EUROPEAN REGION
World Confederation for Physical Therapy

Glossary of Terms ER-WCPT

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European Region of the World Confederation for Physical Therapy (WCPT)
Education Matters WG

Introduction

A common language is essential to effective communication; especially when working at in the level. Using terms consistently serves the purpose of emphasising what is common across a diverse and broad based profession, thus promoting a clear and consistent message about what physiotherapy is. The glossary is a list of specialised terms and words with their definitions usually placed at the end of document. Its purpose is to ensure a common understanding of the terms used, especially where terms used generally are used with specific meaning in a particular context.

That's happen in different documents from the ER-WCPT, and in some cases occurs that the same terms were present in different places with different definitions. Also, the original resource of the definition is missing. It is with this in mind that the ER-WCPT through its working group in education matters is trying to develop a common glossary of terms since 2006 in order to be used in all its documents. The glossary of terms attached to the documents produced by the ER-WCPT and the glossary endorsed by the WCPT have been used as source documents.

Last version of the ER-WCPT was approved in the General Meeting of Germany 2008. But a glossary of terms is an ongoing process, so it is necessary to be always working on it. This is a review version of the ER-WCPT glossary of terms that tries to be easier to be used by the Member Organizations. This new version:

1. Cluster the terms and put then in bold type.
2. Adds new terms present in the documents of the ER-WCPT.
3. Delete some terms with a very general meaning easily to be understand in the physiotherapy field.
4. Consistency with terms used by the WCPT Glossary of terms in order to be consequent with common terms present in both glossaries.
5. Present the references, were it was possible, in the end of the document.

GLOSSARY OF TERMS

Academic: **1.** Relating to study, especially at a University**. 2. Academic quality:** Way of describing how well the learning opportunities available to physiotherapy students help them to achieve their award. It is making sure that appropriate and effective teaching, support, assessment and learning opportunities are provided for all students. **3. Academic standards:** Way of describing the level of achievement that a student has to reach to gain an academic award (for example, a degree). It should be at a similar level across Higher Education Institutions (HEIs) within a single country (European Qualification Framework) It is intended that there should be comparable levels across the European Region, and that this will be facilitated by guidance documents such as the European Physiotherapy Benchmark Statement.

Access to physiotherapy: Ability of a client or patient to be referred to a physiotherapist for assessment and treatment**.** There are different types: **1. Direct access:** The patient/client directly asks the physiotherapist to provide services (The patients refer themselves). The physiotherapist freely decides his conduct and takes full responsibility for it**. 2. Access by referral:** The patient/client has access to the physiotherapist by referral from another health professional (medical practitioner or other). **3. Access by referral with the freedom to decide intervention**: The patient/client has access to the physiotherapist by referral from another health professional. The prescription will not indicate the technical modalities used in the intervention. **4. Access by referral with an imposed programme of intervention:** The patient/client has access to the physiotherapist by referral from another health professional. The prescription will include the diagnosis, and will further specify the intervention modalities to be carried out by the physiotherapist. The prescription may also include the number of sessions and their frequency.

Accountability: Active acceptance of the responsibility for the diverse roles, obligations, and actions of the physiotherapist including self-regulation and other behaviours that positively influence patient/client outcomes, the profession and the health needs of society [1].

Accreditation process: Process which utilizes all aspects of review and assessment of quality of care to judge a programme of physiotherapy according to pre-defined standards.

Activity: **1.** Execution of a task or action by an individual[2]. **2. Activity limitation**: difficulty an individual may have in executing an activity[2]. **3. Activities of daily living (ADL)**: Self-care communication and mobility skills (e.g. bed mobility, transfers, ambulation, dressing, grooming, bathing, eating, and toileting) required for independence in everyday living[3].

Assessment: Is a process that includes both the examination of individuals or groups with actual, or potential impairments, including their activity limitations, disabilities, participation restrictions, 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.

Autonomy: **1.** Ability of a reflective practitioner to make independent judgments; open to initiate, terminate, or alter physical therapy treatment. Professional autonomy is usually stated in the law, regulation, directives or rules. It means the responsibility of the professional to manage his practice independently and to act according to the rules of ethics and the code of professional conduct within the framework of health legislation. **2. Clinical autonomy:** Responsibility of the practitioner to decide independently of the programme of intervention and its modalities on the basis of a functional diagnosis that he will have set. **3. Management autonomy:** Responsibility of the professional to manage his practice independently.

Benchmark Statement: **1.** An initiative undertaken under the aegis of the Quality Assurance Agency (United Kingdom) to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate. **2. European Physiotherapy Benchmark statement**

(EPBS): An initiative undertaken under by the WCPT European region education working group to extend the applicability of the QAA Physiotherapy Benchmark Statement to all European regions. The statement describes the nature and characteristics of higher education programmes in Physiotherapy, while representing general expectations about the standards for graduate entry. The statement articulates the attributes and capabilities that those possessing a Physiotherapy qualification should be able to demonstrate. The document was adopted by the ER-WCPT in the General Meeting of Barcelona in 2003[4].

Clinical: **1.** with reference to the clinic. **2. Clinical education:** The delivery, monitoring and evaluation of learning experiences in clinical settings. Clinical education sites may include institutional, industrial, occupational, primary health care, and community settings providing all aspects of the patient/client management model (examination, evaluation, intervention, diagnosis, prognosis/plan of care, and interventions including prevention, health promotion, and wellness programs)[5]. **3. Clinical educator:** The physiotherapist appointed to supervise and evaluate the clinical skills of the student physiotherapist while on placement and report to the higher education institution. Clinical Supervisor. **4. Clinical Evaluation:** The evaluation of a student or junior physiotherapist abilities and performances within the clinical environment. **5. Clinical governance:** United Kingdom government initiative (introduced in 1998) to provide a framework through which National Health System (NHS) organisations are accountable for continuously improving the quality of services they deliver.**6. Clinical guidelines:** Statements developed through systemic processes to assist practitioners and individuals in making decisions about appropriate forms of health care in particular clinical areas, taking account of individual circumstances and need [6]. **7. Clinical reasoning/clinical decision making:** Critical and analytical thinking associated with the process of making clinical decisions. It is an interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient/client, a letter of referral, the medical record, or other sources[3]. **8. Clinical sciences:** Are the areas of study including physiotherapeutic sciences, medical sciences, and other sciences applied to physiotherapy practice.

Codes of practice: Ethical rules and principles that form an obligatory part of professional practice. They may be established by the physiotherapy profession or incorporated into national rules and laws. See Ethics.

Community Based Rehabilitation (CBR): A strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services[7].

Competence: The proven ability to use knowledge, skills and personal, social and/ or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy. European Comission[8].

Competent Authority: Any authority or body empowered by a Member State specifically to issue or receive training diplomas and other documents or information and to receive the applications, and take the decisions, referred to in the Directive of recognition of professional qualifications[9].

Consultation: Is the rendering of professional or expert opinion or advice by a physiotherapist. The consulting physiotherapist applies highly specialised knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time on behalf of a patient/client [10].

Continuing professional development (CPD): Is a systematic, ongoing structured process of maintaining, developing and enhancing skills, knowledge and competence both professionally and personally. The aim is to develop the clinical performance at work. The individual physiotherapist undertakes her/his CPD activity systematically keeping a record of her/his clinical reflection and learning. This process strengthens the personal and professional profile along with quality service to the patient/clients [11].

Cultural competence: Set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organisation within the context of the cultural beliefs, behaviours and needs presented by consumers and their communities [3].

Diagnosis: **1.** In a general meaning, diagnosis consist on identify the problems which a professional must to resolve. **2. Physiotherapy diagnosis**: The position statement of the WCPT about the description of physiotherapy identifies physiotherapy diagnosis as one of the five interrelated processes which are in the nature of the physiotherapy service to the society (assessment including examination and evaluation, diagnosis, prognosis, intervention/treatment and re-examination) [12]. In this document it is establish that diagnosis and prognosis arise from the examination and evaluation and represent the outcome of the process of clinical reasoning and the incorporation of additional information from other professionals as needed. This may be expressed in terms of movement dysfunction or may encompass categories of impairments, activity limitations, participatory restrictions, environmental influences or abilities/disabilities. Physiotherapy Diagnosis is a professional judgement deliver by a physiotherapist about the condition of the body function of a person which is expressed in terms of deficiencies and disabilities, and it is systematically elaborated since a biopsychosocial perspective. Diagnosis must to identify and prioritize the problem or problems affecting to the function and to express themselves in qualitative and quantitative terms.[13]

Disability: The negative aspects of the interaction (impairments are interactions affecting the body; activity limitations are interactions affecting individual´s actions of behaviour; participation restrictions are interactions affecting person´s experience of life) between an individual (with a health condition) and that individual's contextual factors (personal and environ mental factors). Personal factors are the particular background of an

individual's life an living, and comprise features of the individual that are not part of a health condition or health states, such as: gender, race age, fitness, lifestyle, habits, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character style, individual psychological assets, and other characteristics, all or any of which may play a role in disability in any level. Environmental factors are external factors that make up the physical, social and attitudinal environment in which people live and conduct their lives. This outcome of disability can be described at three levels: body (impairment of body function or structure), person (activity limitations measured as capacity), and society (participation restrictions measured as performance) [14].

Disease: Pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown aetiology[10].

Doctoral programme (third cycle): a research-related programme of higher education study that follows a higher education degree and leads to a doctoral degree offered by a higher education institution or, in those Member States where this is in accordance with national law and practice, by a research centre [15].

Doctoral candidate (candidate in third cycle): An early-stage researcher at the beginning of his/her research career, starting at the date of obtaining the degree which would formally entitle him/her to embark on doctorate [15].

Double or multiple degree: two or more national diplomas issued by two or more higher education institutions and recognised officially in the countries where the degree-awarding institutions are located [15].

Dysfunction: Deviation from usual individual´s effective performance of or ability to perform those roles, tasks, or activities that are valued, e.g., going to work, playing sports, maintaining a house [16].

Ethics: 1. Professional Ethics: Collection of criteria, rules and moral values that are formulated and assumed by people who is development a professional activity. To practice the profession of physiotherapy, the WCPT has established eight ethic principles that are expected to be observed by the physiotherapist [17]. **2. Research Ethics:** Involves the application of fundamental ethical principles to a variety of topics involving scientific research. These include the design and implementation of research involving human experimentation, animal experimentation, various aspects of academic scandal, including scientific misconduct (such as fraud, fabrication of data and plagiarism), whistleblowing; regulation of research, etc. Research ethics is most developed as a concept in health sciences research. The key agreement here is the 1974 Declaration of Helsinki. The Nuremberg Code is a former agreement, but with many still important notes. Research in the social sciences presents a different set of issues than those in health sciences research.

European Economic Area (EEA): The European Economic Area (EEA) unites the 27 EU Member States and the three EEA EFTA States (Iceland, Liechtenstein, and Norway.) into an Internal Market governed by the same basic rules. These rules aim to enable goods, services, capital, and persons to move freely about the EEA in an open and competitive environment, a concept referred to as the four freedoms[18].

European Qualification Framework (EQF): Tool of the European Commission that acts as a translation device to make national qualifications more readable across Europe, promoting workers' and learners' mobility between countries and facilitating their lifelong learning. The EQF will relate different countries' national qualifications systems to a common European reference framework. Individuals and employers will be able to use the EQF to better understand and compare the qualifications levels of different countries and different education and training systems. At the core of the EQF are its eight reference levels, covering basic to most advanced qualifications. These describe what a learner knows, understands and is able to do, regardless of the system in which the learner's qualification was acquired. As an instrument for promoting lifelong learning, the EQF encompasses general and adult education, vocational education and training, as well as higher education. The eight EQF levels cover the entire span of

qualifications from those achieved at the end of compulsory education, up to those awarded at the highest level of academic and professional or vocational education and training [8].

Evidence-based practice (EBP): **1.** A commitment to using the best available evidence to inform decision-making about the care of individuals that involves integrating practitioners' individual professional judgement with evidence gained through systematic research. Evidence includes systematic review of randomised controlled trials, individual randomised controlled trails, systematic review of cohort studies, individual cohort studies, outcomes research, systematic review of case-control studies, individual case-control studies, case-series and expert opinion. It is the use of evidence to inform practice and to ensure that the services delivered to patients/clients, their carers, and communities are based on the best available evidence. **2. Evidence based physiotherapy (EBPT):** Physiotherapy informed by relevant high quality clinical research [19]. The practice of evidence-based physiotherapy should be informed by the integration of relevant high quality clinical research, patients' preferences and physiotherapists' practice knowledge. In the event that high quality clinical research is not available, good practice must make use of other sources of information such as peers, practice guidelines, practice knowledge, and any other lower quality research to inform action in practice.

Examination: **1.** Part of the assessment processes**.** Comprehensive and specific testing process performed by the physiotherapist that informs the clinical reasoning processes. **2. Re-examination:** Process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions.

First contact practitioner: Professional person to whom the patient/client may directly access as first contact.

Health: **1.** Health is defined in the WHO constitution of 1948 a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity[20]. Within the context of health promotion, health has been considered less as an abstract

state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities[21]. **3. Health professions framework:** Describes the minimum range of expectations, necessary to provide safe and competent practice for patients /clients, common to all registered professionals within a variety of health and social care settings. **4. Health promotion:** The process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action [22]. Health promotion strategies are not limited to a specific health problem, nor to a specific set of behaviours [23]. WHO as a whole applies the principles of, and strategies for, health promotion to a variety of population groups, risk factors, diseases, and in various settings. Health promotion, and the associated efforts put into education, community development, policy, legislation and regulation, are equally valid for prevention of communicable diseases, injury and violence, and mental problems, as they are for prevention of noncommunicable diseases. **5. Holistic health management:** The management of the patient/client taking into account the biological, social and psycological needs of that person within the context of the delivery of health care e.g. in the home, hospital, outpatient clinic.

Higher Education: **1.** All types or courses of study, or sets of courses of study, education or education for research at the post-secondary level which are recognised by the relevant national authority as belonging to the higher education system. **2. Higher Education Institution:** Any institution providing higher education and recognised by the relevant national authority as belonging to the higher education system. **3. Higher education staff:** persons who, through their duties, are involved directly in the educational process related to higher education [15]. **4. European Higher Education**

Area (**EHEA**): is the environment shared by Europe's university systems, designed to promote mobility, interaction and opportunities for its respective members. Its essential parameters were established in the Bologna Declaration signed by 29 European States on 19 June 1999.

Impairment: Problems in body function or structure as a significant deviation or loss; they are the manifestation of an underlying pathology; and can be temporary or permanent, progressive, regressive or static, intermittent or continuous, slight through to severe [14].

Independent practitioners: **1.** Those providing a professional physiotherapy service to patients / clients directly outside that established by the state. **2.** Referring to the concept of professional autonomy.

Information Communication Technology (ICT): Range of technologies for gathering, storing, retrieving, processing, analysing, and transmitting information.

Instrumental activities of daily living (IADL): Those activities, such as, caring for dependents, home maintenance, household chores, shopping, and yard work.

International Classification of Functioning, Disability and Health (ICF): Classification of health and health-related domains; classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. As functioning and disability occurs in a context, the ICF also includes a list of environmental factors. Endorsed by WCPT in 2003 the ICF is the most appropriate common language and framework for documenting person-centred information on the functional changes associated with physical therapy interventions [14].

Inter-professional: Two or more professionals working together in an integrated way resulting in new ways of working.

Intervention: Purposeful interaction of the physiotherapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition [10].

Information technology: see Information Communication Technology.

Joint degree: Single diploma issued by at least two of the higher education institutions offering an integrated programme and recognised officially in the countries where the degree-awarding institutions are located [15].

Learning: **1.** Gaining knowledge of something/how to do something. **2. Formal learning**: learning that is typically provided by education or training institutions, with structured learning objectives, learning time and learning support. It is intentional on the part of the learner and leads to certification. **3. Informal learning:** learning that results from daily activities related to work, family life or leisure. It is not structured and usually does not lead to certification. In most cases, it is unintentional on the part of the learner [24]. **4. Learning Outcomes**: means statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence [8]. **5. Learning theories:** Established ideas of how learning can be promoted. **6. Lifelong learning (LLL):** The process of constant learning and development, that incorporates continuous professional development, in which all individuals need to engage in a time of rapid change. **7. Non-formal learning:** Learning that is not provided by an education or training institution and typically does not lead to certification. However, it is intentional on the part of the learner and has structured objectives, times and support [24]. **8. Self-directed learning:** Independent learning that is initiated by the student.

Master programme (second cycle): a second cycle programme of higher education that follows a first degree or and equivalent level of learning leading to masters level offered by a higher education institution [15].

Mobility: Moving physically to another country, in order to undertake study, work experience, research, other learning or teaching activity or related administrative activity, supported wherever possible by preparatory training in the host language [15].

Multidisciplinary: One or more disciplines working collaboratively. It includes various professions in the team where the various therapeutic interventions are provided in isolation and the professions 'co-exist'. This approach recognises the importance of different disciplines in the therapeutic process and involves professionals operating within the boundaries of their profession towards discipline-specific goals while recognising the importance and contribution from other disciplines. See also interdisciplinary and transdisciplinary [25].

Non-discriminatory practice: Professional practice within which individuals, teams and organisations actively seek to ensure that no-one (including patients. carers, colleagues or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class.

Patients: Individuals who are the recipients of physical therapy and direct interventions. See also clients [3].

Payers: All sources of payment for physical therapy services, such as, social health system, insurance payment, patient/client self-pay.

Physiotherapy - Physical therapy: International synonymous terms used to identify the profession. The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in each country. In Europe, the most generally used title and term are 'physiotherapist' and 'physiotherapy'. For that reason 'physiotherapist' and 'physiotherapy' 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, in the respective country, without any change in the meaning of the document.

Plan of care: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans [10].

Planning: Procedure that 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 caregiver. Alternatively it may lead to referral to another agency in cases, which are inappropriate for physiotherapy.

Position statements: Documents that reflect the Confederations preferred opinion on issues affecting the practice of physical therapy. They are agreed by a simple majority vote of the General Meeting. Position statements are available to member organisations to adopt, fully or in part [26].

Post-doctoral researcher: An experienced researcher who is in possession of a doctorate or who has at least three years of full-time equivalent research experience, including the period of research training at a research center establish in accordance with national law and practice, after obtaining the degree which formally entitled him/her to embark on a doctorate offered by a higher education institution [15].

Practice management: The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines [3].

Prevention (Disease Prevention): **1.** Activities that are directed toward (1) achieving and restoring optimal functional capacity, (2) minimising impairments, functional limitations,

and disabilities, (3) maintaining health (thereby preventing further deterioration or future illness), (4) creating appropriate environmental adaptations to enhance independent function. There are three levels of intervention. **2. Primary prevention**: Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion activities. **3. Secondary prevention**: Efforts to decrease the duration of illness, severity of disease, and squeal through early diagnosis and prompt intervention.**3. Tertiary prevention**: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and incurable diseases [10].

Pro bono: Provision of services free of charge for the public good.

Problem solving: Exercises and processes that enable students to interrogate their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students' learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.

Prognosis: Determination by the physiotherapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level [10].

Protection of title: Legal system where title/titles may only be used by those holding a recognized qualification or who are registered with a competent authority

Quality: **1. Quality assurance:** Refers to range of review procedures designed to safeguard academic standards and promote learning opportunities of students acceptable quality. **2. Quality enhancement:** Taking deliberate steps to bring about continual improvement in the effectiveness of the learning experience of students. It encourages the development and dissemination of good practice through the sharing of learning and teaching excellence in higher education.

Qualification: a formal outcome of an assessment and validation process which is obtained when a competent body determines that an individual has achieved learning outcomes to given standards [8].

Referral procedures: Process by which the patients/clients are referred to the physiotherapist or other health professional. These would differ from country to country and are determined by national legislation, national authorities and the professional organization.

Regulated Profession: Professional activity, access to which is subject to legislative procedures regarding the possession of specific professional qualifications. In particular, the use of a professional title limited by legislative, regulatory or administrative provisions to holders of a given professional qualification shall constitute a mode of pursuit [9].

Regulation of the profession: Cluster of laws, regulations, directives or rules set by the authority to legislate the physiotherapy profession. The regulation can also be in form of self regulation set by the physiotherapy profession (Member Organisation).

Skills: **1.** The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of the European Qualifications Framework, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) or practical (involving manual dexterity and the use of methods, materials, tool and instruments) [8]. **2. Core skills:** Basic essential skills required by a physiotherapist. **3. Generic enabling skills:** Skills commonly shared across professions to improve health.

Standards of practice: The principles established by the physiotherapy profession or incorporated into national rules and laws and comprise the ethical rules and principles that form an obligatory part of professional practice.

Statutory requirements: Legally established core knowledge that forms the basis of further knowledge and building blocks.

Student: **1. Student in first cycle**: A person enrolled in a first cycle programme of higher education who will obtain after the completion of the programme a first higher education degree. **2. Master student:** a person enrolled in a second cycle programme of higher education who has already obtained a first higher education degree or has an equivalent level of learning recognised in accordance with national law and practices [15].

Threshold Level: The minimum standard for a student who graduates with an award in physiotherapy.

Transdisciplinary: An approach to service delivery where professionals with different clinical backgrounds work collaboratively to deliver interventions that cut across the traditional boundaries of different clinical disciplines [25].

World Confederation for Physical Therapy (WCPT): One hundred and one member organisations make up the WCPT; a non-profit organisation based in the UK [27].

WCPT awards: A programme which recognises outstanding contributions and leadership made by individual physical therapists and groups to the profession and/or global health at an international level. Awards are made every four years at the WPT congress[28].

WCPT Executive Committee (EC): Is elected by the WCPT member organisations and consists of the President, Vice President and a member from each region. The EC conducts the business of WCPT consistent with the articles of association and policy directions for the period between general meetings [29].

WCPT member organisation (MO): Is a national association representing physical therapists meeting the WCPT criteria as the most representative of the country's physical therapists [30].

WCPT networks: Are focal points for international exchange of ideas, experience and expertise. They are about putting physical therapists in touch. The WCPT website is the forum for WCPT Networks [31].

WCPT policies: Set out its agreed opinion on a range of topics. They are important tools for informing health and social policy around the world and furthering the development of the profession and service delivery. Policy is developed in consultation with the member organisations and agreed at the General Meeting every four years. Policy instruments may be declarations of principle, position statements or endorsements [32].

WCPT subgroups: Have a specific area of interest and are important international physical therapy organisations in their own right. Criteria for designation as a WCPT subgroup require wide geographic representation of the specialty area of interest [33].

World Physical Therapy Congress (WPT congress): Is a scientific congress showcasing advancements in physical therapy research, practice and education; held every four years [34].

World Physical Therapy day (WPTday): WCPT has designated 8th September, the date WCPT was founded in 1951, as World Physical Therapy Day. The day marks the unity and solidarity of the physical therapy community [35].

ER of the WCPT: Is a European non-profit, non-governmental, organisation of professional associations of physiotherapists from 36 countries that are simultaneously members of the World Confederation for Physical Therapy. The European Region of WCPT was established in September 1998, through the merger of the Standing Liaison Committee of Physiotherapists of the EU (SLCP), and the WCPT Europe (the Regional organisation of the World Confederation for Physical Therapy). The aims and objectives of the SLCP were to maintain the interest of physiotherapists in the European Union through different means. The aims and objectives of the WCPT Europe were to act as the region of the WCPT and promote all matters in the regional interests of the WCPT. The main reason for the merger was a wish to co-ordinate the efforts and the use of available resources in one joint organisation to the maximum

benefit of the physiotherapist and physiotherapy associations of Europe. With this merger the Physiotherapy Profession gained a strong single representative organisation and became the voice of physiotherapy to the European and European Union authorities[36].

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