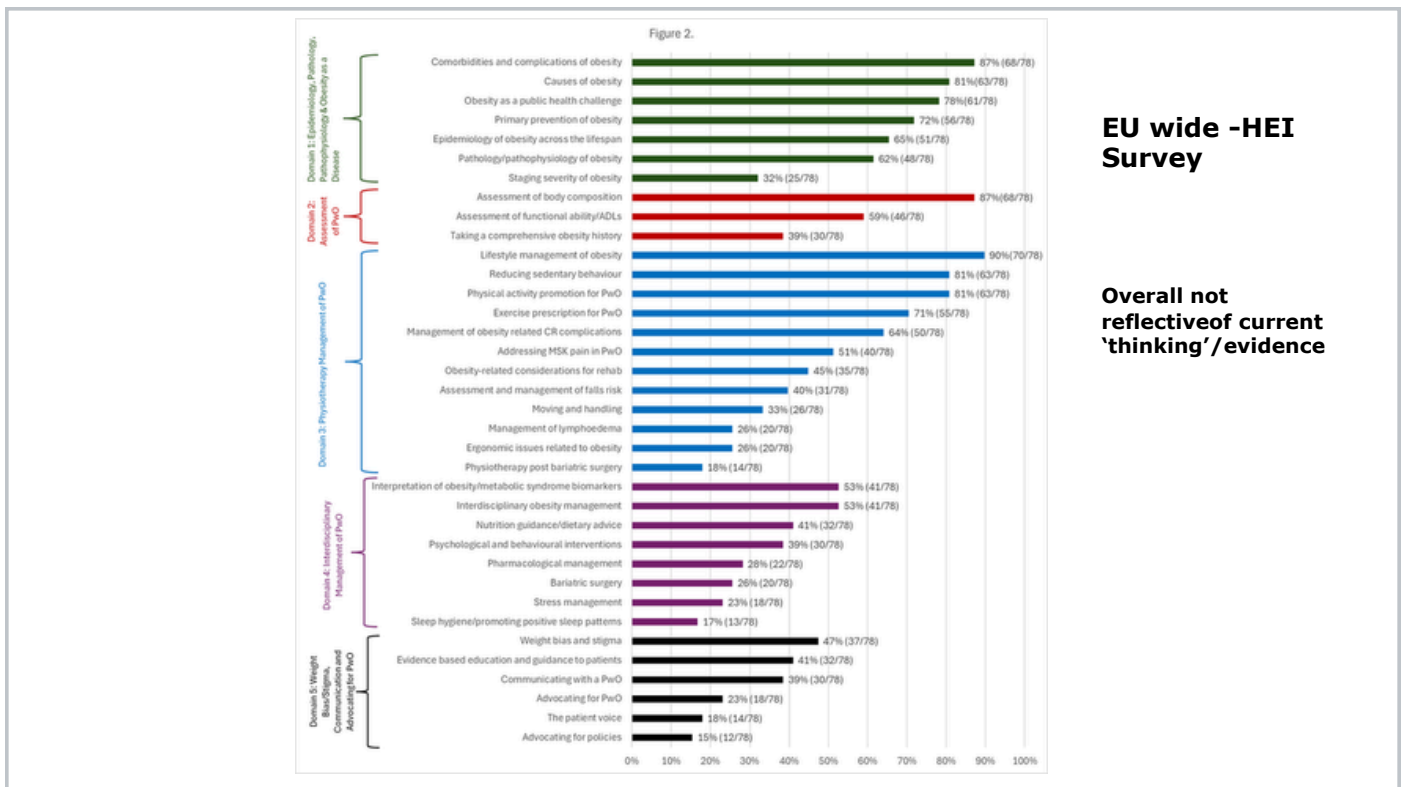


Sufficiency of Obesity Content in Entry-Level Physiotherapy Programmes



I'll just share a few key results. We had 78 HEI respondents from 32 countries. Just over a half of respondents had dedicated obesity content in their programme.

When asked if level of obesity content sufficient, you can see just 28% said yes, and in programmes with this content, it ranged anywhere from 1 to 6 hours most commonly.



EU wide -HEI Survey

Overall not reflective of current 'thinking'/evidence

Here you see a graph from our survey paper. Obesity education is broken up into colour coded domains with a number of topics in each. Now, you'll need to read the paper but you can see the percentage of respondents covering the different topics in their programme varied a lot as evidenced by the bars in graphic.

Unsurprisingly, PA/exercise and obesity complications were commonly covered with 80% reporting such content.

Whereas a much lower percentage of respondents reported content regarding sleep or diet and food approaches.

Lower proportions covered topics like obesity in musculoskeletal, cardiorespiratory physiotherapy or ergonomics; and lower percentage of HEIs include content on other 'obesity related topics' like pharmacotherapy, bariatric surgery, etc.

And so again, the gap in physiotherapy education was highlighted.

Development of Competency Framework required Helsinki, April 2025



RESEARCH Open Access

Obesity competencies for healthcare professionals: a scoping review

Kenneth Verboven¹, Camilla Wikström-Groth², Susanna Lehtinen-Jacks³, Mary E. Davis⁴, Gráinne O'Donoghue⁵, Rosa P.A. Tuominen⁶, Anouk Ageton⁷, Fiona Curran⁸ and Catriona Cunningham^{9*}

Abstract

Background The Obesity Policy Engagement Network (OPEN-EU) manifesto, led by the European Association for the Study of Obesity (EASO), underscores the urgent need for enhanced, evidence-based education for healthcare professionals (HCPs) involved in obesity care. This scoping review aims to identify and profile relevant literature that reports on obesity-related competencies for HCPs and to synthesise identified competencies into obesity competency domains and subdomains to inform HCP education.

Methods A scoping review was conducted in accordance with the Joanna Briggs Institute and PRISMA guidelines, including a comprehensive search strategy targeting PubMed, CINAHL, Plus and ERIC databases (2014–2024). Based on clear inclusion criteria, full-text articles which focused on obesity-related competencies in HCP education were identified. Thematic analysis of all reported competencies was conducted to generate obesity-related competency domains and subdomains.

Results Twenty-two studies were included in the scoping review (out of 1296 unique records resulting from database searches) with a diversity of HCP disciplines represented. Multiple obesity competencies were identified, spanning eleven key domains: Obesity Background, Clinical Assessment, Clinical Management, Evidence-Based Practice, Communication, Professionalism/Ethical standards, Patient Centred Care, Advocacy/Influencing, HCP Education, Public Health/Health promotion and Health Systems. The most frequently reported competencies fell within the domains of Clinical Assessment and Clinical Management.

Conclusion This scoping review identified and synthesised obesity related competencies from HCPs education and professionalisation literature into eleven key domains and related subdomains. These findings highlight the multifaceted nature of obesity management, postulating the usefulness of comprehensive, competency-based training for HCPs.

Keywords Competency, Obesity, Healthcare professional education, Learning outcomes

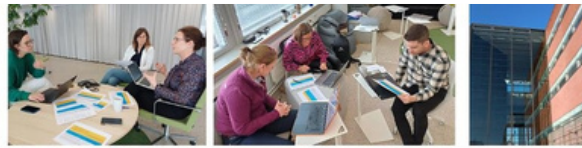
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Concurrently the PROMINENCE team worked on conducting a scoping review of the literature regarding obesity education competencies.

Very little had been written regarding more physiotherapy focused competencies – so we extended our search to competencies for all HCPs.

The results verified the need to develop a specific competency framework for physiotherapy - here you see the PROMINENCE team at a transnational workshop in Helsinki.



Clinical Management - Person with Obesity - Physiotherapy

[Home](#) [About the Project](#) [Obesity Competency Framework](#) [Partners](#) [News](#) [Contact](#)

PROMINENCE Obesity Competencies Framework for Entry Level Physiotherapy Programmes

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).

Scoping findings informed the development of the PROMINENCE obesity competency framework as well as in person workshops, online meetings, multiple drafts and revisions, international educator, clinician, and importantly, patient input regarding the framework.

So, if you go to our project website, you can now click on the competency framework.

It's important to note that the framework deliberately focuses on what's more unique to obesity whilst recognising that other more generic physiotherapy competencies, etc., are also relevant in obesity care and rehabilitation, e.g., movement analysis and professional competencies.

The framework has 5 domains. For example, domain 4 shown here refers to clinical management competencies. We believe this framework will be of major value to physiotherapy educators engaging in curriculum enhancement regarding obesity and will allow the generation of related learning outcomes.



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Obesity Open Education Resource for Physiotherapy

This competencies framework and domains have acted as the basis for the PROMINENCE Open Education Resource, which we, the PROMINENCE team, are delighted to be launching today – the culmination of two years working together.


This Open Education Resource will be available to all free of charge from today. I'm going to talk you through this Open Education Resource, which focuses on adults with obesity.

The PROMINENCE needs analysis (Scoping Review of the literature, HEI Survey) and the PROMINENCE Competency Framework are broader than this, and we recognise the need for a lifespan approach to obesity and the important role of physiotherapists in childhood obesity. But for such a major topic area as obesity, we have kept the focus on adults.

So, the OER is presented as 5 distinct sections aligning with the competency framework domains.

First, we have the background to obesity - all sections have a series of tabs for easy navigation. When you click on these, you will be brought to a variety of learning resources. This first background section covers epidemiology and determinants of obesity; the pathophysiology of obesity, which emphasises the understanding of obesity as a complex, chronic, multifactorial disease; and then an overview of evidence-based approaches including a multidisciplinary care model.

Some resources, like Goossens' masterclass on adipose tissue have been integrated as the best available existing resources. Other resources needed to be developed by the PROMINENCE team especially to address more unique physiotherapy competencies. Physiotherapy educators, we hope, will value having presentations, videos, images, infographics they can direct students to or perhaps can easily download for integration into their physiotherapy programmes.




Weight Bias and Stigma

[LEARN MORE](#)

Unit 3: Communicating with Compassion

Unit 3 examines how communication choices can either reinforce or reduce stigma. It develops skills in person-first language and respectful, non-judgemental communication that validates patient experiences and supports collaborative care planning.





Developed by the [International Obesity Federation](#)

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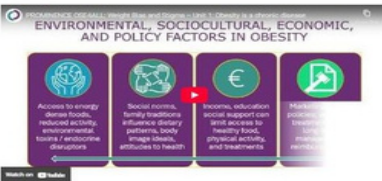
What these educational videos cover?

This video series contains four interconnected units. Together, they provide the knowledge, awareness and practical tools needed to reduce weight stigma and deliver compassionate, evidence-based, person-centred care.



Unit 1: Obesity as a Chronic Disease

In unit 1, obesity is established as a chronic, relapsing disease rather than a personal failing or simple lifestyle choice. The unit examines the biological systems regulating body weight, as well as the social and environmental factors that influence obesity, supporting a shift from blame-based narratives to understanding.



Unit 2: Recognising Weight Stigma and Bias in Practice

Unit 2 focuses on identifying weight stigma, weight bias and weight discrimination in healthcare settings. You will reflect on how stigma, both personal and systemic, can influence clinical judgement.














Section 2 is focused on weight bias and stigma. This is a critical area in evidence-based obesity care - unless we reduce bias and stigma, we cannot be evidence-based practitioners.

Here, we have an evidence-based video series to support physiotherapists and all healthcare professionals in delivering care that is safe, equitable, and free from weight-based stigma.

Video 1 focuses on understanding obesity as a disease as this is critical to reducing bias and stigma often experienced by people living with obesity.

Video 2 focuses on identifying weight stigma, weight bias and weight discrimination in healthcare settings. You will reflect on how stigma, both personal and systemic, can influence clinical judgement, communication and treatment decisions, often without conscious awareness.

Video 3 examines how communication choices can either reinforce or reduce stigma. It develops skills in person-first language and respectful, non-judgmental communication that validates patient experiences and supports collaborative care planning.

Non-Neutral Stigmatising Language	Person-First Weight-Neutral Language 
 Obese Person / Patient	 Patient has obesity Person living with obesity
 Fat / obese	 Higher weight living in a larger body
 Failed to lose weight / unsuccessful	 Treatment response
 Morbidly obese	 Use staging e.g. EOSS if clinically relevant
 Comorbidity	 Obesity related complications
 Skinny jab / weight loss drugs	 Obesity medications

(Curran et al, 2026)

This slide gives example of stigmatising language and recommends the use of person-first language.

In the final 4th video, clinical frameworks and practical tools are brought together to support high-quality care for people living with obesity. This includes the tiered model of care (based on the Irish system), multimodal treatment approaches, and delivering stigma-free care, even when patients present for non-obesity related concerns.

The unit also highlights the role of healthcare professionals in advocating for an equitable, stigma-free healthcare system.

EOSS: EDMONTON OBESITY STAGING SYSTEM - Staging Tool

STAGE 0	STAGE 1	WHO CLASSIFICATION OF WEIGHT STATUS (BMI kg/m ²)
<ul style="list-style-type: none"> • NO sign of obesity-related risk factors • NO physical symptoms • NO psychological symptoms • NO functional limitations <p>Case Example: Physically active female with a BMI of 32 kg/m², no risk factors, no physical symptoms, no self-esteem issues, and no functional limitations.</p> <p><i>Class I, Stage 0 Obesity</i></p> <p>WHO Obesity Classification</p>	<ul style="list-style-type: none"> • Patient has obesity-related SUBCLINICAL risk factors (borderline hypertension, impaired fasting glucose, elevated liver enzymes, etc.) - OR - • MILD physical symptoms - patient currently not requiring medical treatment for comorbidities (dyspnea on moderate exertion, occasional aches/pains, fatigue, etc.) - OR - • MILD obesity-related psychological symptoms and/or mild impairment of well-being (quality of life not impacted) <p>Case Example: 38 year old female with a BMI of 59.2 kg/m², borderline hypertension, mild lower back pain, and knee pain. Patient does not require any medical intervention.</p> <p><i>Class III, Stage 1 Obesity</i></p>	<p>Obese Class I 30 - 34.9 Obese Class II 35 - 39.9 Obese Class III ≥40</p>
<p>Stage 0 / Stage 1 Obesity Patient does not meet clinical criteria for admission at this time. Please refer to primary care for further preventative treatment options.</p>		
STAGE 2	STAGE 3	STAGE 4
<ul style="list-style-type: none"> • Patient has ESTABLISHED obesity-related comorbidities requiring medical intervention (HFM, Type 2 Diabetes, sleep apnea, PCOS, osteoarthritis, reflux disease) - OR - • MODERATE obesity-related psychological symptoms (depression, eating disorders, anxiety disorder) - OR - • MODERATE functional limitations in daily activities (quality of life is beginning to be impacted) <p>Case Example: 32 year old male with a BMI of 36 kg/m² who has primary hypertension and obstructive sleep apnea.</p> <p><i>Class II, Stage 2 Obesity</i></p>	<ul style="list-style-type: none"> • Patient has significant obesity-related end-organ damage (myocardial infarction, heart failure, diabetic complications, incapacitating osteoarthritis) - OR - • SIGNIFICANT obesity-related psychological symptoms (major depression, suicide ideation) - OR - • SIGNIFICANT functional limitations (eg. unable to work or complete routine activities, reduced mobility) • SIGNIFICANT impairment of well-being (quality of life is significantly impacted) <p>Case Example: 49 year old female with a BMI of 67 kg/m² diagnosed with sleep apnea, CV disease, GERD, and suffered from stroke. Patient's mobility is significantly limited due to osteoarthritis and gout.</p> <p><i>Class III, Stage 3 Obesity</i></p>	<ul style="list-style-type: none"> • SEVERE (potential end stage) from obesity-related comorbidities - OR - • SEVERELY disabling psychological symptoms - OR - • SEVERE functional limitations <p>Case Example: 45 year old female with a BMI of 54 kg/m² who is in a wheel chair because of disabling arthritis, severe hyperpnea, and anxiety disorder.</p> <p><i>Class III, Stage 4 Obesity</i></p>



Sharma AM & Kushner RF, *Int J Obes* 2009

The Edmonton Obesity Staging System is presented as a reminder of the differing stages of obesity.



Assessment of Adult with Obesity

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Obesity Diagnosis, Classification and Staging

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History Taking: Adult with Obesity

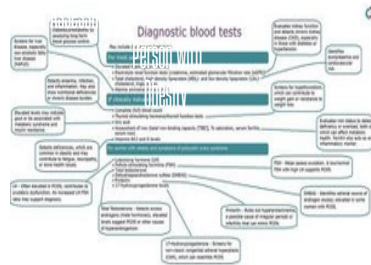
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Physiotherapy Assessment: Adult with Obesity

[LEARN MORE](#)

Assessment Models and Tools

[LEARN MORE](#)

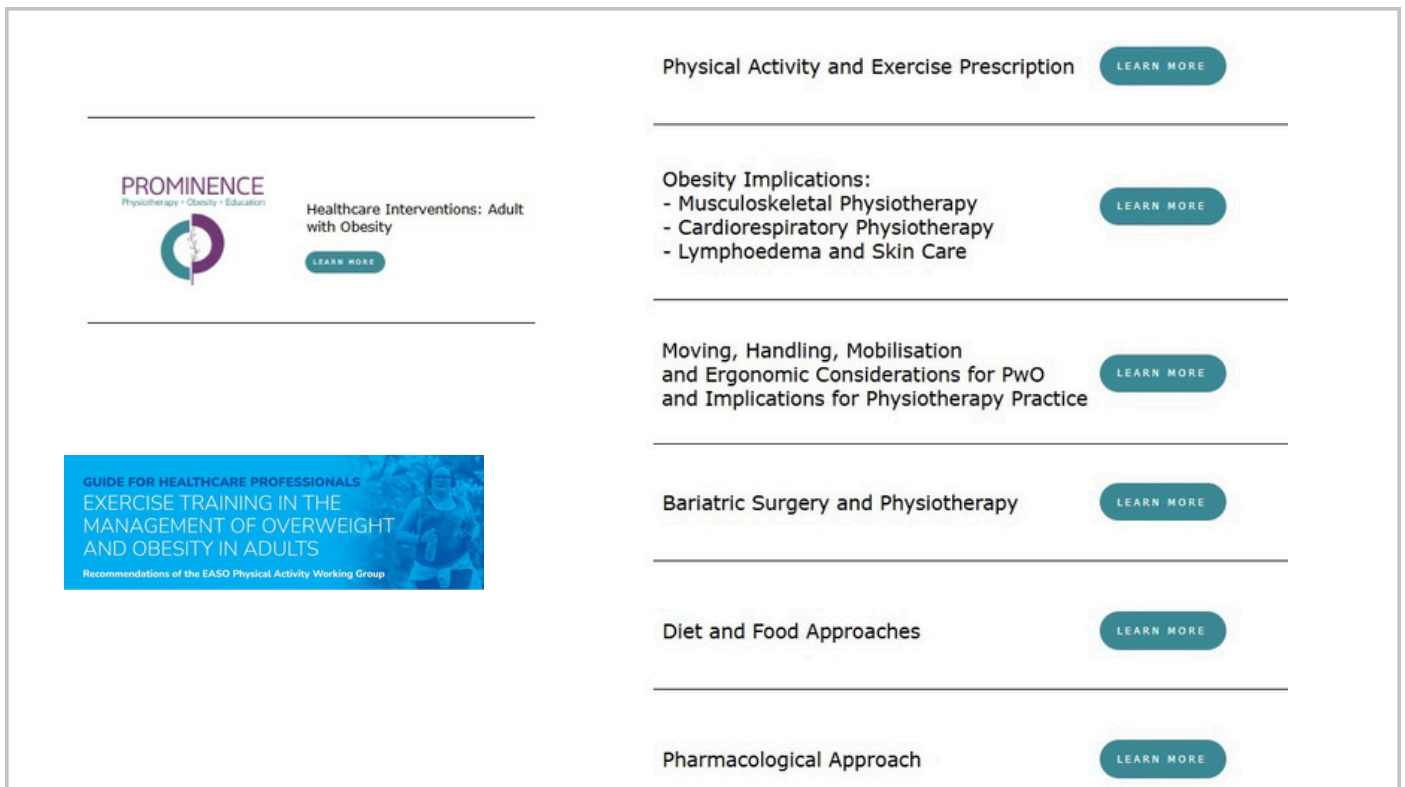


Next to the assessment section where we describe the key elements of evidence-based assessment for adults with obesity.

Staging of obesity is discussed. Then obesity history taking and ensuring this is individualised and includes age of obesity onset, previous treatments and weight loss attempts as well as listening carefully to the patient’s own physiotherapy goals.

Next, key elements of a physiotherapy assessment with a view to physiotherapy interventions are described.

And finally, a summary of assessment models and tools are shared.



Section 4 focuses on evidence-based interventions – again physiotherapists will draw on learning for other health conditions, but here the focus is on what might be unique to obesity. As always, we drew on existing resources but new resources were developed by both PROMINENCE team members and invited contributors.

Here we see sections on:

- exercise and physical activity for obesity
- obesity implications for musculoskeletal physiotherapy and in cardiorespiratory physiotherapy
- lymphoedema and skincare are essential for physiotherapists to understand.

So, primarily focusing on physiotherapy interventions, but also food and diet, surgery and pharmacological approaches to reflect current evidence.

A video dedicated to moving handling and bariatric ergonomic issues is also presented.

Bariatric Surgery and Physiotherapy



What is bariatric surgery?

Bariatric surgery refers to a group of operations performed endoscopically or laparoscopically that alter the stomach and/or small intestine to help people with obesity to lose weight and improve obesity-related complications



Key aims

- Weight reduction.
- Improvement of comorbidities
- Better quality of life and function.



Indications for surgery

- BMI ≥ 40 or BMI ≥ 35 with obesity complications, as part of a multidisciplinary behavioural/medical programme

Types of bariatric surgery:

Sleeve Gastrectomy (SG)

- Removes 75–80% of the stomach
- Irreversible.
- One of the most commonly performed procedures.

Mechanism:

- Restricts food intake (smaller volume so earlier satiety).
 - Hormonal effects (changes in gut hormones influencing appetite and glucose control).



Roux-en-Y Gastric Bypass (RYGB)

- A small stomach pouch is created and connected directly to a section of the small intestine, bypassing the remaining stomach and part of the intestine.

Here's an example of an infographic regarding bariatric surgery and the implications for physiotherapy.

OER Screenshot -Section 5: Health Promotion

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Physiotherapy • Obesity • Education

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Health Promotion and Obesity

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3
GOOD HEALTH
AND WELL-BEING



Tackling the growth in obesity is critical to achieving the Sustainable Development Goal (SDG) target 3.4: to reduce by one third premature mortality from NCDs by 2030.

Primary & Secondary Prevention across Lifespan - Obesity

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Behaviour Change Models/Theories Overview

LEARN MORE

Behaviour Change at Individual Level

LEARN MORE

Finally, a section regarding health promotion and obesity is presented.

Focusing on primary and secondary obesity prevention across the lifespan - an overview of behaviour change theories is presented and finally behaviour change at the level of the individual with obesity is presented. Sample learning activities are given.

OER Implementation



- OER free access <https://www.euprominence.com/open-education-resource>
- Free to download resources
- Developed by international team to facilitate implementation
- Competency framework as basis for curriculum enhancement and generating learning outcomes

So now we've shared the OER with you, you will need time to explore it in depth, to decide what elements to incorporate on your education/CPD programme or simply for your own learning.

Ultimately, this project is about enhancing physiotherapy and interdisciplinary management of obesity to make a difference to the health and quality of life of people living with obesity.

OER Implementation



- Access OER to support your own learning
- Decide on key content you wish to include in your education programme
- Decide how much time can dedicate to content - ECTS
- Option of sharing link to all/specific OER resources
- Download specific materials and incorporate into existing programme materials on your own Learning Management System, acknowledging PROMINENCE
- Generate assessments based on content



Newsletters

Published papers

Websites – EU-wide, Finland

24 March 2026 - OER Launch

6th Europe Region Physiotherapy Congress in Madrid, 5 – 6 November 2026 – Symposium proposed

Focus on implementation of OER learning content into curricula - target physiotherapy educators

HCP education conferences



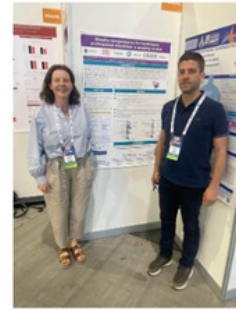
BASO, Belgium



ISCP, Ireland



**ENPHE,
Luxembourg**



EASO, Spain



Focused Obesity Symposium

**6th Europe Region
Physiotherapy Congress**

5-6 November 2026

Project findings have been shared at multiple conferences in Spain, Belgium, Ireland, Physiotherapy, and at education and obesity events.

European Network Physiotherapy Educators: competency framework was presented at ENPHE in Luxembourg.

6th Europe Region Physiotherapy Congress in Madrid, 5 – 6 November 2026 – obesity focused symposium accepted - led by UCD where we'll present on the PROMINENCE project.

Erasmus+

EU programme for education, training, youth and sport

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Results will be made available on the Erasmus+ platform.

PROMINENCE Obesity OER:

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Irish Coalition People Living with Obesity (ICPO)

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Co-funded by the
Erasmus+ Programme
of the European Union

OER Citation

- Recommended citation for the Obesity Education for Physiotherapy OER:

PROMINENCE (Promoting Obesity and Metabolic Rehabilitation INclusion in EU Entry-level Physiotherapy Curricula). An Open Education Resource for Physiotherapy Educators. (2026)

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- Obesity Competency Framework Citation

Citation for this Publication:

Cunningham, C., Tuominen, P., Pystynen, T., O'Donoghue, G., Blake, C., Verboven, K., Wikström- Grotell, C., Agten, A., Kosińska, E., Friden, C., Lehtinen-Jacks, S. and Davis, M. E. PROMINENCE Obesity Competencies Framework for Entry-Level Physiotherapy Programmes, 2026.

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