PROMINENCE

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

Webinar Launch

PROMINENCE Open Education Resource

24 March 2026

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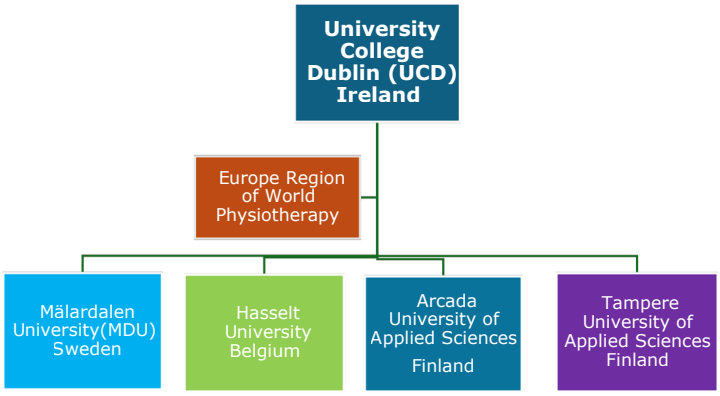
Ireland

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

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.

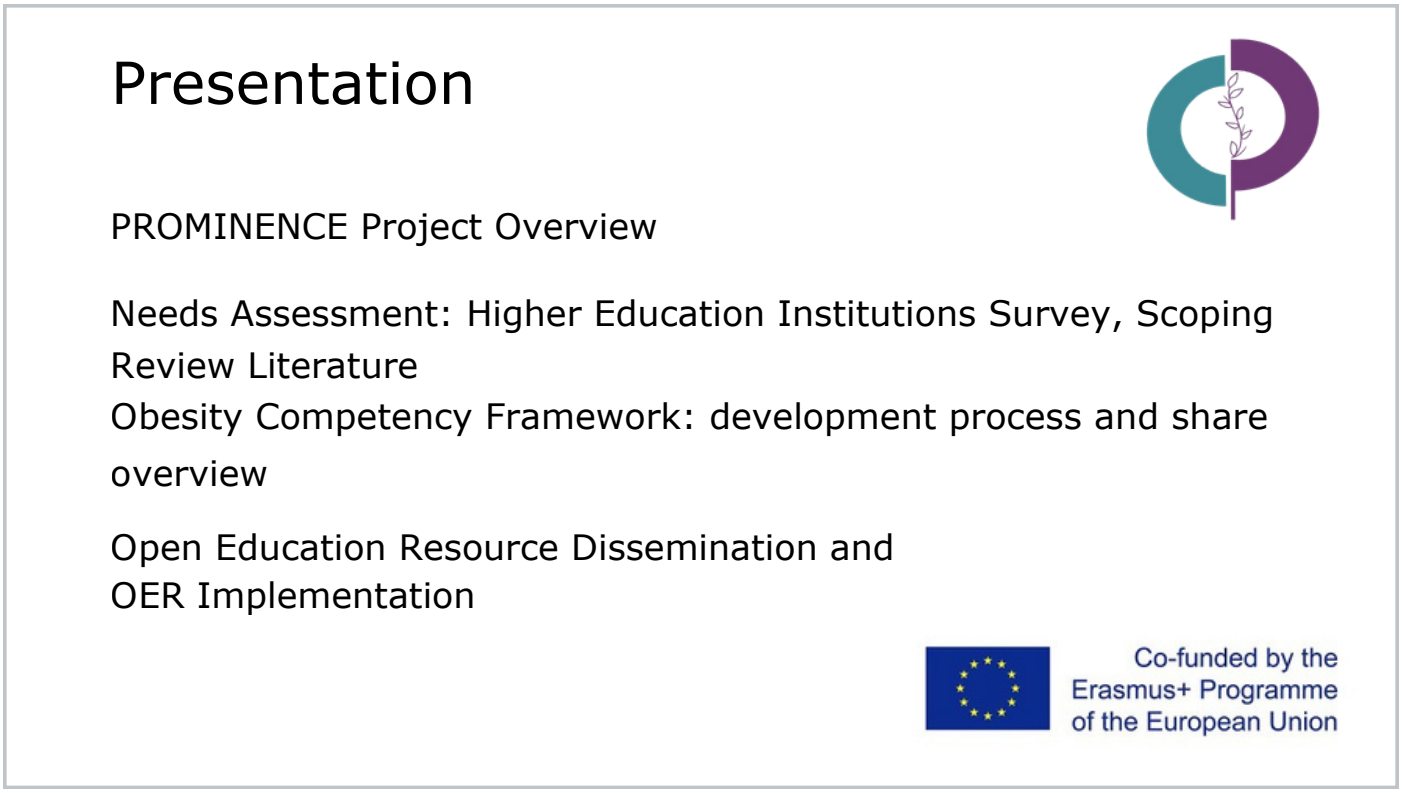
PARTICIPATING ORGANISATIONS



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.



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

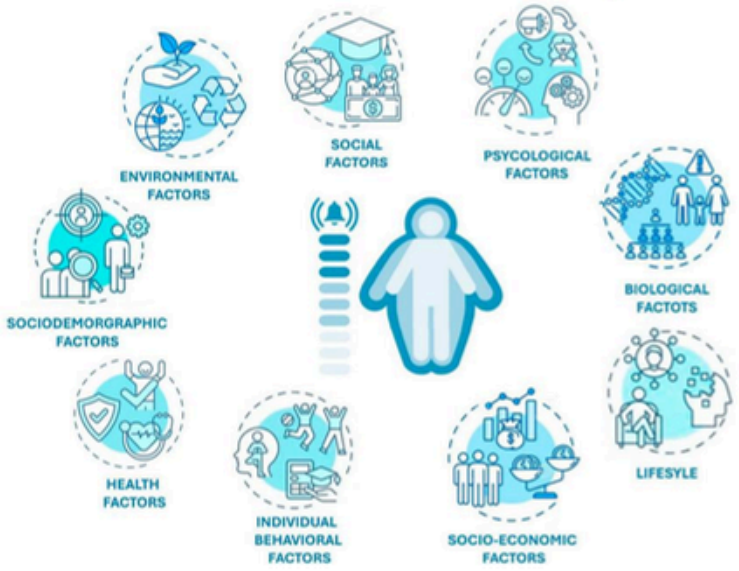
So why this project?.. All of you are here no doubt because you are aware of the rising prevalence of obesity and the health and societal consequences. You know that you and your students and colleagues are meeting more people with obesity in clinical practice.

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

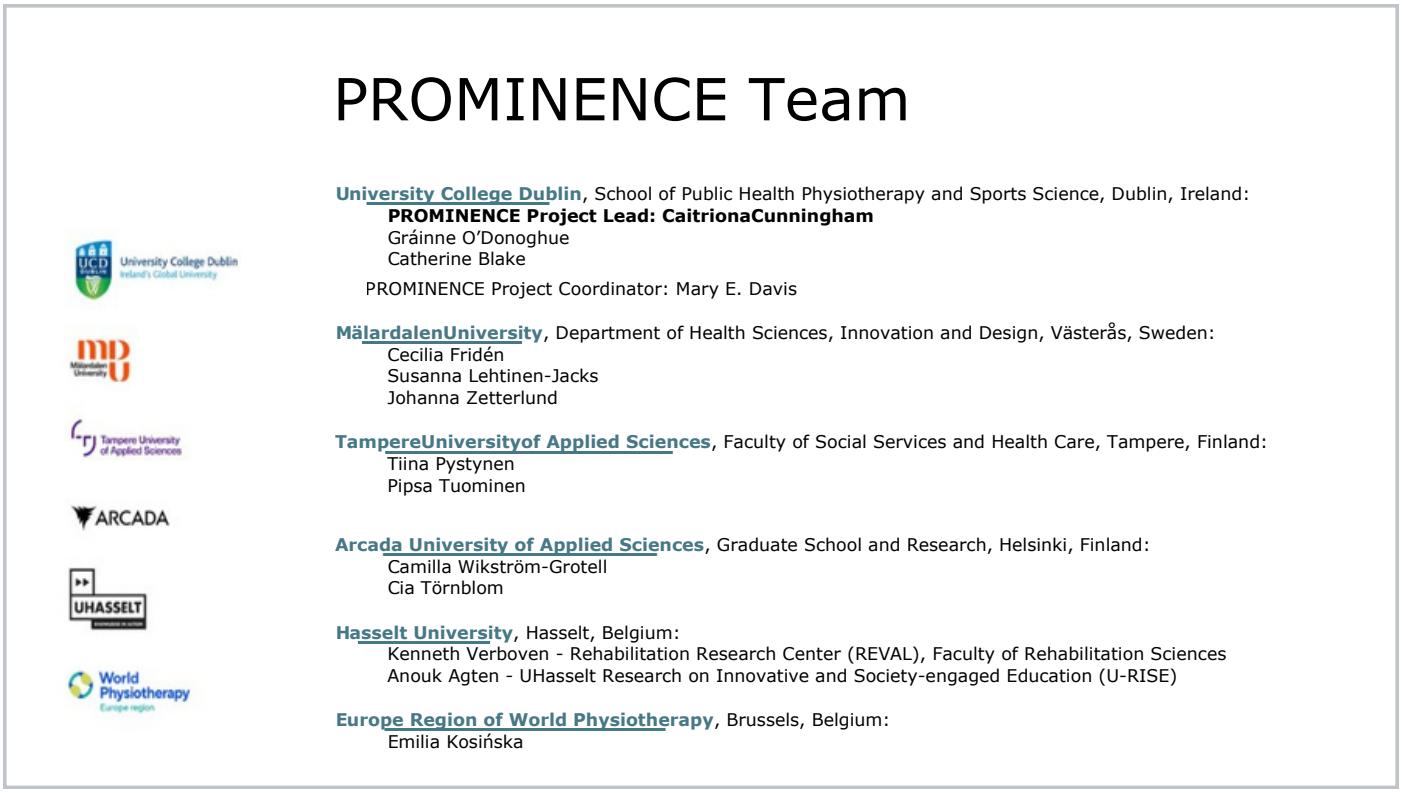
Change in healthcare systems

Weight bias and stigma common among healthcare healthcare workers

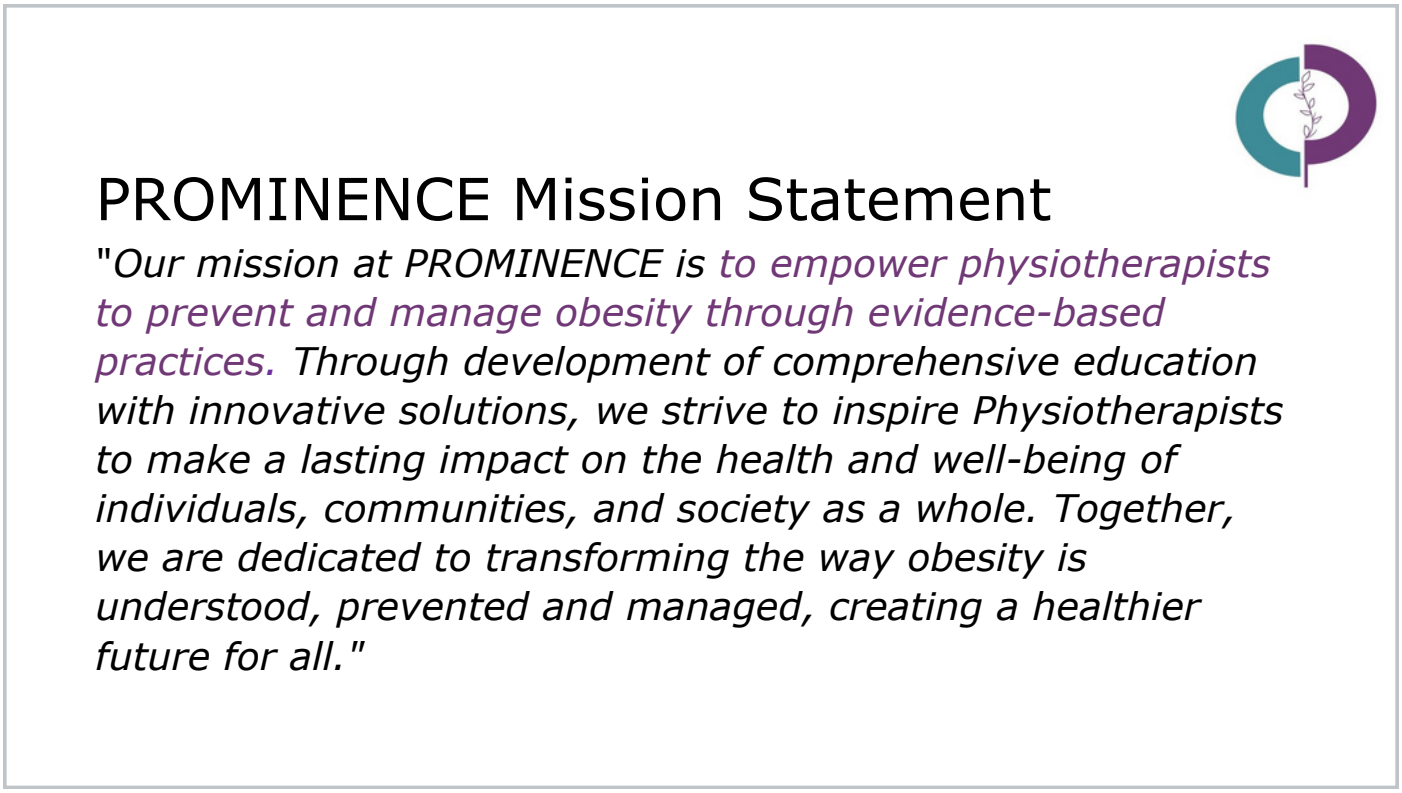
Whereas current management of obesity is often based on outdated models with an overemphasis on calories in/calories out and on changing BMI.

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.

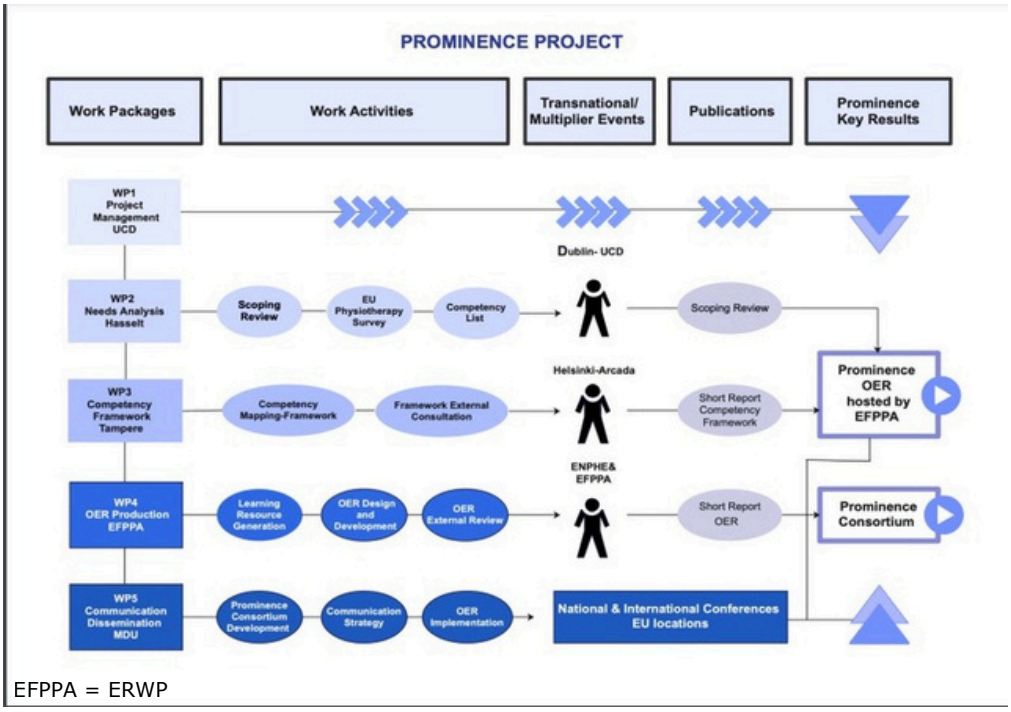
Weight bias and stigma is common among healthcare workers and people with obesity do not receive the evidence-based healthcare they require an deserve. Advocacy for policy change and equitable healthcare is required.



I'd like to thanks 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.



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.

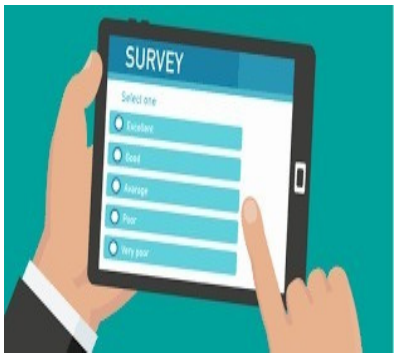


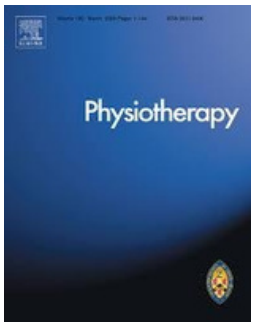
Here you see an overview of project work, which commenced in December 2023 – so just over 2 years ago.

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:

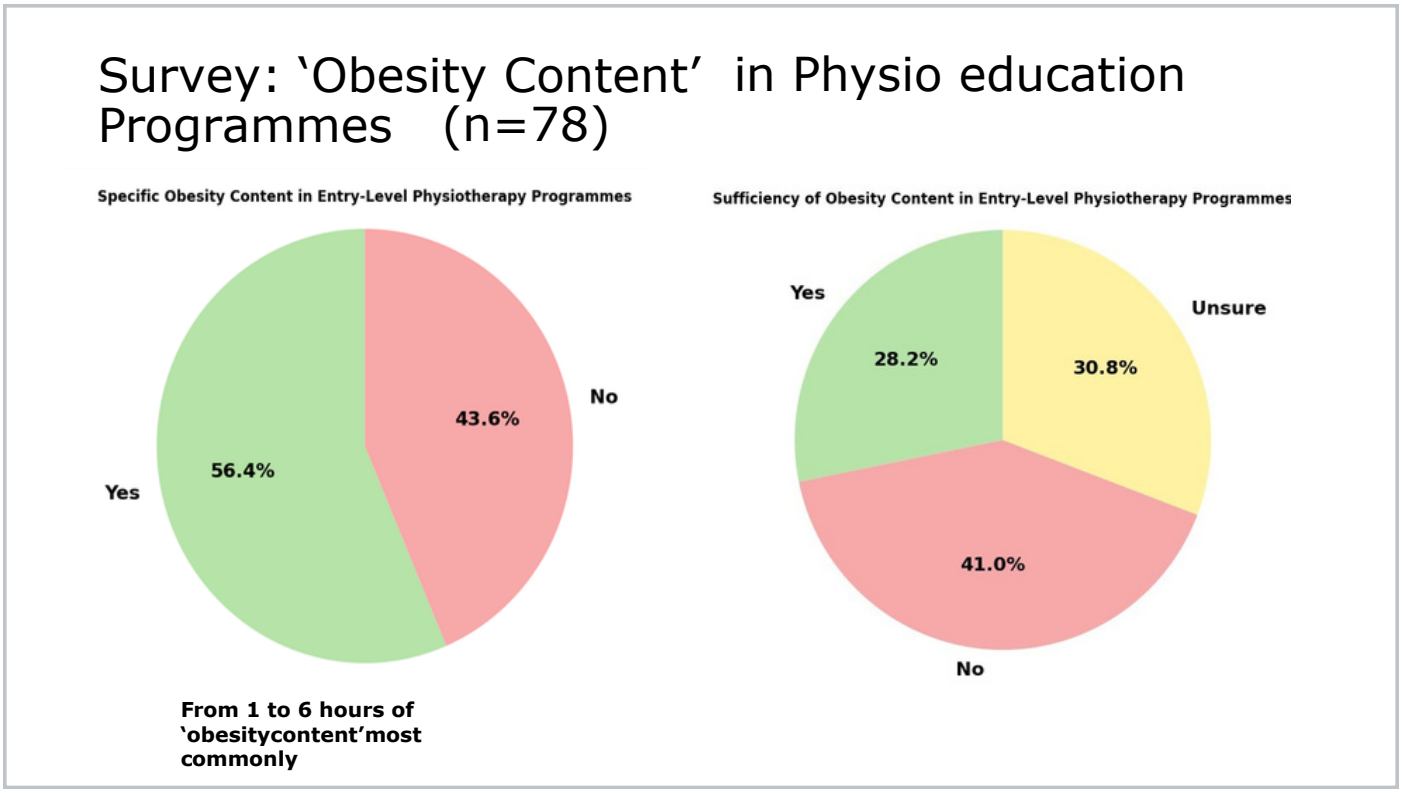




Davis Mary. E, O'Donoghue Grainne, Kosińska Emilia, VerbovenKenneth, Lehtinen-Jacks, Susanna, Fridén Cecilia, PystynenTiina, Blake, Catherine, Tuominen Pipsa P. A., Wikström-Grotell Camilla, TörnblomCia, Cunningham Caitriona.

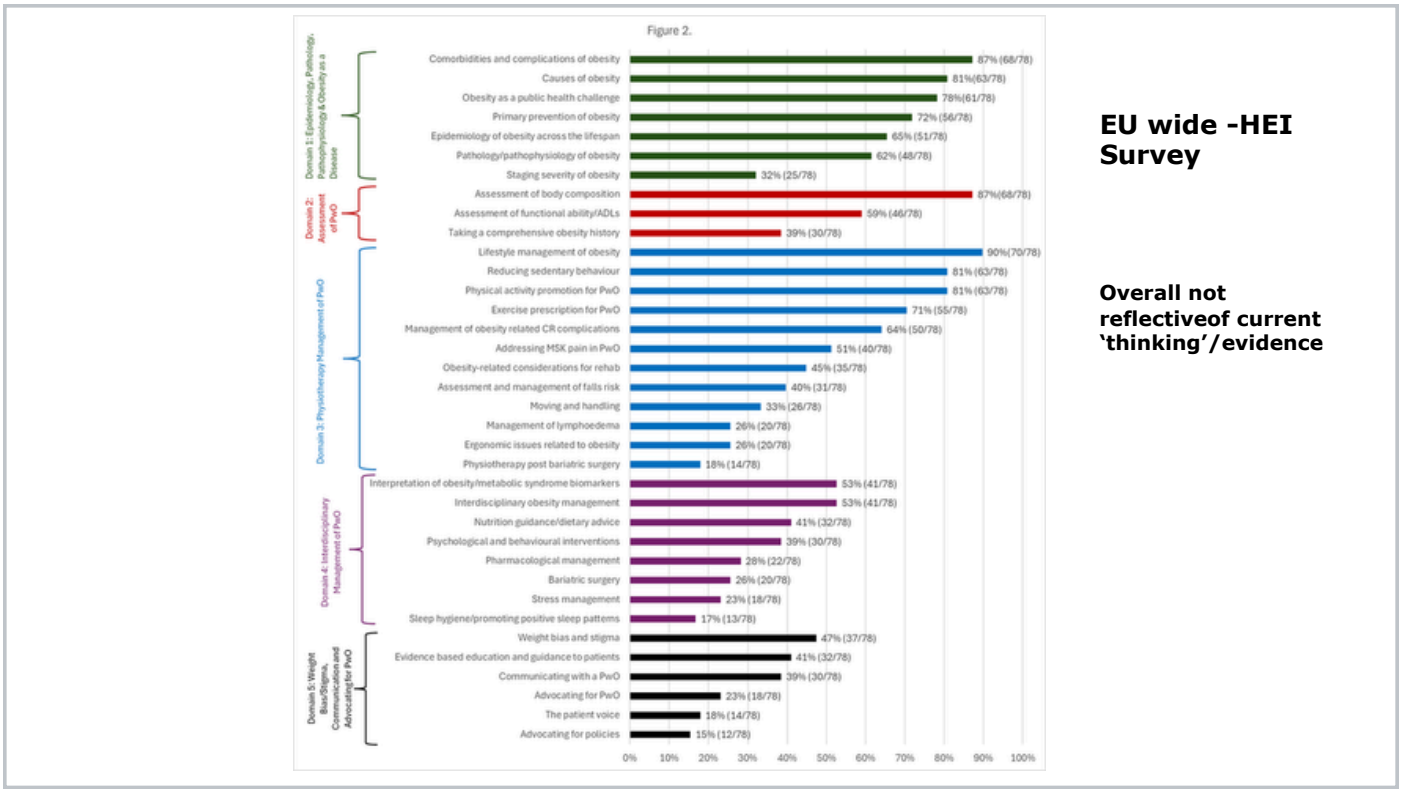
First, it was important to know what the state of play was with physiotherapy obesity education in 2024. So, the team conducted a survey of higher education institutions who delivered physiotherapy education across the EU.

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.



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.



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.

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.

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.

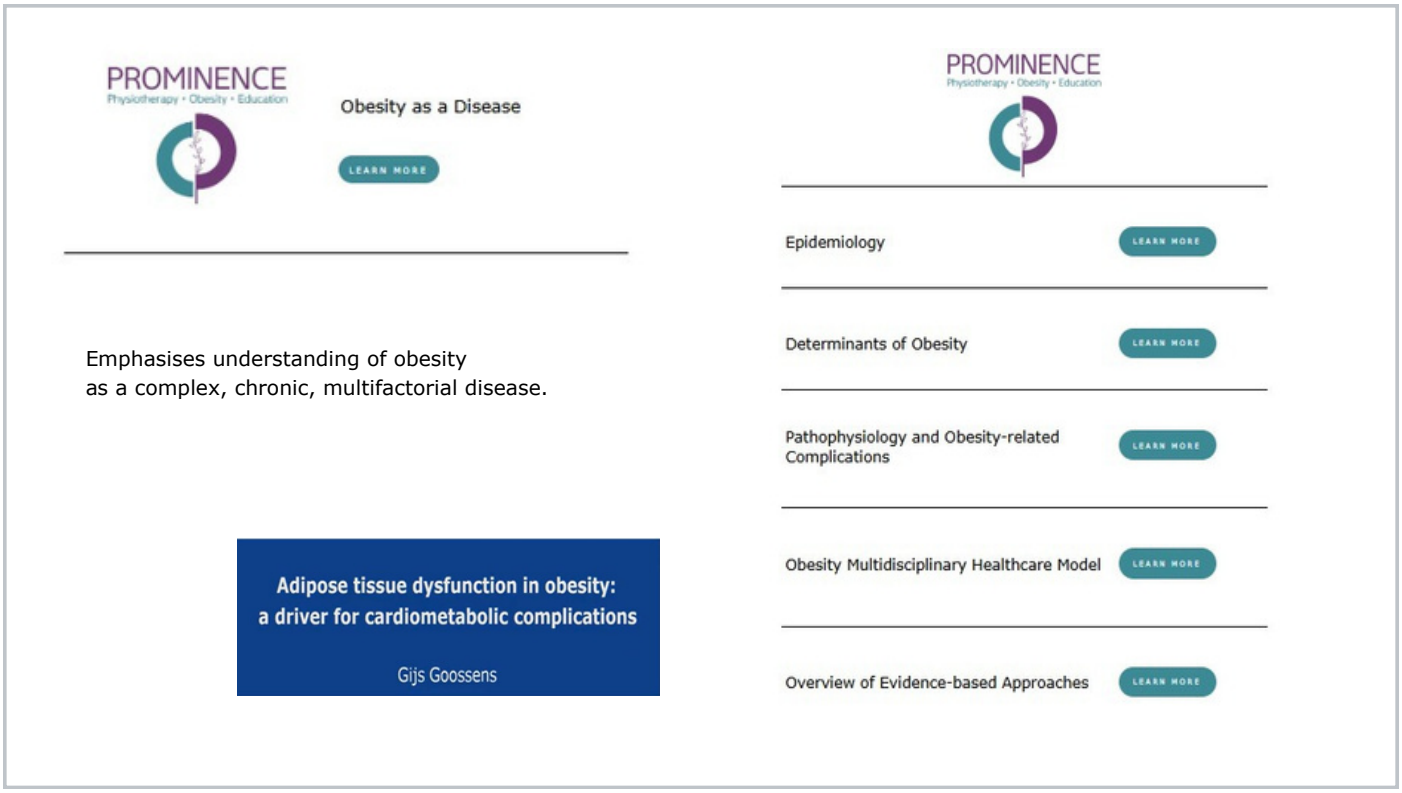
It's important to note that the framework deliberately focuses on what's more unique to obesity whilst recognising that other more generic physiotherapy competencies, etc., are also relevant in obesity care and rehabilitation, e.g., movement analysis and professional competencies.

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.

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 Goosens' 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.

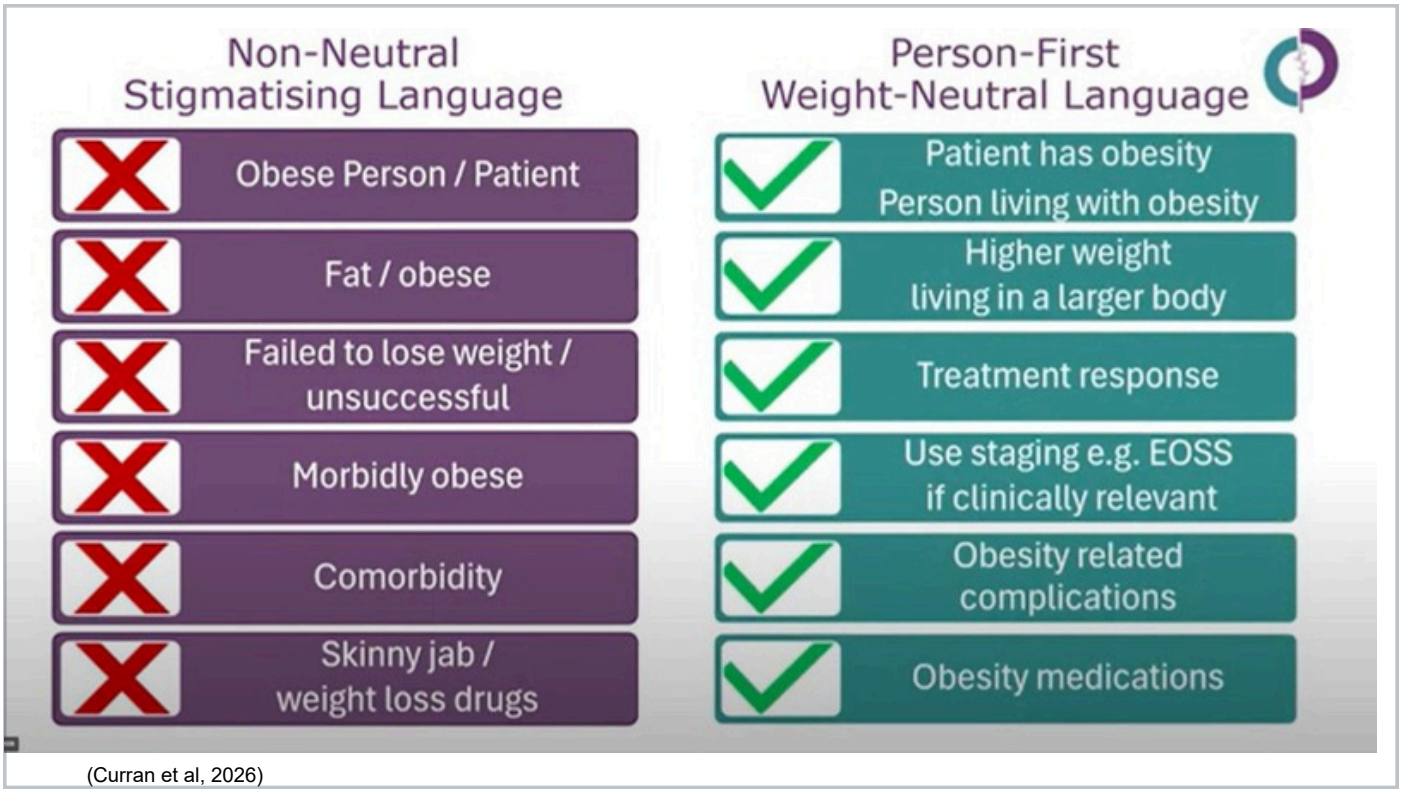
Section 2 is focused on weight bias and stigma. This is a critical area in evidence-based obesity care - unless we reduce bias and stigma, we cannot be evidence-based practitioners.

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.

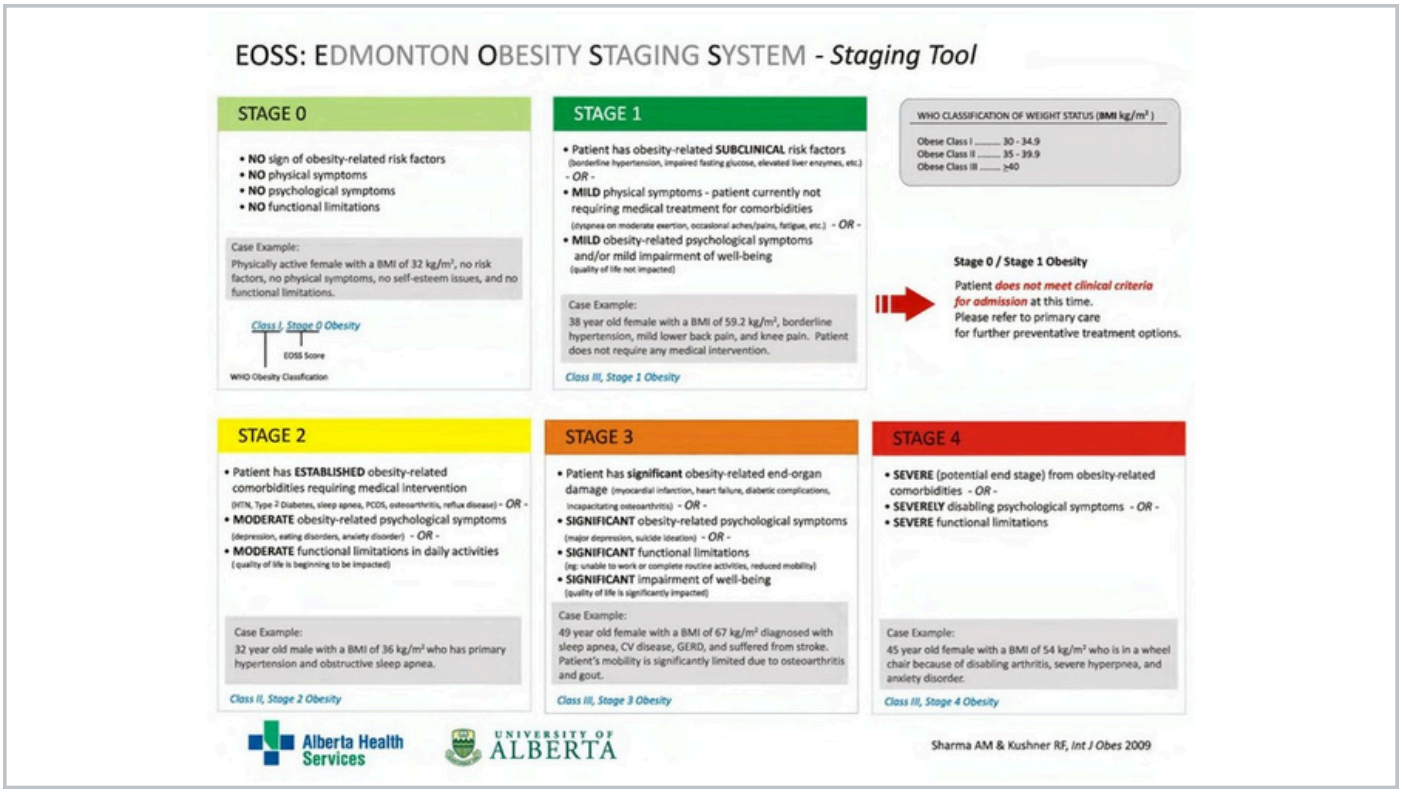


(Curran et al, 2026)

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.



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

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.

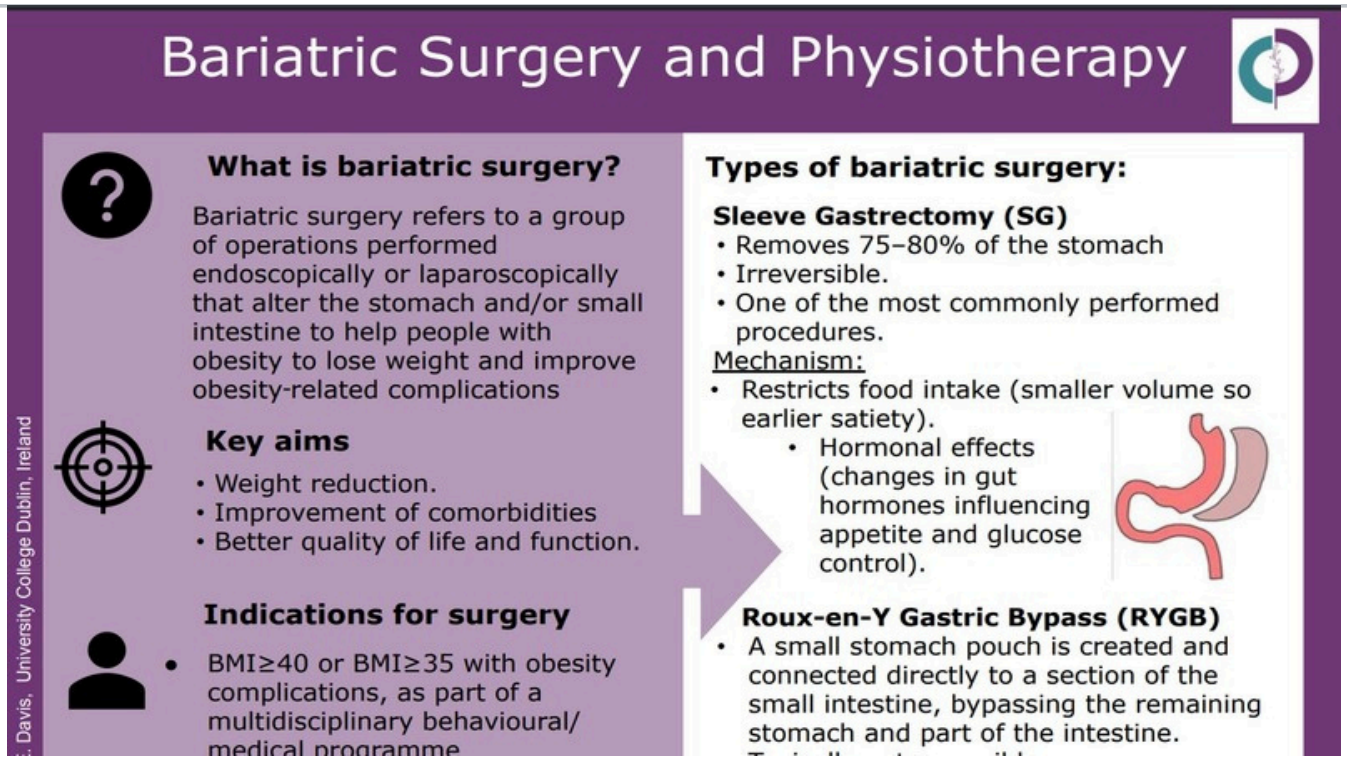
And finally, a summary of assessment models and tools are shared.

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.

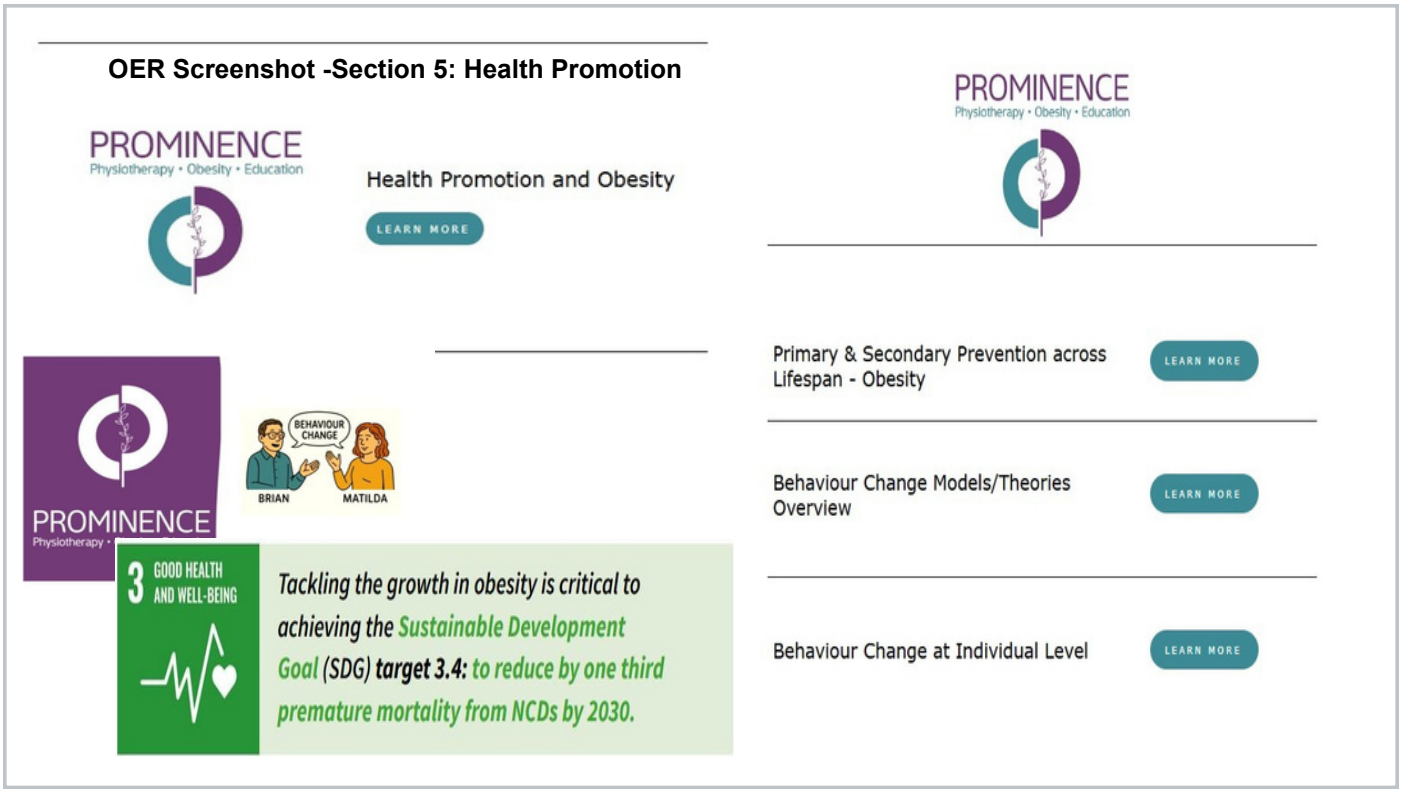
So, primarily focusing on physiotherapy interventions, but also food and diet, surgery and pharmacological approaches to reflect current evidence.

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



(Davis, M, 2026)

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



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

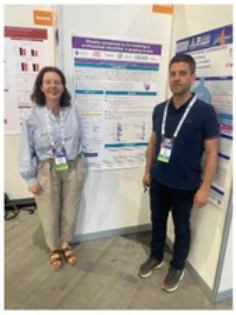
Newsletters
Published papers
Websites – EU-wide, Finland

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

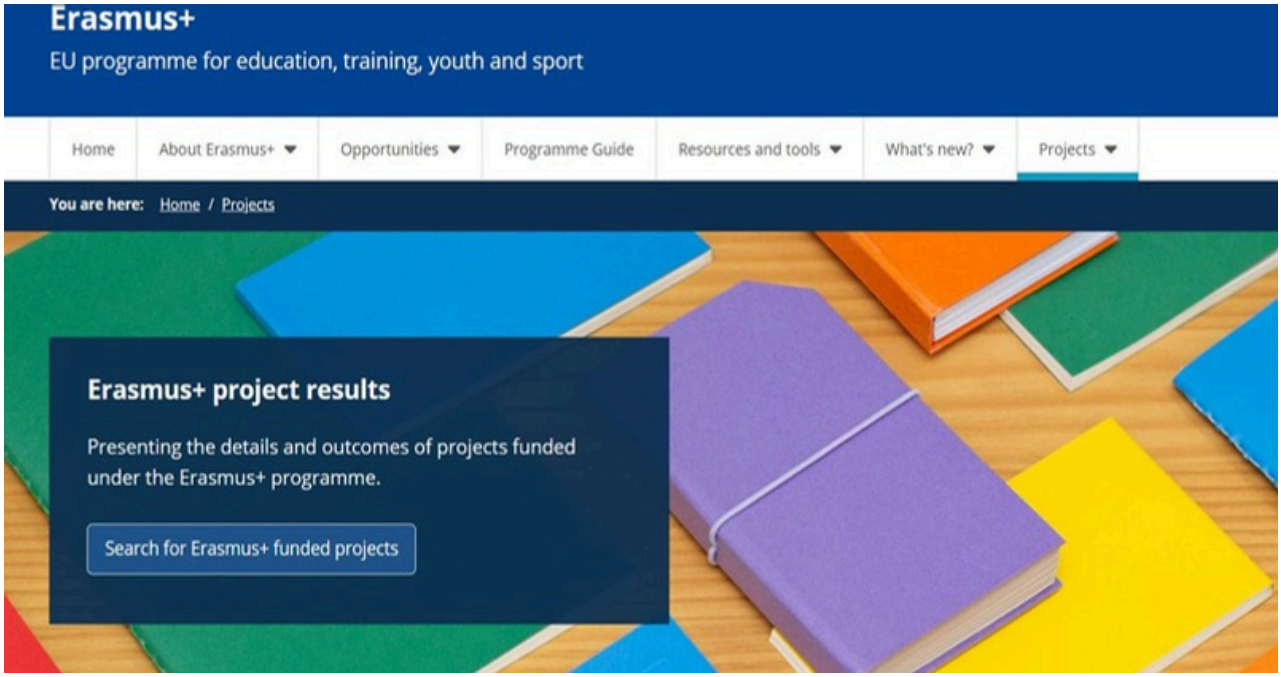
6th Europe Region Physiotherapy Congress

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.



Results will be made available on the Erasmus+ platform.

PROMINENCE Obesity OER:

https://www.euprominence.com/open-education-resource

linkedin.com/company/euprominence

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Acknowledgements:

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Dominique Hansen
Maastricht University, Institute of Nutrition and Translational Research in Metabolism (NUTRIM), the Netherlands:
Gijs Goossens, Maastricht University Medical Center+ Biomedical Scientist
Irish Coalition People Living with Obesity (**ICPO)**
Susie Birney & Dublin Thinktank Participant
Physiotherapy Students across EU
Saswati Ghosh - Project Coordination at project outset, 2024
UCD International/ERASMUS: Shane Lordan, Brona Fullen
Europe Region of World Physiotherapy, Belgium: Aitor Carpio García, Esther-Mary D'Arcy

World Physiotherapy Europe region

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 INclusionin EU Entry-level Physiotherapy Curricula). An Open Education Resource for Physiotherapy Educators. (2026) **https://www.euprominence.com/open-education-resource**

PROMINENCE

- 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. https://www.eupromineence.com/oer-competency-framework