

8TH SEPTEMBER 2021

BULLETIN OF THE POLISH CHAMBER OF PHYSIOTHERAPISTS

voice of physiotherapist

SPECIAL EDITION
WORLD PT DAY 2021



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The Polish Chamber
of Physiotherapists



ISSN 2545-3637

voice of physiotherapist

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The Polish Chamber of Physiotherapists Bulletin

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Publisher: Krajowa Izba Fizjoterapeutów

ISSN 2545-3645

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There is no turning back from progress

I am the president of the National Council of Physiotherapists and I hope that as a human I have defined this function, and not otherwise. In the jubilee issue of "The Voice of Physiotherapist", which you now hold in your hands I allowed myself to share a little of my private life. I wanted you to see me as a human, colleague, friend, co-worker. The sum of my previous private and professional experiences has defined my presidency.

This first term of office was exceptional. Thank you to everyone who trusted me from the beginning of this journey. It is a real honor for me, but also a huge obligation. I had no examples, I had to work out the formula myself. I followed the example in other professions of public trust. Unfortunately each profession has its own specificity and not all practices could be duplicated. I became engaged in my new role and I can say that during this time I have submitted my professional life to it, and to a large extent also private life. I decided that the situation required it. I can't be involved halfway.

My greatest success is strengthening our occupational independence. Despite introducing our autonomy by the Act on the profession, it still has to be enforced in thousands of legal acts. Along with the sanctioning of independence, came the increase in prestige. We are treated as partners, not subcontractors or assistants. I am also glad that patients more and more often consciously direct their steps to us, and not to other medical practitioners.

The biggest failure is the lack of full professional independence in Sanatoriums. This area requires a thorough change and a new approach to balneology. I also consider not enough changes in salaries of physiotherapists in public health a failure. Since I know how much we are skilled, I am aware of how much we should earn. I have been an employee of the public health care system for many years myself. It hurts me that the most talented and youngest physiotherapists are running away from it. However, I am convinced that the changes that occurred in the legal system strengthened our position to increase earnings.

What's next? I've always believed that whoever stands still, steps back, so we can't slow down now. Further elements of the rehabilitation reform must be introduced. New competencies will be crucial here. In physiotherapy in the public health care system, I focus on a real estimate of individual therapy time. I do not see any turning back from development and in my opinion, its pace is not slowing down either.

I would like to pay my tribute to the community for having this opportunity to create the Chamber together.

Professor Maciej Krawczyk, PT, PhD

*President of the Polish Chamber
of Physiotherapists*



KIF cannot force an open door

– External limitations imposed by people who do not understand what physiotherapy is represent the biggest challenge for me – admits the President of the Polish Chamber of Physiotherapists Prof. Maciej Krawczyk. In an interview to mark the fifth anniversary of the KIF, he talks about what requests his colleagues can make to him, how many people a day he talks to on the phone and why he likes walking barefoot.

What time did you get up today?

Before 6 o'clock. I get up at that time every day. This is probably because for over thirty years I have been working in a hospital and arriving there before eight o'clock. My wife often gets angry because of this habit, because I get up early also on holidays and at weekends, when everybody at home is still asleep. Sometimes I wish I could lie in, but I can't help waking up in the morning.

Life made you get used to it?

Yes, as a young man I used to like lying in. Now, I don't enjoy having

a large amount of sleep so much. I feel that work is accumulating while I'm sleeping. Maybe, by sleeping less I try to prevent the time from slipping away.

Your day starts with work?

After a quick shower I have some time to prepare coffee to take in my car. The first phone calls I answer are when I'm in the car, before seven o'clock.

What time do work-related phone calls stop?

I try to mute my phone after 10:30 pm, but it rings regularly, some-

times until 11.00. I wouldn't feel OK ignoring it, but I myself have a rule that I don't call my colleagues after 10.00 pm unless there is an emergency.

What do you like most about your work?

Creating new things. I like having a vision of what is ahead of us and, before that, creating that vision. In the evening, when I finish work, my power to create is depleted. This is the effect of talks and discussions with my colleagues at the Chamber and my work in the hospital. I try to be there three, four times

a week. I am the head of a team of physiotherapists in the Institute of Psychiatry and Neurology in Warsaw. There, I solve problems related to patients, often not connected with the Polish Chamber of Physiotherapists.

Your work is mostly about conversations?

I usually have fifty to a hundred conversations during one day. I must be kind and understanding towards people, I cannot let my emotions take control over me. Of course, I do have emotions, and my nearest and dearest and friends know that.

Have you got a tried and tested way of being in control of emotions instead of simply blasting them?

My personality allows me to tune out. For many years I have had to switch between various roles. I change my hospital uniform to a suit, and then to jeans. I talk with patients, then with students, and then with politicians and colleagues. I interact with new people all the time. By switching my concentration and attention I have learnt to turn off my stress. The fact that I don't live near my workplace helped me, because I have time to listen to music in my car. However, recently this happens less and less, because I spend most of the ride talking on the phone, using a hands-free set, of course.

What problems can your colleagues or members of the Chamber report to you?

Any. Sometimes, I feel that for the last five years physiotherapists have called me with every possible issue. Very often, they ask me for medical help for their nearest and dearest.

Do you agree to that?

Yes, I always do.

Some people may wonder what the Polish Chamber of Physiotherapists actually does. How would you explain that to a person who knows nothing about it?

The Chamber makes sure that the quality of physiotherapeutic services in Poland is the highest possible so that we can provide effective protection to patients. We want to prevent people who are not physiotherapists, do not have required qualification, from practising this profession. Our priority for the nearest future is spreading information among Poles about who a physiotherapist is.

So, who is a physiotherapist?

It is a person who brings you back to your life before the illness when it occurs. At the same time, he or she prevents new disorders: both in a primary and secondary way. This means reducing the risk of developing an illness for the second, third or fourth time. We want to show that treating a patient does not have to involve a surgical intervention or pharmacotherapy. The World Health Organisation reports that 63 per cent of all disorders worldwide, including cancers, are caused by lack of sufficient amount of exercise. Half of the rural inhabitants in Poland do not know what a physiotherapist is. However, it is a physiotherapist that could solve many of their health-related problems. If only they knew that such a profession exists and what it is concerned with.

Is then physiotherapy a cure?

Yes, it is. As with every cure, it should be used in a deliberate way. Movement and physical stimuli,

which comprise physiotherapy, can be harmful when not used properly. In my opinion, a physiotherapist is a coach of a human being in an illness. Our task is to put a seriously ill person under an appropriate pressure through physical effort. There are already a few multi-specialized hospitals in Poland that have a physiotherapist available by phone who can come to a patient who has had a liver or heart transplantation within four hours of the completion of the surgery. This mechanism is in place all week round. A physiotherapist has to be there, because the complications that can occur in the ill without a physiotherapy are very serious, including transplant rejection. Spending a few hundred or a few thousand Polish zlotys on physiotherapy can save somebody's life. Unfortunately, the high mortality rate in Poland during the third wave of the pandemic is also a result of the lack of proper physiotherapy in most covid wards. A large group of patients who did not receive an appropriate dose of physiotherapy at the appropriate stage need ventilators.

When is this stage?

When patients suffer from shortness of breath, a noninvasive oxygen therapy is used and that is the moment when a physiotherapist should come in. Although it is often not talked about, a physiotherapist is often the only person that the patient sees in covid wards. Thanks to that the patients do not need a ventilator.

Has the pandemic been the biggest challenge so far in your work at the Polish Chamber of Physiotherapists?

Actually, the biggest challenge was something else. A pandemic

is a situation when we use our natural reserves of helping patients. External limitations imposed by people who do not understand what physiotherapy is represent the biggest challenge for me. Unfortunately, many officials, even at the highest levels, do not know and do not want to know what exactly we do. Because of that physiotherapy is still treated as a luxury addition rather than as an integral part of treating serious civilisation diseases.

The internal limitations that exist within our professional group are also a difficult thing for me. Many of my colleagues physiotherapists do not notice the increasing changes abroad and globally. I hear statements along these lines „I behave this way because I follow the practice I have known for twenty or thirty years.” We as the Polish Chamber of Physiotherapists cannot force an open door. Most of the doors have already been opened by others, that is the physiotherapists in other countries where

the legislative power has acknowledged that physiotherapy is an important part of treating patients. In the countries where the autonomy of the profession of a physiotherapist is the biggest, the quality of the healthcare system is regarded as the best. In countries such as Australia, Ireland, Norway, Sweden or the Great Britain, a patient may go to a physiotherapist without a referral. It is probably one of the reasons why the health care is at a very high level there. I wish more members of my professional group believed that physiotherapy could be better, bring even more money and earn even bigger trust in patients.

So, how would you finish the sentence: „I wouldn't like the Polish Chamber of Physiotherapists to be associated with?”

Only caring about the interests of physiotherapists. Also, I wouldn't like the Polish Chamber of Physiotherapists to be associated with the classical, sometimes pejorative, understanding of the concept of “professional corporation”.

In front of me, there are ten envelopes. Inside each is a different question. Please, choose a number from one to ten.

I choose nine.

Tell me why nine.

Because this is the day of my birthday. I was born on the ninth of January.

The question inside envelope nine reads: Is there anything you have never told your employees, but you are ready to use this occasion to admit now?

There is one such thing. One of my many flaws is that I do not praise people often enough for what they

do. I cannot overcome this flaw. But now I want to tell my colleagues, among whom are five deputy chairmen, as well as many people from Poland, my colleagues physiotherapists, who will certainly know that these words are addressed to them, that without you I would have achieved nothing. To me, they are like a shelf that supports me. Without them I would have done nothing. I have my visions, I can fight for what I care, I have a huge trust in the power of my profession. But without my colleagues I would have been helpless in all that like a child.

Will you choose one more number and one more question? Nine is already taken.

So, I go for three.

Have you got your guilty pleasures that until now you have not talked about loud and publicly?

These are mundane things. I like fin-de-siècle dishes. Indecently unhealthy.

Fast food?

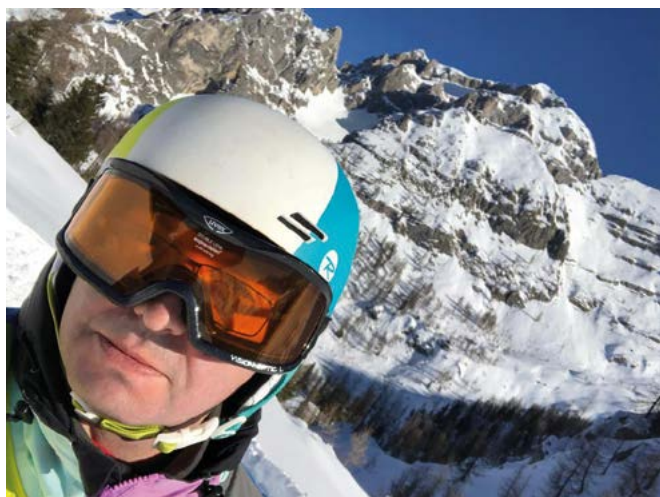
No, it is rather comfort food. I sometimes like eating a doorstep with lard or home-made fried liver. I'm not sure whether this will be included in the interview...

It will. Some readers probably like such dishes as well. Pork chop with cabbage?

I would go even further. Stewed cabbage. Sometimes, I have to make it by myself if I want to eat it. Another guilty pleasure is watching a classical cycle race on TV, when for an hour and a half nobody disturbs me. That's how I watched the Paris-Roubaix race. Ideally, neither my wife nor my daughter comment on what I'm doing. I love having a good wine.



Private photo M. Krawczyk



Private photos M. Krawczyk

I drink wine from March, April till October, then my craving for this drink diminishes. My acquaintances are often surprised that I can distinguish types of wine. It gives me pleasure to treat people to a good wine and food. I also love talking about politics with people who have views similar to mine. However, I only know a few such people. This pleasure is not very creative, because we don't have an impact on big politics, but I enjoy that. I would like to dress well, but I fail. I have to change clothes all the time, and for five years I have had a wardrobe in my car.

In the boot or in the back seat?

In the back seat. I often have a total mess there. In my car, I have five to ten hangers with clothes, I change my clothes several times a day. The Sejm, ministry, Chamber, hospital. A different outfit in each of these places. I sometimes wish I did not have to change clothes so often every day. There is another pleasure connected with clothes. I like walking barefoot. I sometimes do so in the hospital. I feel very at ease then. This may be connected with my stay in Australia in 1990. I saw many Australians walking barefoot.

What about one more, last question. Pick the number.

I'll have ten.

This is an alternative. What do you prefer: bonfire in the forest or flames in a fireplace?

If I answer flames in a fireplace, this will mean that I'm getting old. I think I would rather have a bonfire in the forest. I am a traveller. I have lit a fire hundreds of times in my life time. Those who know me know that I am good at doing that, even when it is wet.

There is a long weekend ahead of us. Are you going to get up before six o'clock on Saturday?

No, I'm going to get up around 6:30 am. I have to get ready for a family dinner, I'm going to go to the bazaar, do the shopping. I also have a plan to go on a three-hour bicycle trip.

Three hours. How many kilometres is that?

I'm prepared for 60-70 kilometres.

Where can we find you cycling?

I live in south-west Mazovia region. I will probably go to Tarczyn through Żabia Wola.

I don't want to keep you any longer. Have a good trip. And I wish you many occasions to walk barefoot.

**Interviewed by
Michał Dobrowicz**

Assessment of the five-year term

The tasks set for the first years of the operation of the governing organisation of physiotherapists include, among other things, building the foundations of the Polish Chamber of Physiotherapists and patiently raising awareness of the role of physiotherapists among officials, politicians, but above all – patients. A lot has been achieved over these five years. Sceptics would say that it could have been more. But, as the deputy chairmen of the Chamber conclude, the failures or defeats of this term will be a signpost for the future. And a challenge that needs to be tackled. We ventured an assessment. We asked each of the deputy president of the KIF the same questions grouped into the following categories: successes, failures and challenges.

This is how they sum up their activity in the first term.



Ernest Wiśniewski

Development, department of digitalisation, training courses, international contacts, financial management

Successes:

- > A huge success for me is the building of the organisational structures of the governing organisation. We started from the scratch, without any financial resources. We quickly established the Register of Physiotherapists, and started to grant licences to practice the profession of a physiotherapist – almost 10 thousand in the first year of our activity, and almost 50 thousand in the first months of the year 2018;
- > Membership fees enabled us to set up the office of the KIF PChP, hire first employees. At present, there are over 100 of them: computer programmers, lawyers, managers, specialists in marketing, management and finances. Those people work for the development of the organisation and for the benefit of all Polish physiotherapists;
- > A huge task was to develop a rehabilitation reform programme in Poland. One of its pillars is change in the valuation of refundable services, moving away from “point-based” valuation to valuation based on a physiotherapist’s working time. All of this is connected with the assessment of functioning (ICF) and monitoring of therapy effectiveness;
- > By implementing the ICF, we managed to assign to physiotherapists a unique competence of examining and measuring the patient’s functioning. This ability sets us apart from other medical professions. In order to achieve that, it was necessary to incorporate ICF into clinical practice and introduce “measurement tools” into medical records. The developed guidelines included both, i.e. instructions on using the difficult and technical ICF classification during examination and functioning measurement tests. We have just completed a study programme of tests validation, which lasted a year and a half, and complemented the guidelines with the population test WHODAS 2.0. Our idea of including the ICF into medical records proved to be in line with the WHO’s agenda: Rehabilitation 2030. We were probably one of the first countries in Europe to introduce the ICF into the regulations related to medical records.
- > We have created a training department which can boast over 20 thousand trained physiotherapists. It allowed us to teach keeping medical records. Now, partly due to the changes caused by the pandemic, we are introducing, much faster than originally planned, new models of online training courses, webinars, and a dedicated e-learning platform will be launched soon;
- > The department of digitalisation has been developing dynamically from the very beginning. The work began with creating the National Register of Physiotherapists, then we established: Portal of Physiotherapist, *Znajdź Fizjoterapeutę* (*Find a Physiotherapist*) and last but not least our newest baby and success with capital S, i.e. *Finezjo*. I am personally attached to this project, because I developed many of its features myself;
- > Thanks to careful management, we have never lost financial liquidity, not even in the first, most difficult year. We have managed to build a reserve which allowed us to earmark additional PLN 1 million during the pandemic as financial aid for physiotherapists in need. Apart from that, every year we earmark 10 per cent of the paid membership fees for financial support in the form of allowance and exemption on the payment of membership fees;
- > Our international activities are so extensive that the five people at the Department for International Cooperation have their hands full. We have developed cooperation with most important organisations worldwide from the perspective of physiotherapists, i.e. WHO and World Physiotherapy (formerly WCPT), which more and more appreciate our competences and engage in new activities. An example is translation and distribution of over a hundred thousand brochures for patients who had

COVID-19, based on which we also made a series of instructional videos (available in the Polish, English, Ukrainian and Russian languages). We also participate in an international research project concerning assistive technologies. Such activities of the governing organisation build prestige of Polish physiotherapists worldwide.

Failures:

- > We still have not persuaded the decision makers from the Ministry of Health and the National Fund of Health to implement further elements of the rehabilitation reform programme. Ready-made solutions, i.e. allowing physiotherapy practices to conclude contracts with the NFZ (National Health Fund), are not implemented, even in the form of a pilot project;
- > Our post-COVID rehabilitation programme has been approved only partially, and is not what it was originally.

Challenges:

- > To complete the reform and make rehabilitation a key point in the development of health policy. So

that it can be available to patients, and physiotherapists can be well-paid for their work.

- > Allowing individual practices and small entities to conclude contracts with the NFZ (National Health Fund). Although in my opinion, contracting of services should be abolished. Every insured person should be able to use practices or establishments of their choice. We only need to establish the principles of the settlement of the costs of services;
- > Continuous extension of the competences of physiotherapists, e.g. to include prescribing and administering some medicines, issuing sick leaves. However, in order to achieve that we have to implement the plan of major-oriented specialisations.

Ernest Wiśniewski

*vice-president of the Polish
Chamber of Physiotherapists
for development, international
contacts and financial
management*



Paweł Adamkiewicz

Promotion of the profession and private practices

Successes:

- > Amendment to the act as a result of which a physiotherapist who carries on economic activity can register not only a healthcare entity, but also an individual and group physiotherapy practice. This resulted in over 13 thousand registered practices and legalisation of economic activity in the form of physiotherapy practices;
- > We registered physiotherapy practices, but in so doing we were obliged to appoint the so-called controllers. This is the requirement of the Ministry of Health. We developed a training project culminating in examination. As a result, 86 people were appointed as controllers under the KIF;
- > Together with the team for International Cooperation we prepared for and participated in the WCTP's World Physiotherapy Congress in Geneva. During the event, we talked about the modern history of the governing organisation and how the efforts of physiotherapists resulted in the adoption of the act on the profession of physiotherapist. Also, our pavilion won in the "competition" for the best stand. Our participation in the congress resulted in submitting application forms and joining the structures of the international organisation (WCPT, currently: World Physiotherapy);

> We prepared a webinar for members of the governing organisation from all over Poland. Over 6 thousand people got acquainted with the changes in care health resulting from the regulation of the profession of a physiotherapist. We also presented our programme of post-COVID rehabilitation and physiotherapeutic prevention programmes that are being developed by a team appointed by the Chamber

> Development of our bulletin – “Voice of Physiotherapist.” Now, it is a regular periodical and presents various faces of the Polish physiotherapy;

> Several social campaigns with the motto “Physiotherapy moves” – they allowed us to reach millions of Polish patients, and raise awareness of our profession in a significant way. The campaigns were conducted on the Internet as well as in the traditional media. During the ongoing pandemic we produced films: “Active senior at home” and “Active break at work.” The last film production was about post-COVID rehabilitation;

> We have a constant presence in the media – every month sees several hundred publications contributed by our KIF experts or inspired by us.

Failures:

> We did not manage to make contracts with the National Health Fund cover physiotherapeutic

practices (solidarity fund programmes are an exception);

Challenges:

> We want physiotherapeutic practices to be able to implement health policy programmes;

> Our aim is for individual physiotherapeutic practices to be allowed to hire employees carrying out medical activity;

> We intend to apply for EU funding to further equip physiotherapeutic practices with computer devices as was the case of doctors working for a primary health care provider;

> We will continue our efforts to promote the profession – we want every Pole to know what physiotherapy involves and how it can help them.

Paweł Adamkiewicz

vice-president of The Polish Chamber of Physiotherapists for promotion of the profession and private practices



Zbigniew Wroński

Science and education

Successes:

> Undoubtedly, a success is the introduction of long-cycle studies (5 years) in physiotherapy as part of undergraduate education;

> We are also happy that physiotherapy as a field of study in the 5-year system was included in the Law on Higher Education and science (Ustawa 2.0). We managed to bring together a group of people – KIF experts (lecturers, professors, educators, clinicians) – who developed an educational standard approved by the Ministry of Science and Higher

Education and ultimately by the Ministry of Health. The standard came into force in 2019;

> One of our achievement is the introduction of a state physiotherapy exam following five years of studies. This means better quality of education and higher prestige of the profession. The first students will take this exam in 2022. Its guidelines were developed by a group of KIF experts. From our perspective, this is a significant change, because the aim of the exam is to control the effects of educa-

tion. After all, patients should feel assured that physiotherapists are well-prepared for their profession;

- > We have succeeded in developing first few guidelines on hydrotherapy, laser therapy, needle therapy;

- > We have launched an English-language scientific journal – the quarterly “Physiotherapy Review”. Our aim is for the periodical to be included in indexing databases, its citation rates to increase, and for it to be included on the Ministry’s list of scientific journals.

Failures:

- > We have failed in the regulation of postgraduate education. Our plan was to put the issue of training courses in order, as there is still chaos in that area and the act on our profession needs to be amended. The project we have prepared got stuck in the Ministry of Health and the epidemiological situation prevented us from processing it;

- > For four years we have been working with the national consultant on a new programme of the specialisation. The new programme has not been implemented yet, although it is almost finished.

Challenges:

- > We plan to establish a research facility that can conduct independent research, support researchers, hold contests, and facilitate the development of the profession. Our ultimate aim is for physiotherapy to become a field of science (knowledge plus practice supported by relevant research).

Zbigniew Wroński

*vice-president of the Polish
Chamber of Physiotherapists for
science and education*



Jacek Koszela

Regions, physical medicine, balneo-climatology, health resort physiotherapy

Successes:

- > Establishing regional offices of the Polish Chamber of Physiotherapists. Such offices have already been created in Szczecin, Krakov, Lublin and Rzeszów; soon there will be one in Wrocław, and we plan to open one in Poznań. By that, we want to be closer to the different regions so that our activities are more effective and transparent;

- > Bottom-up promotion of the profession of physiotherapist and making local decision makers more sensitive to our presence bring effects. As a result, we are included in a range of activities, local initiatives. We meet with presidents of cities, marshals, voivodes. This gives us fuel to strengthen our position;

- > Joint work on creating a positive image of a physiotherapist in the eyes of a patient – promoting a therapeutic path so that instead of going to the doctor for a dressing or ointment the patient knew that he/she can receive professional help from a physiotherapist;

- > During this term, we trained 120 physiotherapists to be expert witnesses, who can be called at trials related to our work. This way, we can feel safe should we need defence and can count on an expert opinion;

- > We successfully organise training courses in regions (in the area of physiotherapeutic prevention, among the things) and legal advice for physiotherapists;

- > We are happy to have a good cooperation with trade unions;
- > On the initiative of Robert Włodarczyk, member of the National Register of Physiotherapists, we have managed to establish a social committee that provides aid for physiotherapists. Especially for those who lost their livelihood due to the pandemic. The Chamber earmarked a million Polish zlotys for that purpose;
- > We provide social support to the families and children of the physiotherapists who have lost their family members due to coronavirus;
- > Interventions by the representatives of the KIF in several medical facilities all over the country that faced shutdown or mass dismissals of physiotherapists.

Failures:

- > We are still unable to break through with some projects. We did not manage to persuade decision makers to allow physiotherapy practices that have contracts with the National Health Care to operate in small cities and towns as well, so that patients could have access to the aid they are entitled to in their place of residence;
- > Some members of the community do not understand that the Chamber is not a political institution. We want to cooperate with all the trade unions. The Polish Chamber of Physiotherapists is all of us, not the political ambitions of some of our colleagues;

- > A failure was, sadly, the shutdown of health resorts during the pandemic despite our appeals to the Minister of Health to allow them to operate with sanitary precautions. That way patients could have avoided several-month delays in rehabilitation;
- > The Act on Health Resort Medical Care does not mention physiotherapists, although our work is key to sanatorium treatments. The government hasn't got an idea for the functioning of sanatoria. Unfortunately, we did not succeed in bringing up this issue.

Wyzwania:

- > Access to legal advice in all voivodeships, a lawyer on duty in every regional office;
- > Opening offices in the other regions;
- > Organising and initiating thematic webinars and training courses in the region so that everyone can attend them not far away from their workplace or place of residence;
- > Starting discussion on the reform of the act on health resort treatment.

Jacek Koszela

vice-president of the Polish Chamber of Physiotherapists for physical medicine, balneo-climatology, health resort physiotherapy



Tomasz Niewiadomski

Guaranteed services

Successes:

- > The biggest achievement of this term is undoubtedly the fact that there is more talk about guaranteed rehabilitation services;
- > Increased awareness of physiotherapy among general public. Only a few years ago, we were regarded as massage therapists, executors of medical orders. Now, the patients see what we are and our competencies;
- > Creating a platform for improvement of competencies – under a training project financed by EU funds we trained 500 physiotherapists in four areas: medical documentation including ICF, orthopaedics, neurology and pulmonary cardiology. We have secured further EU funds to improve professional competencies of two thousand physiotherapists (including those working outside of the Natio-

nal Health Fund). The enrolment will start in June 2021;

> Continuous strengthening of the legal status and professional autonomy of physiotherapists. The changes we managed to introduce in various legal acts regulate our work;

> Seeking dialogue with the entire medical community. We are a partner to other medical professions. We talk and cooperate with each other at various levels;

> We make politicians, health care organisations and decision makers aware that the quality of health services also depends on us, physiotherapists;

> We established a network of observers in the NHF boards. The observers sit on provincial boards of the National Health Fund, where they present their objections and demands. We also have a representative in the headquarter of the NHF;

> We appointed a team responsible for guaranteed services, which works on a rehabilitation services package, among other things;

> Since the start of the term, we have been working with the Agency for Health Technology Assessment and Tariff System (AOTMiT) on a rehabilitation reform. The agency finished its report and although we do not know what steps will be taken at the next stage, we opt for gradual changes. We do not want patients to be suddenly deprived of the aid of physiotherapists;

> Direct access, as part of the Solidarity Fund, to a physiotherapist (without a referral) for people with a certificate of mild or moderate disability;

> Changes in the package of guaranteed services in the therapeutic rehabilitation type; first adjustments to statutory competencies of a physiotherapist were introduced in the area of therapy planning based on the assessment of a patient's state of functioning;

> Post-covid rehabilitation services, which were substantively developed by the PChP, are already delivered by the NHF. The KIF experts prepared a physiotherapy programme for those who have been infected with the coronavirus. It was submitted to the Ministry of Health as an example of universal care of those infected with COVID-19. Local authorities also showed interest in the adaptation of the programme;

> Inclusion of rehabilitation services in the list of services for which one can be placed on a waiting list in the "so called" AP-KOLCE application. Thanks to that, a patient can no longer register a few referrals to the same service;

> Increasing the competencies of a physiotherapist, who can, among others prescribe medical devices;

> We participate in the talks in the Council of Social Dialogue and the Trilateral Commission on the income and emoluments of physiotherapist, among other things.

Failures:

> At the beginning of our activity, we crashed with the brutal bureaucratic machine. For the first two years, it was very difficult to talk with politicians, although we realise that changes should be introduced faster;

> The post-covid programme, which was ready already in December 2020, was processed by the decision makers too long. We are also not happy with the proposed valuations. The NHF will pay two thirds less than our calculations consulted with AOTMiT. We are aware that it is impossible to deliver good quality services for such a rate. We will try to change this situation.

Challenges:

> We demand that an appropriate number of physiotherapists is hired in individual hospital wards;

> Change in the valuation of rehabilitation services; we have been fighting for that for several months;

> Complete reform of rehabilitation.

Tomasz Niewiadomski
vice-president of the Polish
Chamber of Physiotherapists
for guaranteed services



We overcome the resistance of the matter

The lion's share of our work is the fight with officials for the position of a physiotherapist in the system. It can be frustrating. We are overcoming this resistance of the matter slowly, but I am convinced that with time we will be able to achieve more and more – Katarzyna Blicharczyk-Ożga, talks about the work of the Legal Department of the KIF.



Busy time behind you?

It has been very busy since I started working at the Office of the KIF, i.e. since March 2018. At that time, the Office was being established and we had to build certain structures, including the legal department, implement procedures required by law, define the internal legal framework to ensure the operation of the Chamber in many areas so that it could fulfil the tasks specified in the act. All of that requires legal interventions. What's more, our activity is governed by regulations that often do not provide us clear answers and require settling very complicated legal issues and deciding certain actions. Legal support is necessary in almost every area of the activity of the PChP, from legal servicing of ongoing administrative proceedings (granting a licence to practice the profession, recognising professional qualifications), providing legal services to the Polish Chamber of Physiotherapists, in particular the National Council of Physiotherapists. So far, the KIF has passed almost 600 resolutions that were prepared or verified by the legal department.

The scope of tasks of the Legal Department of the KIF include issuing opinions on legislative proposals (laws, regulations). There have been over 350 such proposals so far, and we submitted our objections to 120 of them, asserting the position of physiotherapists.

We should also not forget about the advisory service we provide to physiotherapists. We have issued around 8500 opinions, either by e-mail or as part of legal assistance. These are only some of the areas of our activity.

It was quickly apparent that the legal department required expansion. Currently, it consists of three legal advisers with many years of experience gained in institutions specialising in medical law, a lawyer's trainee and a fifth-year law student. With some matters, such as dealing with disciplinary courts, supporting the disciplinary ombudsman or in tax-related issues, we are helped by specialised law firms.

What regulations facilitating the work of physiotherapists have been successfully implemented over these years?

The solutions that have been introduced strengthened the professional autonomy of physiotherapists. After the act on the profession of physiotherapist came into force, another milestone was the regulation changing the regulation on guaranteed services in therapeutic rehabilitation, which has been in for-

ce since 1 January 2019. It gave a physiotherapist new competencies in the area of functional diagnostic of a patient and planning of physiotherapeutic procedure as part of health services financed by the NHF. This was a breakthrough decision, because it allowed a physiotherapist to be independent from a doctor in ordering physiotherapeutic services.

Of importance for physiotherapists was also the regulation of 6 April 2020 on medical records. The act on the profession of physiotherapies stated that a physiotherapist is obliged to keep medical records, but it did not specify what documents he/she should fill in and with what information. The regulation filled that gap, indicating medical records to be kept in physiotherapy practices as well as in medical entities, including hospitals. What's more, even a hospital discharge summary report includes information about physiotherapeutic procedure. As a result, physiotherapists can feel more independent and treated equally with other medical professions.

Another change was introduction of physiotherapy practices.

This is probably the most important amendment to the law we successfully demanded. Initially, the 2015 act stated that physiotherapists can run medical activity but only as part of medical entities. The requirements for medical entities are relatively high, and in order to fulfil them, substantial financial resources are needed. With a large number of small physiotherapy practices, running medical activity was not reasonable. Thanks to the regulation, it is no longer necessary to meet stringent sanitary requirements, requirements with respect to the premises, equipment or the sum insured in order to be able to legally run a physiotherapeutic medical activity.

An important achievement was also the possibility of providing telerehabilitation as part of NHF services. Thanks to that change, during the pandemic patients were still under the care of physiotherapists.

And how did the pandemic affect the work of the legal department?

We definitely had more work to do. It was mainly due to the legal inflation we faced at the beginning of the pandemic. The legal situation was changing overnight. We had to update physiotherapists about relevant regulations, including the so-called "shields".

At the beginning, rehabilitation was practically shut down. We argued that this decision should be changed, considering patients' health needs in particular.

**350**

legal acts on which opinions
were issued (including around
120 submitted comments)

**around 8500**

opinions – legal assistance
to physiotherapists

We managed to achieve that more quickly than we assumed. The situation was very dynamic. One day something functioned, the next day – it didn't. We worked under the pressure of time, at nights, during weekends. The regulations introducing restrictions connected with the epidemic were usually published on Fridays in the evening. I remember regulation from October, from the beginning of the second wave. Earlier, re-closure of health resorts was indicated at the press conference. On Friday night, it turned out that the provision of the regulation is so constructed that it actually closes entire rehabilitation. And it was to happen next day! We had to urgently explain that and indicate physiotherapist what to do.

What problems do physiotherapists report to the legal department?

A lot of questions we receive concern actions outside of strictly medical activity. Examples include practising the profession of a physiotherapist in nursing home cares, schools, sports clubs, spas. There are certain differences that have to be taken into account when providing physiotherapeutic services there, e.g. with respect to keeping records. A lot of questions concern a break in practising the profession and how to calculate the length of the period of inactivity or the minimum wage. When rehabilitation was closed, many questions concerned the forms of government aid or KIF's social assistance. Now, when physiotherapists were granted powers to qualify for and give vaccines against COVID-19, they ask about issues related to that, e.g. whether liability insurance covers their additional competencies. The issues vary a lot. Some concern a physiotherapist's individual situation in a medical entity and mobbing or limitation of professional autonomy.

We encourage physiotherapists to contact us if they have any legal problems connected with practising their profession. Currently, assistance is provided by stating position in a case, but also in the form of a meeting with a legal adviser or lawyer. We will improve that assistance. We want physiotherapists to receive professional help as quickly as possible. We also want legal support to be available in the other regions of Poland, not only centrally.

Nurses and paramedics have been raising awareness of the problem of aggressive patients for several years. Do physiotherapists report similar issues?

Unfortunately, they do. We had several such cases. If a patient is aggressive, we recommend reporting it to the police or the prosecutor's office. A physiotherapist who feels under threat while delivering rehabilitation services, has to consider refusing to provide them, but do so very cautiously. Sadly, the act on the profession of physiotherapist does not explicitly grant the right to refuse to provide a service, even in the case of the loss of trust. We are appealing to the Minister of Health for change in that regard.

But I also remember a different case, when a physiotherapist had problems with providing services because the patient was obese. Rehabilitation of such a person is problematic because he/she needs to be lifted, mobilised, and there was no appropriate equipment in this patient's house. These are also the issues we deal with.

Do patients write to you as well?

Such situations happen. Usually, these are issues and reports concerning irregularities during a therapy. We refer them to the disciplinary ombudsman.

At present, the legal department only provides legal assistance to physiotherapists.

You still face a lot of challenges. What are the specific goals?

It is still organic work. Other organisations governing medical professions, e.g. nurses and midwives, have over 30 years of activity. We are trying to quickly catch up. The most important thing is to make sure physiotherapists are not overlooked in legal solutions pertaining to health care. We always call for including physiotherapy in the process of a patient treatment, in various opinion-giving and advisory bodies in the area of health care, and in the powers granted to medical professions. But decision makers still forget

about physiotherapists. Apparently, physiotherapist as a medical profession is still not firmly rooted in the consciousness of officials.

From the very beginning, we point out the necessity of increasing the salaries of physiotherapists. This may sound bombastically and someone could ask what the legal department has to do with that? A lot of issues concerning remuneration result from legal regulations. We always demanded that physiotherapists are included as beneficiaries of the funding provided by the National Health Fund for salary increases on principles analogous to those applied to nurses, midwives or paramedics. Therefore, we addressed a request to the Constitutional Tribunal to declare these provisions unconstitutional. We are waiting for the date for the hearing to be set.

The issue of salaries is connected with the need for higher valuation of physiotherapeutic services.

Yes, and the present one is definitely not satisfactory. We will request that physiotherapy practices are allowed to sign contracts with the NHF. We achieved a partial success with respect to the Solidarity Fund, but excessive and illegitimate requirements regarding the delivery of services, in particular with respect to equipment and medical devices are concerned, still pose an obstacle.

We also still grapple with the NHF requirements to obtain a patient's signature confirming the service delivered. There is no such requirement for other health services delivered by persons practising medical professions. This indicates lack of trust in one professional group and is very unfair. Secondly, it is not clear how this can be solved in the case of keeping medical records in an electronic form. Thirdly, sometimes a patient is unable to put a signature on his/her own and it is put by someone who e.g. shouldn't have access to the patient's medical records.

So the lion's share of your work is fighting with officials?

That's true. I have fought for the position of a physiotherapist in the system. It can be frustrating. We write comments on various projects and every time we read that although they are sound they are not taken into consideration because they do not pertain to the scope of the regulations. Or that they will be considered in the next amendment. But when the next amendment is adopted, they forget about us, although after the fact the officials usually admit we were

right. This was the case with inclusion of physiotherapists in the operation of various advisory bodies, e.g. those dealing with rare diseases, public health council. We stress that these bodies are concerned with health and the presence of physiotherapists in them is necessary. Sometimes, our remarks, although obvious from our point of view, are simply not taken into consideration and we do not receive any explanation for why this happened or the explanation is very evasive. This was the case with the law concerning the minimum salary. We argued that the rate should depend on the education of a physiotherapist instead of the education required at a given position. In this situation, medical entities will level down and state that it is enough to have a degree of technician or Bachelor at the post held by a person with a Master's degree in physiotherapy and this will be translated to lower remuneration. Situations like that are really numerous. We are overcoming this resistance of the matter slowly, but I am convinced that with time we will be able to achieve more and more.

And if you caught a golden fish, what job-related wish would you ask it to grant on behalf of your team?

I would wish myself effectiveness. I'd like our efforts to be reflected in legal regulations and make physiotherapists' work easier. I would ask the golden fish for stabilisation of the legal environment so that we don't have to inform physiotherapists about new changes and bureaucratic obligations. This is burdensome for physiotherapists in particular, but for us as well. First, there was a lot of organisational work, then the pandemic came, other problems showed up and many things could not be achieved. Now, elections are coming. It is a very busy time, so a calm period would be good so that we can focus on implementing the goals set by the governing organisation, which are most important from the perspective of physiotherapists.

Interviewed by Agnieszka Lewanowicz

How does KIF support their physiotherapists

- **kif.info.pl** – KIF's official service, which provides you with the most up-to-date information about physiotherapy in Poland and worldwide
- **pomoc.kif.info.pl** – Help Centre where you can find answers to many questions concerning the exercise of the profession and useful model documents
- **portal.kif.info.pl** – physiotherapist's e-office where many important matters can be settled: legal advice, signing up for training, data updating, checking the balance etc.
- **znajdzfizjoterapeute.pl** – search engine to find physiotherapists from all over Poland, where each of us can set up a free online business card
- **finezjo.pl** – free programme for keeping medical records in a physiotherapy practice and medical entity
- **pomoc.finezjo.pl** – support for Finezjo application users
- **fizjoterapiaporusza.pl** – service that promotes KIF's social campaigns, you can use it to educate patients
- **glosfizjoterapeuty.pl** – website with the KIF's monthly bulletin along with an archive, which covers the most important issues related to physiotherapy
- **ogloszenia.glosfizjoterapeuty.pl** – service with job ads for physiotherapists
- **kif.info.pl/biblioteka/** – e-library, where you will find various KIF's publications, such as scientific publishers, guidelines, etc.
- **kif.info.pl/wydawnictwo-naukowe/** – scientific bulletin Physiotherapy Review



You can follow our activities on Facebook,
YouTube, Instagram, Twitter, LinkedIn.





How important is physiotherapeutic prevention today?

Physiotherapists significantly contribute to preventing or decreasing disability and improving the physical capacity of people of different ages by shaping and sustaining their fitness.

When the act on the profession of physiotherapist came into force, physiotherapeutic prevention became our formal obligation. Until that moment, physiotherapists did engage in physiotherapeutic prevention activities to a significant extent without caring about giving formal names to certain activities they performed – after all this is what the popularisation of healthy life style, so characteristic of our work, is. We significantly contribute to preventing or decreasing disability and improving the physical capacity of people of different ages by shaping and sustaining their fitness. Provisions to that effect were included in the act, which stressed that engaging in physiotherapeutic prevention is one of health services to be delivered by physiotherapists.

Definition adjusted to the reality

Someone may ask: why do we need these provisions, if we do it anyway? Personally, I treat this provision in the act as the sanctioning and emphasising of our role – as individuals who exercise a medical profession – in the health care system in our country. There-

fore when creating the definition of physiotherapeutic prevention and its division, we assumed at our Prophylactic Physiotherapy Team that it should fit within the divisions already existing in the public administration and also be in line with the distinctions present in other areas of medicine. Thus, following the discussion among the Team members and the members of the National Council of Physiotherapists, the definition of physiotherapeutic prevention and its division as laid out in the resolution of 16 May 2019 (see page 6) was adopted.

Tasks of the Prophylactic Physiotherapy Team

The main aim of the appointed Prophylactic Physiotherapy Team was to create a definition and develop the division and scope of the delivery of physiotherapeutic prevention, followed by the development of physiotherapeutic prevention programmes that can contribute to restructuring the currently delivered physiotherapeutic services. We can mention here work in the area of diagnostics and treatment of body posture disorders and mild scoliosis,

programmes related to physiotherapist postnatal checks or urinary incontinence and improvement of the life quality of affected women and men as well as development of a preventive programme to decrease the risk of falls among the elderly.

This work is very time consuming and requires dozens of hours of talks between us and experts. It touches upon clinical details and many analyses of scientific evidence.

We participate in numerous intersectoral meetings and talks, where as the Team members we inform external stakeholders what a physiotherapist deals with and which areas of health care and prophylaxis he/she is engaged in. Moreover, representing our governing organisation, the Team members participate in scientific and education events, disseminate knowledge about the role and importance of physiotherapeutic prevention and propagate information about the activities of the KIF and the Team in the physiotherapeutic community, among other medical professions, patients and general public.

“Compendium of physiotherapeutic prevention”

As can be seen, the activities of our Team are in line with a wide information campaign related to the recognition of physiotherapists' competencies. In order to raise awareness among a wider audience – including decision makers in the public administration – of our skills and capabilities, we have prepared a scientific monograph on physiotherapeutic prevention. Over one-year-and-a-half work, which involved 31 specialists from 18 centres, resulted in the publication of “Compendium of physiotherapeutic prevention” edited by Dr Marta Podhorecka and me. The publication gathered examples of physiotherapeutic prevention activities pursued in various areas of medicine.

Physiotherapeutic prevention during the pandemic

For all of us, this year was like nothing we have experienced before. Many of us gave up physical activity. However, we should not forget that regular exercise contributes to the improvement of the functioning of the immune system and allows an individual to maintain better physical fitness, reduces the risk of the occurrence of numerous chronic diseases, but also improves cognitive capabilities. Therefore, we should make sure that we prevent the negative impact of immobility on ourselves and our patients.

PHYSIOTHERAPEUTIC PREVENTION

Physiotherapeutic intervention involving prevention, slowdown, inhibition or reversal of adverse effects of an inappropriate life style, involuntional changes and pathological processes through popularisation of physical activity, health education, reduction of risk factors and functional diagnostics, among other things, in order to avoid or inhibit the development of functional problems or disorders.

DIVISION OF PHYSIOTHERAPEUTIC PREVENTION

- **Early physiotherapeutic prevention:**

Physiotherapeutic procedure to popularise physical activity as a factor that reduces social, economic and cultural life style patterns that contribute to higher probability of the occurrence of a disease and/or health problems.

Impact level: universal (aimed at general population)

- **Primary physiotherapeutic prevention:**

Physiotherapeutic procedure that aims to prevent a disease before it develops and/or decrease the likelihood of the occurrence of health problems through early diagnosis, control and prevention of the occurrence of internal and external risk factors.

Impact level: selective (aimed at the high risk group)

- **Secondary physiotherapeutic prevention:**

Physiotherapeutic procedure involving complement to treatment by implementing physical activity tailored to the dysfunction in order to stop the development of the negative effects of the disease and/or health problems.

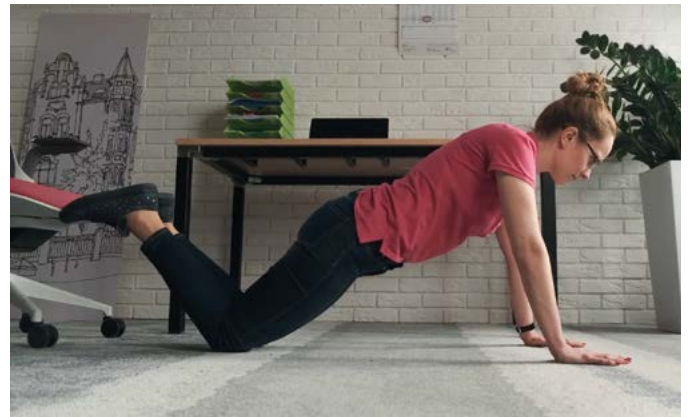
Impact level: selective

- **3rd-phase (tertiary) physiotherapeutic prevention:**

Physiotherapeutic procedure that aims to prevent the effects of the past/ongoing disease/health problems and avert relapses as well as minimise secondary damages, complications and/or compensations.

Impact level: selective

KIF'S ACTIVITIES



The Polish Chamber of Physiotherapists has created two physiotherapeutic prevention programmes: one for senior citizens and one for office workers. The films with exercises are available at fizjoterapiaporusza.pl.

In November 2020, the World Health Organisation published new recommendations on physical activity. According to them, adults should perform moderate intensity physical activity for 150–300 minutes a week or high intensity physical activity for 75–150 minutes. Children and youth should have an average of 60 minutes of daily activity of moderate or high aerobic intensity. We can exercise in various venues, in public space, in parks and garden squares. We should reduce the effects of immobility by exercising twice a week or more often. The importance of exercise is huge!

We should be active at any age. For the elderly, a prophylactic programme “Active senior” was developed by the National Chamber of Physiotherapists and the Ministry of Health with an active contribution from a member of our Team – Marta Podhorecka. It is worth being shown to older patients! Children and youth, who spend most of their time in front of the computer, also should be encouraged to exercise. In this case, it is very important for a young patient to have support from his/her family – it will be much easier to encourage him/her to exercise if his/her parents will be a role model in that.

An important role of physiotherapists

Physiotherapists are individuals who know how to assess the health condition and level of activity and how to match proper exercises so that the process of improving physical capacity was both optimal and safe. Bearing in mind the risks of an uncontrolled “burst” of exercising, the role of physiotherapists will be to show patients and people with lower level of physical activity due to the pandemic what and how to do to make sure that the return to a better physical form is free from dangerous complications. This wise guidance will be important for patients who avoided infection but even more so for people who experienced COVID-19 infection. How fast full physical fitness is regained after illness will depend on the patient's clinical state. While those who have had a severe form of the disease, were hospitalised, are aware of this fact, some of us – especially those who perhaps don't know that they were ill – may be oblivious to the potential risks of increased level of physical activity. Therefore I think that the role of physiotherapists, as representatives of medical professions, will also be to support patients in the diagnostic of health condition and planning of physical activity so as to guarantee the safest return to a good physical form.

Monika Grygorowicz



Dr hab. Monika Grygorowicz

PhD, assistant professor at the Department of Physiotherapy, Poznan University of Medical Sciences, heads the Sports Sciences Team at a department within the elite FIFA Medical Centre of Excellence and the Research Team for Female Football, the Polish Football Association. Chairwoman of the KIF's Prophylactic Physiotherapy Team.

Medical records in the electronic form became mandatory

In December 2020, the KIF conducted an intensive information campaign concerning the obligation to keep medical records in the electronic form.

In principle, physiotherapists, as one of medical professions, are obliged from 1 January 2021 to keep records in that form. To make sure this information reaches the biggest number of those concerned, we intensified our campaign in December. It was conducted not only via the KIF's website and Facebook page, but also via popular physiotherapeutic profiles, discussion groups and online services, including those devoted to the general subject of health care. The information was conveyed in the Chamber's newsletters and during mailing campaigns.

We placed a significant emphasis on explaining the differences between the terms "medical records in the electronic form" and "Electronic Health Records" (EHR). We noted that in online discussions these terms are often used interchangeably, although legally speaking they mean different things. Medical records in the electronic form is what we refer to under the working name "patient's medical history". Medical records are in most cases kept in the electronic form, although the legislator provided for two exceptions that allow to keep records in the paper form: if a provision of the relevant regulation permits that or the organisational and technical conditions prevent keeping records in the electronic form.

Meanwhile, Electronic Health Records (EHR) cover specific documents defined in the act, i.e. e-prescriptions, e-referrals, e-orders for the supply of medical devices (here a transition period is envisaged) and other documents such as information about disease diagnosis, examination results, justification of the refusal of admission to hospital, provided health services and possible recommendations (in the case of refusing to admit the patient to hospital). EHR also includes information for a doctor referring a patient to a specialist outpatient clinic or hospital treatment about the diagnosis, treatment method, prognosis, administered medicine, foods for particular nutritional use and medical devices, as well as hospital di-

schARGE report and description of diagnostic tests. Current regulations do not allow to issue e-referrals to therapeutic rehabilitation. The full scope of EHR was defined in the act on the information system in health care and the regulation issued based on it.

During the campaign we also reminded that the KIF developed a free service designed to keep medical documentation in an electric form – Finezjo application. It's worth stressing that of the medical professions, only the governing organisation of physiotherapists has created and made available such support to its members free of charge.

Finezjo is a fully professional tool. It was designed in accordance with the KIF's guidelines on keeping records and ICF international classification, therefore it complies with modern standards of physiotherapeutic care. It is a reliable, secure and, what's important, free solution.

This modern application is already used by 50% of Polish physiotherapy practices, which makes Finezjo the leader on the market of software for physiotherapists. The service is available to all physiotherapists running an individual physiotherapy practice and since recently – to people working in medical entities! The latter version can be used by every employee of the entity, so it is not limited to physiotherapists.

Wojciech Komosa

Head of the Department
of Communication and Marketing
of the KIF



Success of the Polish version of the WHO's leaflet

The Polish language version of the leaflet 'Support for rehabilitation self-management after COVID-19 related illness'¹ has enjoyed much popularity worldwide over the recent six months. It has been downloaded 126 666 times in total, and comes six in the list of most-downloaded files from the WHO repository over the last six months (retrieved on 10.03.20212).

In the region of Europe, it occupies the first position with 119 829 downloads (retrieved on 10.03.20212).

Detailed statistics of the WHO repository³ also show countries in which the Polish language version of the guide recorded the most downloads: Poland – over 107 thousand, Germany – almost 6 thousand, the USA – 2.2 thousand, Hong Kong – 1.3 thousand, and Great Britain together with Northern Ireland – also over 1.3 thousand downloads! Our brochure was most popular in November 2020.

It's worth adding that the guide in the printed version was distributed in Poland in 70 thousand copies.

WK

¹<https://apps.who.int/iris/bitstream/handle/10665/333818/WHO-EURO-2020-855-40590-54773-pl.pdf?sequence=2&isAllowed=y>

²<https://apps.who.int/iris/most-popular/item#>

³<https://apps.who.int/iris/handle/10665/333818>



↓ WORLD

126 666

downloads ▲

↓ EUROPE

119 829

downloads ▼



WOULD YOU LIKE...

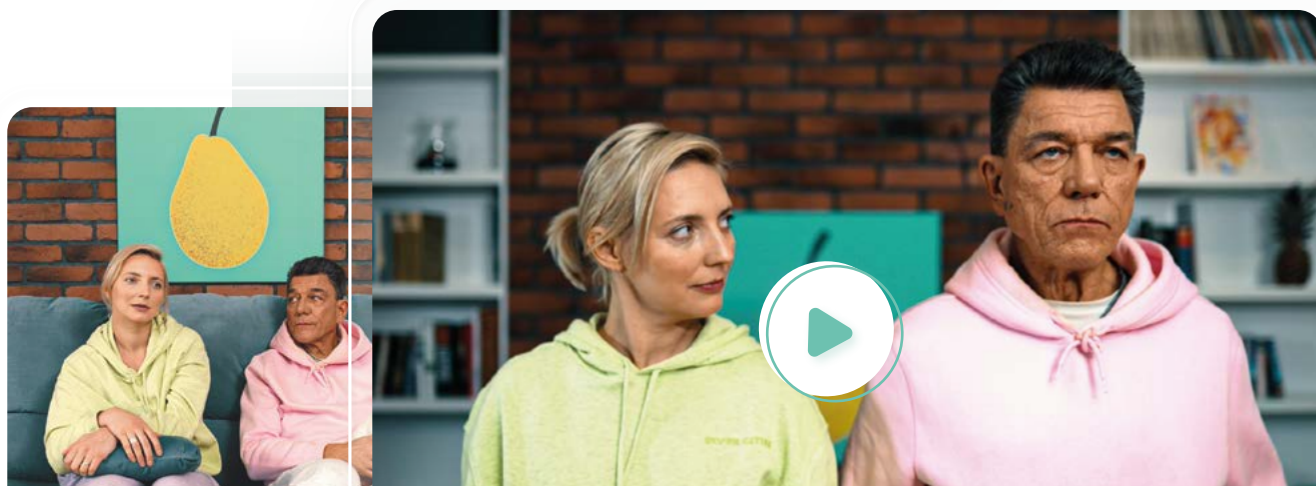
to **know more** about Polish physiotherapy?

to **share your ideas** or projects?

We are happy to cooperate with you in many areas:

- Polish health system know-how
- law regulations regarding physiotherapy
- contacts to Polish physiotherapists and experts
- contacts to leading universities and medical institutions
- and many others!





Famous actors promote recommendations on post-COVID-19 rehabilitation

“Support for Rehabilitation: Self-Management after COVID-19 Related Illness” is a set of exercises and guidance for patients who have experienced coronavirus infection. This is a material prepared by the WHO Regional Office for Europe, translated and adapted to Polish patients by KIF experts. We have printed and distributed (at the cost of the KIF) over 75 thousand guides among hospitals, clinics and medical offices. WHO representatives, encouraged by the success of the distribution of the guide and the KIF's commitment to this project, asked us to make films presenting exercises and recommendations.

“COVID-19 infection may result in various complications. Both those with mild cases of the disease and those requiring hospitalisation may experience a significant deterioration of their physical fitness and well-being. The key to physical and emotional recovery is rehabilitation. It is really important to provide help to all the patients who need the support. I am happy to see solidarity-based and deep commitment of the KIF to counteract the consequences of the pandemic” – stresses Dr. Paloma Cuchi, representative of the World Health Organisation in Poland.

Now, the guide is available at fizjoterapiaporusza.pl in the form of three films, the screenplay of which was created based on the Polish version of the guide at the Department of Communication and Marketing of the KIF. Before the shooting began, a few substantive

consultations had been conducted online with HWO representatives. The film featured well-known actors, for whom participation in a campaign addressing such an relevant topic was an important experience.

The video guide was divided into three films: the first concerns breathing techniques and body positions that alleviates shortness of breath, the second presents exercises to improve the patient's physical fitness, while the third contains tips on how to deal with daily activities.

The films are currently widely promoted both via the KIF's webpages and profiles and in the media (information about the campaign appeared in numerous news services such as Radio ZET, TOK FM, Polish Radio, Gazeta Wyborcza, Głos Wielkopolski daily, as well as on websites dedicated to health or advertising and marketing). We plan distribution abroad, in different language versions. **We encourage sharing of the films through social media so that they can reach as many patients as possible.**

Wojciech Komosa
Head of the Department
of Communication and Marketing
at the KIF





Mirosław
Zbrojewicz

This made me alert

The role of a suffering guy is not typical in my repertoire, so it was an interesting challenge. I was surprised that COVID-19 symptoms needed to be played at such an elementary level. I didn't know that after this disease you could struggle with such a simple activity as climbing two steps of the stairs. We have no idea that it can be like that. These materials will, of course, be very useful to people with a severe case of COVID-19. But, in my opinion, they also have another benefit – after watching them we start to observe ourselves more closely. Many people don't even know that they have had COVID-19 and now it manifests in certain problems. Now, we will see the red flag sooner. And people who resist wearing masks will put them on when they realise that after the coronavirus disease they may struggle with walking from the sofa to the bathroom.

In November my friend Giovanni Castellanos died of COVID-19. He was a Columbian director who lived in Poland for many years. He was 41, with no addictions, no diseases, a semi-sportsman. He died within a week.

We talked to each other every day. One day, I was not able, I was busy with something. The following day, I learnt that he passed away. This made me alert. Before that, covid had been something abstract to me, I did not know anybody who was ill with it. And now, almost everybody has a loved one who has experienced it.

Mirosław Zbrojewicz – hugely popular actor, known for playing so-called 'tough guys' in films and action series, but also for his comic roles, such as the iconic performance in the "Boys don't cry" film where he played the character Grucha.



Katarzyna
Zielińska-Jaworska

These films are much-needed

I've benefited from the services of physiotherapists many times. They saved my backbone, when I injured it at work. At the theatre, I liked playing parts requiring small „acrobatic feats”, such as falling from the table. I didn't think about the consequences it might have had for my backbone. Fortunately, we've managed to strengthen it, and now I take care of it, exercise. Thanks to that, I was even able to resume snowboard.

I think that publishing such films is much needed now. Many older people, but not only them, avoid contact with the doctor for fear of the infection. Meanwhile, they could have gone through it and not been even aware of that, while the fact that they feel weak now may be post-covid fatigue. The instructions presented in the film may help them to strengthen their body. Starring in the films was a very nice experience. Before we met, we had phone consultations, before the filming began, we had rehearsals. The work on the film set was well-organised. By that I mean not only the film crew but also the physiotherapists that supported us, who knew what they wanted, had clear expectations. Thanks to that, we, the actors, worked in comfortable conditions.

Katarzyna Zielińska-Jaworska – theatre and film actress, known for her roles in TV shows and films.



Support for COVID-19 convalescents is necessary

The team responsible for physiotherapy of patients who have had COVID-19, appointed by the Polish Council of Physiotherapists, developed a comprehensive recovery programme for people who were infected by the coronavirus.

In the process of treating COVID-19 patients, physiotherapists are from the very beginning a necessary link in the comprehensive care. Their task is concentrated on participation in the process of treating the severe phase of the disease – preventing complications that are danger to the life of the sick. It turns out, however, that physiotherapists' help is sometimes necessary also at later stages, as many patients suffer from long-term health effects caused by the coronavirus even when it is no longer in their body. They may include not only breathing disturbances, dyspnoea, loss of smell or taste, but also reduced physical efficiency and cardiovascular fitness, muscle power and overall physical fitness as well as deteriorated mental health.

Physiotherapy programme for COVID-19 convalescents

The stance of the experts from two biggest scientific societies dealing with respiratory diseases – American Thoracic Society (ATS) and European Respiratory

Society (ERS) – indicates a huge need of guaranteeing support to convalescents in the form of personalised rehabilitation programmes. Its authors stress that it should be based on tried and tested procedure protocols for physiotherapeutic treatment of patients with chronic respiratory diseases (such as pulmonary rehabilitation programmes applied with people suffering with COPD among other things). Naturally, they require certain modifications in order to tackle the problems of people who have had COVID-19.

In order to respond to the challenges that have arisen, at the beginning of November 2020 the chairman of the the Polish Chamber of Physiotherapists appointed the **team responsible for physiotherapy of patients who have had COVID-19** comprising: Anna Pyszora (head), Piotr Szczepański, Dariusz Banik, Tomasz Maciążek, Sebastian Szyper, Tomasz Niewiadomski, Zbigniew Wroński. Its task was to develop a rehabilitation programme for people dealing with health problems resulting from SARS-CoV-2 infection.

How the Team worked

We faced the challenge of “describing the service.” The starting point was analysis of the available literature addressing the problem of long-term consequences of recovering from COVID-19. The information we gathered as well as previous experiences allowed us to develop a general intervention framework for this group. The next step was describing the whole organisation of the service. This required specifying the qualification criteria for the different scopes of the services so that the patients could receive help under the conditions adequate to their overall health condition (outpatient care, inpatient care and home care). Given the scale of the problem and limited access to specialised equipment (e.g. for assessing the physical efficiency of the sick), taking into account the opinions of the experts who indicated the need to use simple assessment tools that can be employed by every physiotherapist, we specified minimum requirements regarding provision of medical equipment and devices.

We detailed formal and staff-related requirements. We also managed to plan an evaluation process by using selected indicators to be assessed before and after treatment. We also established a pricing policy in relation to the services described.

We have developed a comprehensive health programme that can be used by people recovering from COVID-19 in ambulatory or home conditions – which were our priority. We took into consideration the demographic distribution, access to the treatment, possibility of organising its provision, and the ratio of the group of the sick who can benefit from the support as outpatients to the people requiring treatment as inpatients. Currently, work is underway to create a programme to be implemented for inpatients.

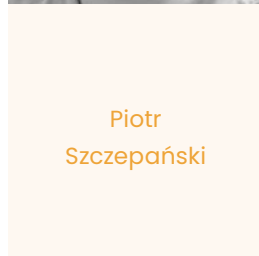
We are now waiting for the decision of the Minister of Health as to the form in which the above-described programme can be implemented. We trust that we will be able to win the decision makers over.

The overall aims of the programme

1. Reducing health effects caused by biological harmful factors.
2. Supporting people who have had COVID-19 in full recovery and return to activity (including professional one).



Anna
Pyszora



Piotr
Szczepański



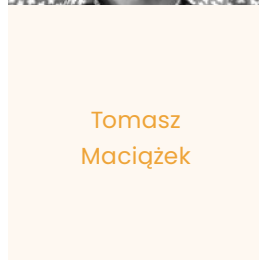
Dariusz
Banik



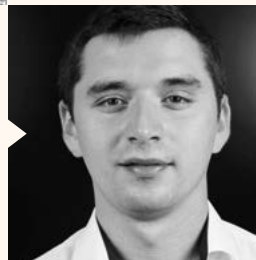
Tomasz
Maciążek



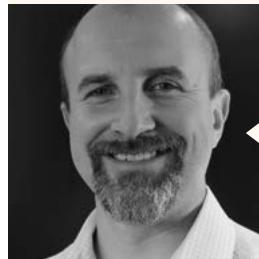
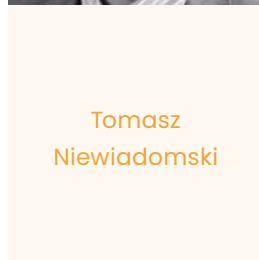
Sebastian
Szyper



Tomasz
Niewiadomski



Zbigniew
Wroński



Members of the Team responsible for physiotherapy
of patients after COVID-19

3. Preventing the after-effects of the disease, such as incapacity for work, reduction of quality of life, premature death (applies to those with severe course of COVID-19).
4. Widespread access to a programme implemented by a physiotherapist.

Specific objectives of the programme

1. Improvement of physical activity tolerance.
2. Reducing the intensity of nagging symptoms connected with having been ill with COVID-19 (such as shortness of breath, chronic fatigue).
3. Educating COVID-19 convalescents on how they can deal with nagging symptoms connected with having been ill with COVID-19 on their own.

Procedures have not been created yet

Today, almost a year since the outbreak of the pandemic, we have a much larger knowledge on the effects of COVID-19, but there are still many questions to which we do not know the answers. For example, it is not clear whether the changes that appear in the body will be lasting, and if so, to what extent. Studies show that even in patients who did not show symptoms or showed mild symptoms various dysfunctions

may occur. It is estimated that within that group a third will suffer from infection effects.

Many experts discuss potential pathways that will be most effective and safest for the convalescents. However, we still lack clear guidelines defining an optimal framework of action once the severe phase of the disease is over, because it is still too early for that.

Return to normality

The programme we propose also aims to relieve inpatient treatment, the access to which is limited. This will at the same time reduce the costs of treatment by promoting equally effective, efficient and much cheaper outpatient treatment. It is essential that physiotherapy is available to all those who need it. This will allow them to quickly return to full fitness and professional activity. This in turn will minimise the impact of long-term effects of the pandemic on the social and economic life.

In order to return to normal life, work, routine pursuits and activities, the convalescents need support. One of the sources of this support is US – PHYSIOTHERAPISTS.

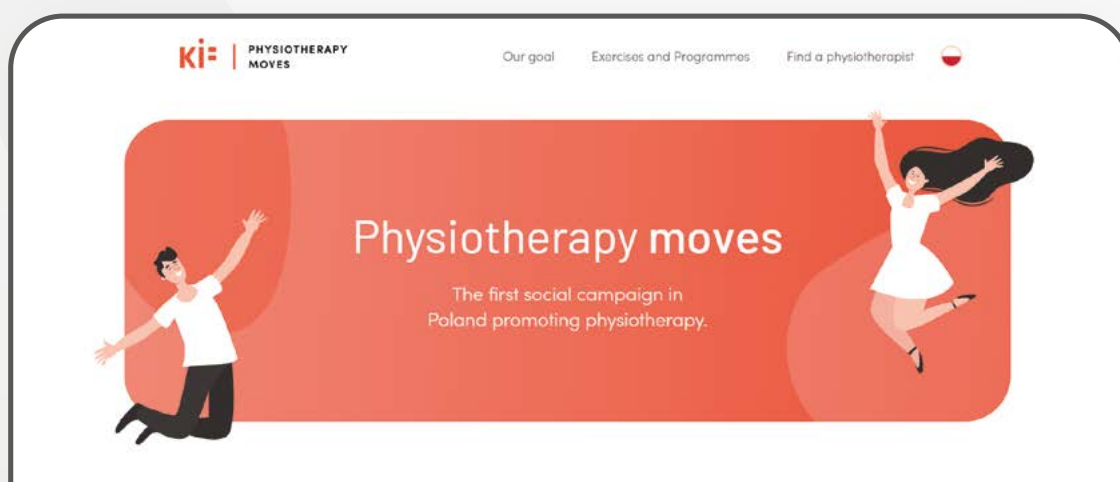
Piotr Szczepański, Dariusz Banik

Physiotherapy moves

The first social campaign in Poland promoting physiotherapy

fizjoterapiaporusza.pl/en

Preventive programmes of the Polish Chamber of Physiotherapists and the Ministry of Health



Learn how to work with patients who have had COVID-19

The number of convalescents, which grows every day by thousands, is a real challenge for physiotherapists. Therefore, the KIF invites you to free-of-charge trainings as part of the educational cycle "Physiotherapy of people who have had COVID-19", which was developed by experts in the field.

The first part of the cycle consists of four online trainings, which comprise seven films already available at the Physiotherapist's Portal under the tab training. The lecturers are the creators of the programme: Anna Pyszora, Sebastian Szyper, Dariusz Banik and Tomasz Maciążek. They discuss problems faced by convalescents, present the scope and possibilities of physiotherapy for them, as well as the principles of examination and qualification for physiotherapy after COVID-19 recovery. The last part presents examples of physical training and issues connected with patient education.

The recordings are in the form of lectures with extensive visual presentation and instructional videos. Each lasts around 20–40 minutes. They are available upon logging into the Physiotherapist's Portal and can be viewed many times.

The second element of the educational cycle will be a webinar with the creators of the programme and other invited guests. During it, the experts will answer the questions submitted by the participants of the lectures. Details about the webinar, including when it will take place, will be available at the Physiotherapist's Portal.

The last element of the educational cycle will be off-line training meetings that will be dedicated to the organisational and legal aspects of the execution of the programme "Physiotherapy of people who have had COVID-19." Its schedule includes, among other things, criteria for implementing the programme during home visits and in ambulatory conditions, suggestions concerning potential forms of financing the programme, tips on keeping medical records of the convalescents and information on reimbursement of medical devices.

The meetings will start in the second quarter of the year and will be free of charge. We especially invite physiotherapists running professional practices and medical entities.

Patrycja Bartnicka-Kamać
Head of the Department of Training, KIF



I invite you to get acquainted with the materials presented in the educational cycle dedicated to physiotherapy of people who have had COVID-19. Every day, there are from several to a dozen or so thousand new convalescents – which represents a huge challenge for physiotherapists. It requires a thorough initial assessment, qualification for physiotherapy based on examination results and an individual programme of therapy, with education as its integral part. I think we have a lot to offer to people who have had COVID-19. That's why we've decided to create an educational cycle available free of charge to all physiotherapists. I strongly encourage you to watch and – what's important – submit questions so that we can discuss them soon during a special Q&A webinar.

Dr. Anna Pyszora

A very good idea to hold online training courses on how to handle patients who have had COVID-19! I'm looking forward to next ones.

 **Olga Kowalska, physiotherapist**

The knowledge has been presented during the online courses in a clear and systematised way. As a result, the implementation of the physiotherapy programme for patients who have had COVID-19 was much easier for the physiotherapist.

 **Marcin Wikszemski, physiotherapist**

Rehabilitation is not enough

How physiotherapists' knowledge and skills can contribute to the improvement of public health as well as the KIF's cooperation with the WHO and plans for the years to come – these are the topics discussed with Dr. Paloma Cuchi, a representative of the World Health Organisation in Poland.



Dr Paloma Cuchi

Representative of the World Health Organisation in Poland.
Office of the World Health Organisation. World Health Organization in Poland.

Photo Private archive Paloma Cuchi

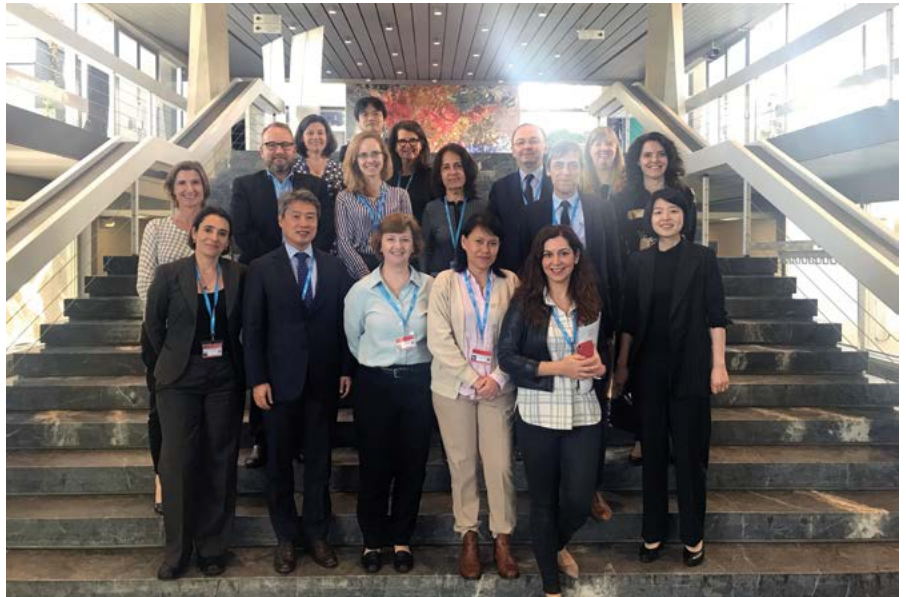
We first met in February 2019. We were seeking consultation on the implementation of ICF into the documentation programme that was being created. That's how it began.

The direction proved to be good and you were invited to Geneva to attend the meeting of an expert group¹ working on "Assessment of Functioning."

These were two highly valuable days. We already knew what we had to pay attention to when implementing ICF on a mass scale and what challenges were ahead of us. The participation in the Rehabilitation 2030² meeting reassured us in that. A chance to meet people engaged in rehabilitation from all over the world, exchange of experiences, talks and jointly defining the directions of actions for the years ahead. This definitely motivated us to continue our work on improving the position of rehabilitation in Poland and an appropriate approach to the third indicator of health – state of functioning.

At the beginning of 2020, we were to continue our cooperation in that respect. Our plans included the exchange of knowledge and experiences with Eastern European countries, but of course now we are focusing on COVID-19 pandemic.

Yes, but I think we can say that during the pandemic a lot happened as well. We received huge support from the WHO, a lot of useful materials to distribute among our members. Also the work of our physiotherapists and positive patient stories were recognised on the international arena.³ And the brochure campaign!



Assessment of Functioning Stakeholder Consultation, May 2019, WHO HQ, Geneva.
Photo Private archive Alarcos Cieza

The demand for WHO material turned out to be really enormous, we are still receiving messages related to that both from large covid hospitals and small rehabilitation practices.

I am happy that the KIF noticed this guide for patients^{4,5}. You translated it and started to distribute. This was a visionary step. You had a good idea at the right time, because the demand for help started to grow really fast. And the films were a valuable complement to the brochures. Some prefer this form of communication, therefore even more people in need can be reached. Another good thing is that there are a few language versions of the brochure (English, Ukrainian and Russian). This shows that you have identified the needs of the society in a proper and timely way. And at the same time, it was a really good cooperation between us. At several levels: local, regional and international ones. One of many examples, because there will be more!

That's true. We have a lot of work to do, for example the project to

assess the availability of assistive technologies⁶.

We have to survey a population that has its own needs, and the knowledge of the KIF is crucial here. You have helped us in translating technical nomenclature, provided support in recruiting people to conduct surveys. We have also completed the process of questionnaire validation and piloting. The study has just started and due to the pandemic we used mixed methodology, that is telephone interviews and direct ones. We expect the process of data gathering to end by May.

What do you expect from the KIF? How can physiotherapists become engaged?

Once the data from Poland and other countries are gathered, sent to the WHO and analysed, a study report will be created. Thus, we have to wait for the results from other countries in the European region, including Azerbaijan, Greece, Georgia, Ukraine, Tajikistan. The report should be ready in September and that's when



Second International Meeting Rehabilitation 2030, July 2019, WHO HQ, Geneva.
Photo <https://www.who.int/rehabilitation/rehab-2030-2nd-meeting/en/>.

we are starting a large campaign about assistive technologies. We would like Poland to be a leader in promoting this report and reach all the stakeholders with it. We should remember that the first step is to identify the needs among both people with disabilities and without them and to ultimately provide appropriate support to them. It will be important to reach decision makers with this information and to develop a strategy to meet the needs in Poland.

Physiotherapists could be of help here. Every day, they work with people who require assistive technologies, they are also able to recommend some products. Why not extend these competencies? We also work with the visually impaired, who suffered from a spinal cord injury – patients with a whole range of disabilities. We know what barriers such people encounter at home, on the street, what equipment they may

need to function better. We also have numerous channels for information dissemination.

We have not even started discussing a strategy for disseminating the study results and actions in that area, and the KIF has already so many ideas! What about making an information film once the report is ready? With such a big group of experienced physiotherapists and good organisation, you are really an important link in the project.

I am happy to hear that. This is very important to us too. I also have got good news. Recently, two of our members, Ernest Wiśniewski and Zbigniew Wroński, were qualified as WHO peer-reviewers. They will provide their opinions on the package of rehabilitation interventions for musculoskeletal diseases, meaning that this time it is strictly scientific cooperation.

The WHO looks mainly at knowledge and experience. These are the criteria we use to choose people to work with. Working with people like e.g. members of the KIF enriches our projects in a significant way. Thanks to that the WHO is constantly developing substantively.

We have also managed to jointly publish guidelines in the Polish language on physical activity⁷. This is also a socially important subject.

There is another significant issue connected with physical activity – WHO Healthy Cities. Through this initiative we want to take care of the environment in a way that will make people healthier and have healthy habits. So, physiotherapists should absolutely become engaged in the promotion of physical activity and initiatives to improve the quality of the environment we live in.

Physiotherapists do have such knowledge. We encourage them to even more often motivate their patients to exercise and to promote physical activity on a wider scale.

And we are glad to hear that, because each of these 70 thousand voices confirming the significance of physical activity for a human being is important. Rehabilitation is not enough, what is also important is widespread education about health. Physiotherapists should absolutely promote general well-being of a human being, prophylaxis, and show a responsible care about public health.

What are our plans for the nearest future? What could we do together?

I think that the experience of the KIF in the area of ICF can be valuable to other countries or chambers of physiotherapists. In the nearest future, we will certainly observe the effects of COVID-19 and focus on the subject of covid, as well as the situation of the youngest patients who have had coronavirus. We will also definitely continue our efforts to promote physical activity and healthy cities that are age and disability friendly. This means that we have to understand the needs of such people even better and take a good care of them.

An excellent idea. We know e.g. that a person who has suffered a stroke and struggles with wal-

king can have a problem crossing the pedestrian crossing at a green light because he/she takes more time to do that. So, knowing how such people function and what they struggle with, we could contribute to the development of new solutions?

Exactly! And following this line of thought further, another important subject is road safety. There are many accidents that result in the need for rehabilitation. We should prevent them. The KIF can also sign an open letter and join safety campaigns. With such a numerous group of members, you reach really a lot of people. Maybe a good idea would also be to include in the next issues of the "Voice of Physiotherapist" current information and guidance on public health, posters or educational materials.

That's a great idea! It looks like we have plans for the nearest 10 years.

Even 20!



Interviewed by
Weronika Krzepkowska
Department for International
Cooperation, KIF

¹<https://glosfizjoterapeuty.pl/2019/12/przedstawiciele-kif-zaproszeni-do-grupy-eksperyckiej-who/>

²<https://glosfizjoterapeuty.pl/2019/11/swiatowa-organizacja-zdrowia-who-podnosi-range-rehabilitacji/>

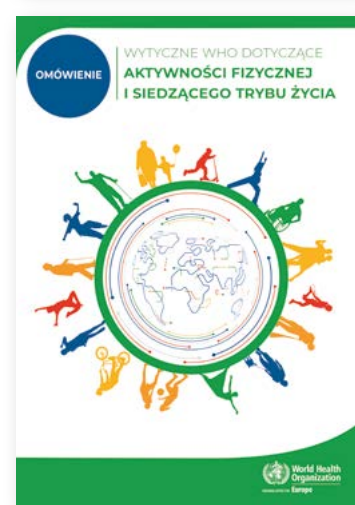
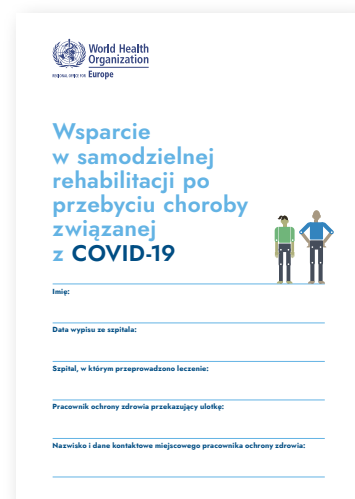
³<https://glosfizjoterapeuty.pl/2020/08/historie-polskich-fizjoterapeutow-i-pacjentow-na-arenie-miedzynarodowej/>

⁴<https://glosfizjoterapeuty.pl/2020/08/wsparcie-w-samodzielnej-rehabilitacji-po-przebyciu-covid-19/>

⁵<https://glosfizjoterapeuty.pl/2021/03/sukces-polskiej-wersji-poradnika-who/>

⁶<https://glosfizjoterapeuty.pl/2021/03/zbadamy-dostepnosc-technologie-asystujacych-w-polsce/>

⁷<https://kif.info.pl/wytyczne-who-dotyczace-aktywnosci-fizycznej-i-siedzacego-trybu-zycia-dostepne-w-jezyku-polskim/>
<https://apps.who.int/iris/handle/10665/341120>



1. At the end of June, the Regional Office of the WHO in Europe issued brochure "Support for rehabilitation self-management after COVID-19-related illness" with a package of valuable information, instructions and concrete exercises for people who have experienced COVID-19. The Polish Chamber of Physiotherapists, in cooperation with the WHO, translated the brochure into the Polish language.

2. WHO guidelines on physical activity and sedentary lifestyle: discussion.



Photo archive World Physiotherapy

This term of office is your great international win!

Interview with Jonathon Kruger

At the beginning of 2020, the National Chamber of Physiotherapists became an official member of World Physiotherapy. We have been operating together for over a year. What are your impressions of this collaboration?

It is worth mentioning that although KIF has been officially in the structures of World Physiotherapy since 2020, our cooperation dates back to earlier years. I am very pleased with our common activities. It is always good to work with an organization that is actively involved in the work from the very beginning and at the same time knowing what it wants. It is the ability to use when new opportunities arrive from the world.

From the very beginning, KIF's international activities were aimed at promoting Polish physiotherapy but also to create the global identity of the profession.

This is what I appreciate at KIF. Taking care of Polish physiotherapists is understandably a priority, but you also devoted a lot of work to supporting foreign colleagues. Anyway, this is the key mission of World Physiotherapy – to be a global hub connecting physiotherapists from around the world! Due to the pandemic, this traditional, face-to-face communication has become challenging, therefore we have created the possibility of constant online communication.

You mentioned how the pandemic affected World Physiotherapy's relations. KIF's membership in

World Physiotherapy actually began with the appearance of coronavirus. Was it supportive, having KIF and other member organizations onboard during this difficult time?

The crisis mobilized everyone to act. Paradoxically, although distant due to lockdown, we felt very close as a professional environment. We were connected by the same concerns: the safety of physiotherapists, their participation in the fight against the pandemic, the transition to telehealth, and problems related to education. KIF has been extremely active in each of the above areas. You have produced videos supporting seniors, COVID patients, office workers, which, thanks to your translations into other languages, we were able to provide to other member organizations. You, on the other hand, have been able to use the materials we shared providing Polish physiotherapists by translating them into your mother tongue. Such a partnership means a lot to us.

You are always up to date with the activities of the member organizations. This is impressive considering that World Physiotherapy brings together over 120 countries from all over the world. We summarize KIF's first four-year term. How do you rate our work?

I can confidently say that KIF is currently a leader in Europe in an innovative and creative approach to the profession. You show the direction to countries that are deeply rooted in the tradition of the so-called old school physiotherapy. A modern social campaign, fil-

ms distributed all over the world, but also innovative professional regulations. It puts you at the forefront of progress. A Polish physiotherapist was one of the first to gain the rights to vaccinate against COVID – this is a great achievement! It turns out that KIF is not waiting for the rest of the world to create, research and patent something, but to follow its modern development paths. It motivates us all.

Thank you for raising that issue. It means a lot when someone experienced in the international arena like you, notices our success. Our development was occupied by the hard work of many committed people. Fortunately, faith in success and confidence allowed us to find ourselves here. But we don't stop. How do you see our further cooperation?

Further cooperation will certainly be based on promoting the participation of physiotherapists in the so-called Long COVID. The long-term effects of COVID disease will be a target of health policy for many years to come. We physiotherapists must be seen as the leaders in the rehabilitation of Long COVID. Patients struggling with ailments caused by this disease should recognize that they need physiotherapy. Therefore, the task of World Physiotherapy, with the support of member organizations, will be increased marketing activity about our role in Long COVID rehabilitation on World PT Day in 2021. This may sound like a cold calculation, but for physiotherapists, it's time to prove their skills and mark their participation in the health sector. This is a chance for the further development of the profession, also for Poland.

Does World Physiotherapy plan to mark KIF's presence in Europe?

In the European region we focus on the mobility of the profession. Physiotherapy should be a career path that enables equal development in Europe. KIF has raised the level of education from bachelor's degree to entry-level master's. The possibility for foreigners to study at universities in Poland increases the standards of work after their return to the country.

Additionally, from the point of view of our organization, it is good to have a strong member who can support less developed countries in terms of physiotherapy. When I think about Polish physiotherapy, I think about being a leader for Eastern European countries. KIF has shown strong leadership. Who would have thought two years ago that the Polish government

would support telerehabilitation or vaccinations administered by physiotherapists?

During our membership, we stayed in constant contact. What do you remember as our most important common activity last year?

Since our face-to-face activities were limited we focused on the exchange of information and support for mutual initiatives. We have collected valuable information, also thanks to KIF, which will now serve as an argument in the health policy of countries recovering from the pandemic toward physiotherapy demands. We recently published a few documents which are an effect of that revision. I am talking about reports on the use of telerehabilitation in the world; the impact of the pandemic on the global physiotherapy market; opinions on the training of future staff, and currently on the psychological impact on the front-line PT workers. For KIF, I think the most important thing is that we appreciated you when handing over the representation of World Physiotherapy during meetings of the WHO FIC group. There are very few countries that gained such credit of trust from our Board within the first year of membership.

As you mentioned earlier, we know how to take advantage of the opportunities that the international partnership has opened up for us.

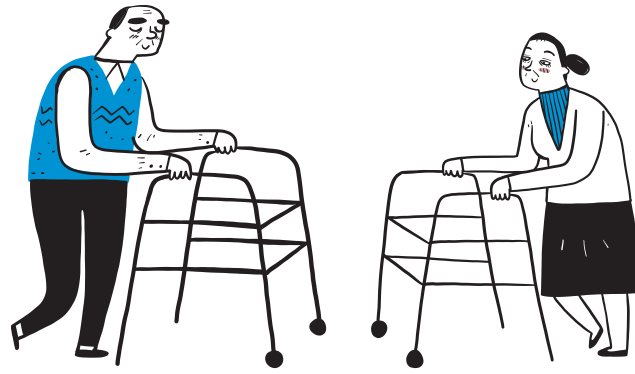
Yes and you should be proud of yourselves. Congratulations to your members and Maciek Krawczyk. This term of office is your great international win!

Thank you for your time. Now, let's go back to our daily duties!

interviewed Dalia Woźnica

Department for International
Cooperation, KIF





We will study the availability of assistive technologies in Poland

The Polish Chamber of Physiotherapists was invited by the World Health Organisation to cooperate on the project aimed at the improvement of the availability of assistive technologies.

The KIF along with the representatives of the Ministry of Health, Bureau of the Ombudsman for Patients and the national physiotherapy consultant comprise an expert advisory group that cooperates with the WHO in examining the availability of assistive technologies in Poland. It will also involve the use and dissemination of the obtained results.

What are assistive technologies?

Assistive technologies (AT) mean various equipment that help or enable people with disabilities, the elderly, or people with chronic disorders to function better and enjoy greater autonomy. They cover a wider range of solutions than what we know under the name of "orthopaedic equipment." **Apart from wheelchairs, crutches, walking frames, AT also includes hearing devices, glasses, memory and communication enhancement devices, among other things.** The WHO distinguishes a large number of such devices, and the list of 50 so-called priority products can be found here:

https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf?sequence=1

What is this project about?

According to the WHO, over a billion people worldwide need assistive technologies in order to lead a pro-

ductive, decent life without experiencing exclusion, but **only 1 out of 10 people has access to them.** 150 million people need assistance in moving around and access to devices such as crutches or walking frames, over 75 million require a wheelchair, 35 million – a prosthesis or orthosis. Access to assistive technologies is often necessary to maintain or improve the functioning, health and well-being, as well as enabling education, work and engagement in social life. As the society ages and the incidence of non-communicable diseases increases, the demand for AT will increase. **It is estimated that assistive technologies will be needed by 2 billion people by 2030.**

The 2018 WHO Resolution on improved access to assistive technologies (WHA71.8) recommends actions at the national level to provide access to high quality and reasonably priced AT to all who need such technologies. However, we still lack sufficient data on current accessibility and demand in the different countries – in order to fill this gap, Global Cooperation on Assistive Technology (GATE) was established. One of its activities is publication by the WHO of a report (GReAT) to provide the member states with necessary technical support in the development of AT programmes and thereby to help in the implementation of the objectives of the convention on the rights of persons with disabilities.

What does the study look like?

The WHO developed a special **survey rATA** (ang. Rapid Assistive Technology Assessment) for gathering data on AT in order to help in establishing priorities and raising awareness of assistive technologies among decision makers and general public.

The study will provide information about which assi-

Today, over **1 billion** people worldwide need assistive technologies,



970 million
need glasses and aids for
visually-impaired



75 million
need wheelchairs



150 million
need aid for moving around



94 million
need hearing aids



35 million
need prostheses or orthoses



150 million
need aid in communication
and remembering

but only **1 out of 10** persons has access to the equipment needed.

Over 2 billion people will need assistive technologies by 2030.

stive technologies Poles use and need, whether they have access to them, and if not, why. As was already mentioned, the KIF was invited to the advisory group consulting the progress of the study in Poland.

The body responsible for execution of the study will be KANTAR research agency, which was selected by the WHO in a tender. The study will cover the entire Polish population and due to the COVID-19 pandemic it will most probably be conducted in the most part using information and communication technologies.

On 8–10 February 2021, online workshops were held for people involved in the execution of the study to assess the accessibility of assistive technologies, including representatives of the KIF. The participants of

the workshops discussed, among other things, about the study methodology, challenges that may occur during its execution and detailed plans for conducting the study in various countries.

We are waiting for the start of the study in Poland, and will inform about further stages of its execution.

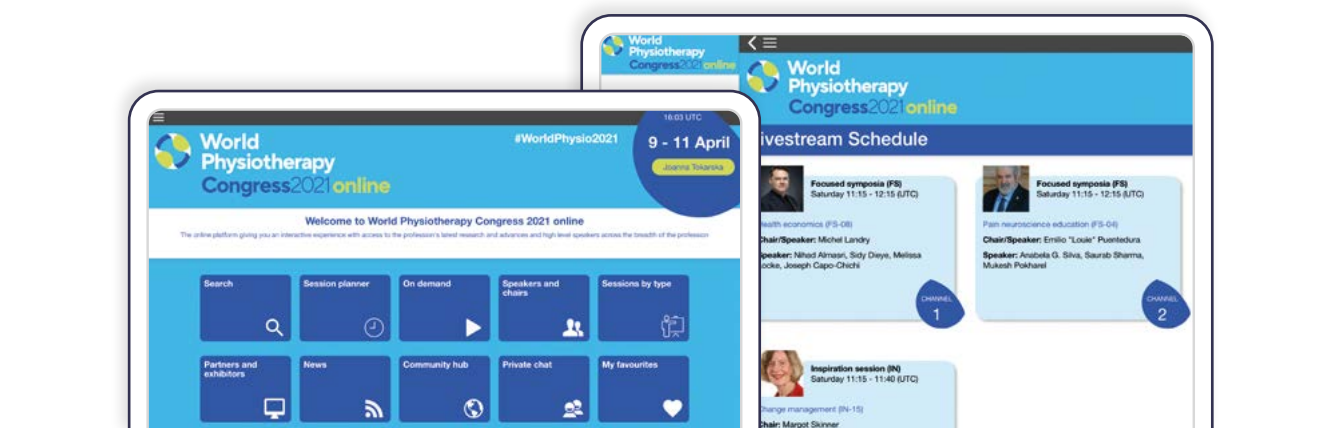
Weronika Krzepkowska

Department for International
Cooperation KIF



Learn more:

- https://www.who.int/health-topics/assistive-technology#tab=tab_1
- <https://www.who.int/news-room/events/detail/2021/02/08/default-calendar/who-online-master-training-workshop-for-measuring-access-to-assistive-technology>
- https://www.who.int/phi/implementation/assistive_technology/2206_infographic.pdf?ua=1



World Physiotherapy Congress online

The meeting of the representatives of physiotherapists from all over the world showed that apart from countries that can be our role model as regards the position of a physiotherapist in the healthcare system, there is also a whole range of countries for which Poland and our regulations of the profession can be an inspiration.

The year 2020 was unique. The ongoing pandemic did not make it easier for World Physiotherapy to organise a World Congress – the world's biggest event of this type. Originally, it was to take place in Dubai, where apart from substantive content the participants would have received a chance to establish direct contacts with the representatives of the profession from different corners of the world. It is no secret that attending a conference is not only about obtaining the latest knowledge but also about a chance to establish valuable contacts at the proverbial coffee machine. All of that was to be missed.

The only way of organising the congress during the pandemic was to hold it in the virtual format. And although it does not sound as exciting as the traditional form, there were over two thousand people who signed up for the event. Two thousand people from different corners of the world, different nationalities and cultures and different time zones. For some, participation in the congress meant three nights without sleeping! However, good attendance at the keynote lecture showed that nothing could stop the participants and the organisers were technically well-prepared for the event. There were 1200 people watching uninterrupted online transmission at the same time.

Lectures, that is crème de la crème of the event

There are many physiotherapy conferences organised worldwide, but this one was exceptional. During the three days, the participants had a chance to attend lectures strictly connected with the profession they practice (e.g. musculoskeletal disorders, pain and its therapy, paediatrics, geriatrics etc.), but also sessions that allow them to look at it from a broader or completely different perspective. Examples of such topics can be issues connected with the health of refugees and migrants, the issues of oppression, marginalisation and stigmatisation or discrimination of women exercising the profession of a physiotherapist.

The speakers delivered their lectures in the English language. The organisers provided the participants with access to the Wordly system, which simultaneously translated what the lecturers were saying into different languages, including Polish. The translation was displayed in the form of subtitles. It is worth adding that while the lectures were usually pre-recorded, the discussions that followed them were live. The organiser made it possible to ask questions through the option of chat on the congress platform.

Face to face with the professor

The participants could also meet the lecturers during more intimate networking sessions or talks „in the cafe.” Going to the cafe meant in practice that by logging into World Cafe you found yourself in a room with only a few randomly selected people with whom you could talk on any subject. A morning coffee with the chair woman of an association in a distant country? A quick chat with the chairman of the largest organisation in Europe? What about a face-to-face meeting with Emma Stokes – president of World Physiotherapy? Everything was possible during those sessions. In that way, the organisers provided a substitute for the real meetings that take place at the classical congress.

In a similar form, the participants could attend networking sessions, that is meetings during which the representatives of different countries were discussing specific topics. They were organised by WP's subgroups, which bring together organisations dealing with such issues as neurology, manual therapy, paediatrics or other. Poles participated in them as well.

In my country...

The meetings in thematic sub-groups provided a chance to learn about the specificity of the work in different regions of the world. What is the standard for countries such as Poland (e.g. widespread accessibility of physiotherapeutic services) remains an aspiration for others, as was admitted, for instance, by the representatives from Philippines. Meanwhile, countries with many years of practice in providing physiotherapeutic services, such as Australia or New Zealand, shared their experiences in implementing modern forms of financed physiotherapies, which are beneficial to all the parties. An example is telerehabilitation in New Zealand, which is treated by the insurer as a service equivalent to a face-to-face meeting.

The World Bank regards Poland as a high income country, which suggests high level of income and a well-developed health care infrastructure. However, in terms of earnings, our physiotherapists compare poorly to their peers from New Zealand, Australia or the USA. This is the reason of frustration in the community and a subject frequently addressed in public debates. Does that mean that overall we lag behind? Definitely not. As one of few countries, we can

The meetings “at the cafe” were not translated.

The participants helped each other and translated the conversation to those not speaking English on an ongoing basis.

Apart from full lectures on the congress platform, the participants could watch short sessions recorded by the winners of best research contests.

In addition to the traditional versions of the event, the organisers consider providing in the future the possibility of online access for people who, for various reasons, cannot or do not want to travel.

boast the act on our profession, a separate governing organisation and direct access to a physiotherapist. The information that we were authorised as a professional group to give vaccines against COVID-19 was a huge surprise. Often, physiotherapists from the neighbouring countries wanted to know how they could implement solutions similar to ours in their own countries. It's worth knowing that there are both countries that can be inspiration for us and those that are inspired by us.

“Equality, fairness, diversity and integration”

It's probably not without a reason that a session with this title, led by Emma Stokes, took place on the first day of the event. These words illustrate the whole Congress World Physiotherapy 2021 well. We are inspired by the stronger, give the weaker a hand, accept diversity of both people and forms of work. If we want to be a profession of the future, let these ideals guide us.

See you in Tokyo in 2023. Face to face or online!

Joanna Tokarska

Department for International
Cooperation, KIF



What are the modern guidelines on the practice

Documents referred to as **guidelines** or **guidelines on practice**, or **guidelines on clinical practice**, present recommendations on practising a profession. In recent years, also in the field of physiotherapy and areas related to physiotherapy – such as promotion of health and physical culture – standards for creation and publication of guidelines were developed.

Standards and criteria for modern guidelines

Traditional opinion / consensus-based guidelines are replaced by publications prepared by multidisciplinary teams based on syntheses (systematic reviews, metaanalyses) of available scientific data. Reliable, up-to-date and useful guidelines should be developed in line with transparency standards (including in terms of the conflict of interests) with parti-

cipation of various groups of stakeholders (including patients), subjected to external review and updated cyclically. Recommendations should be formulated in a concrete and clear manner, using gradation of their direction, strength and confidence, e.g. in accordance with GRADE methodology [1-6].

Recommendations can concern therapy, treatment, promotion of a healthy lifestyle, other education activities, screening tests, diagnostic tests. Each type of guidelines has its own specificity, but the main components of the techniques and manner of their development are common. An example – criteria for Evidence Based Medicine Working Group for guidelines on screening tests¹ [6, 7] (Table).

Table. How to use guidelines and recommendations on screening tests – criteria of EvidenceBased Medicine Working Group [6, 7].

- Is there any evidence from controlled randomised studies that the previous intervention was effective?
- Was the data found, selected and compiled in a non-biased / undistorted way?
- What are the recommendations and will they be helpful in the care of your patients?
- What are the benefits?
- What are the harms?
- What is the ratio of benefits to harms for different people and in various strategies of screening tests?
- What is the impact on people's values and preferences?
- What is the impact on uncertainties?
- What is the cost-efficiency?

¹The set of criteria proposed in the 1990s [6], which still constitutes a point of reference [7].

Assessment of the quality of guidelines and their adaptation to the local context

The basic characteristics of modern guidelines and problems arising from the publication and use of low quality studies were summarised in the introduction to the use of the tool for assessing the quality of the creation process and quality of the publication of guidelines on practice AGREE II [5]:

The guidelines on clinical practice (...) are recommendations developed in a systematic manner to help a practitioner² and patient in health care decision making in specified clinical situations, (...) they may play a significant role in defining health policy (...) and their scope may evolve to adapt to subjects connected with health care continuity (e.g. health promotion, screening tests, diagnosis).

The potential benefits of using the guidelines depend on the quality of the guidelines themselves. (...) The quality of guidelines can vary significantly, and some of them may fail to meet basic standards in that respect

Tool for guidelines assessment AGREE II [5]



dr hab. prof. AWF Maciej Płaszewski

PhD, DS, Prof. of AWF, Head of the Department of Rehabilitation, the Józef Piłsudski University of Physical Education in Warsaw. Branch in Biała Podlaska. Project manager of "A platform for promotion and dissemination of professional practice based on scientific evidence".

Guidelines should take into account the local context, therefore many organisations (mainly state-run and professional associations) develop guidelines on the same or overlapping issues, like for example guidelines on physical activity for different countries and populations [8-11].

Guidelines on physiotherapeutic practice

The Physiotherapy Evidence Database, PEDro, indexes, for the purpose of evidence-based physiotherapy practice: randomised controlled trials, systemic reviews (and other types of primary research syntheses) as well as practice guidelines (only those meeting the above-indicated criteria of evidence-based clinical practice guidelines). Currently, the number of the guidelines available in the PEDro exceeds 690 [12]. Similar hierarchies are used in other data bases such as Turning Research Into Practice, TRIP [13]: guidelines are displayed in top positions as the most useful information, in accordance with EBP pyramid of scientific publications' credibility and practical usefulness.

Project "A platform for promotion and dissemination of professional practice based on scientific evidence" co-financed under the Minister of Education and Science's programme "Social responsibility of science", agreement SONP/SP/461408/2020.
<https://pro-ebp.awf-bp.edu.pl/>



Ministerstwo Nauki
i Szkolnictwa Wyższego

Ki Krajowa Izba
Fizjoterapeutów

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"Physiotherapy moves - literally and figuratively" poster competition

On September 8, 2020 - during the World Physiotherapy Day "**Physiotherapy moves - literally and figuratively**" poster competition was announced. The interest in the competition exceeded the organizers' expectations - we received 305 works in the "open" category and 41 works in the "physio" category. Additionally, we received 8 works that were not qualified for the competition due to failure to meet the formal requirements (2 works) or delivery after the deadline (6 works). All works prior to the jury session were anonymized.

The jury deliberations took place on October 14, 2020, in a hybrid formula, which means that part of the jury was in the KIF office (Warsaw, Plac Małachowskiego 2), and some were connected remotely.

The jury was composed of experts from the advertising industry:

- Jakub Kamiński - chairman of the jury, co-founder of the Brain advertising agency,
- Magdalena Komorek - a copywriter, worked in DDB, McCann, Brasil, currently at Apple,
- Paweł Tyszkiewicz - director of the SAR Marketing Communication Association,
- Przemysław Bogdanowicz - co-founder of the advertising agency Agency 2012,
- Tomasz Bartnik - co-founder of the strategic agency One-Eleven,

and representatives of the Polish Chamber of Physiotherapists:

- Maciej Krawczyk - physiotherapist, president of KIF,
- Katarzyna Blicharczyk-Ożga - legal counsel at KIF,
- Katarzyna Dobrakowska - KIF graphic designer,
- Dominika Kowalczyk - KIF spokesman,
- Weronika Krzepkowska - physiotherapist, KIF specialist,
- Wojciech Komosa - head of the KIF Communication and Marketing Department.

After multi-stage voting and discussion, the following order of winners in both categories was established by consensus. **Congratulations to the winners of the competition!**

We would also like to thank all participants of the competition - thanks to your creativity and commitment, the competition had a really high artistic and substantive level, and the projects presented a wide range of issues related to physiotherapy.

The best works will be used in marketing campaigns promoting the physiotherapy profession, addressed to patients. This applies to activities both in digital and traditional media (e.g. outdoor). The competition has provided us with many great ideas that will surely "touch" the hearts and minds of patients and draw attention to the growing importance of physiotherapy.

Category "physio"



Author: Monika Kulka
Licence No. 67566



Author: Apolonia Biernacka
Licence No. 17550



Author: Paulina Kitala
Licence No. 58084

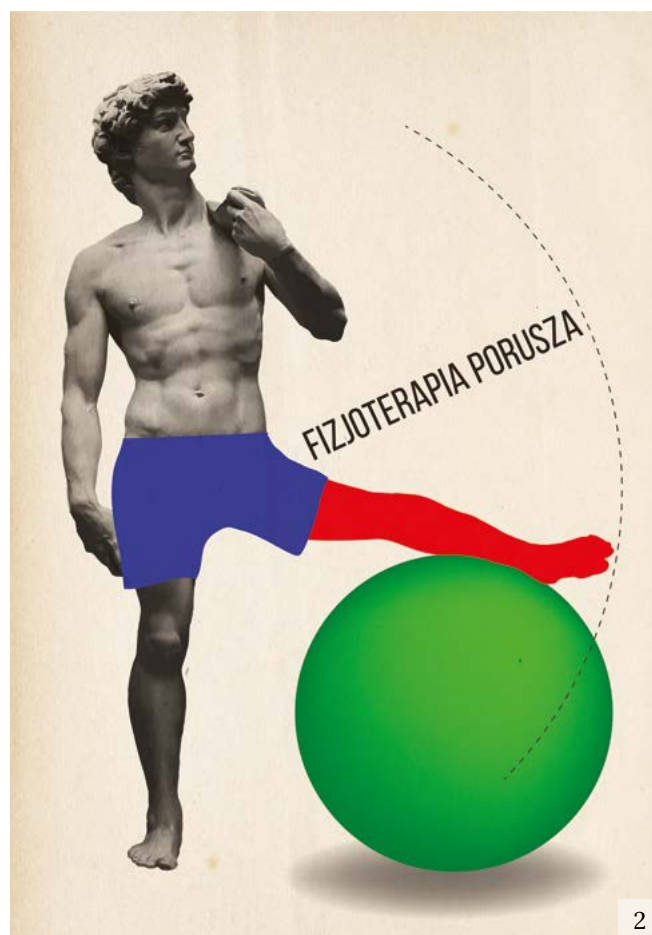


Author: Dominika Marszałek
Licence No. 58160

KIF'S ACTIVITIES



1



2



3

"Open" category

1. first prize - author Wojciech Janicki
"Physiotherapy moves!"
2. second prize - author Jacek Tofil "DAVID"
3. third prize - author Dorota Piechocińska
"Physiotherapy moves 2"

Below we present works that were not awarded, but qualified for the finals in this category.



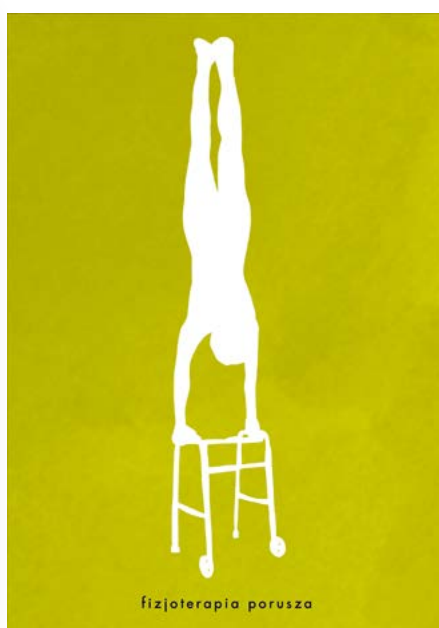
Author Klaudia Paulina Siedlecka



Author Dawid Celek



Author Katarzyna Nachman

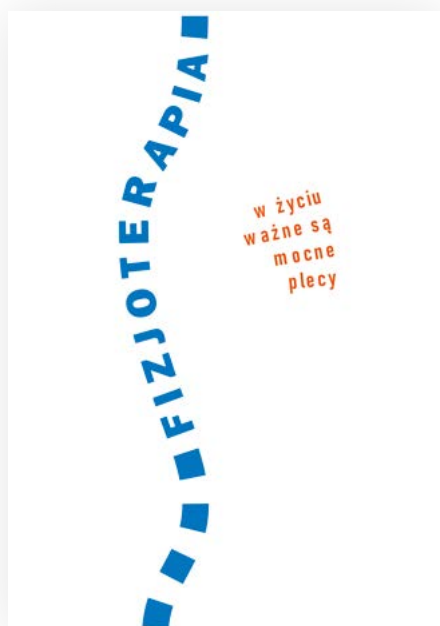


Author Przemysław Ścigalski

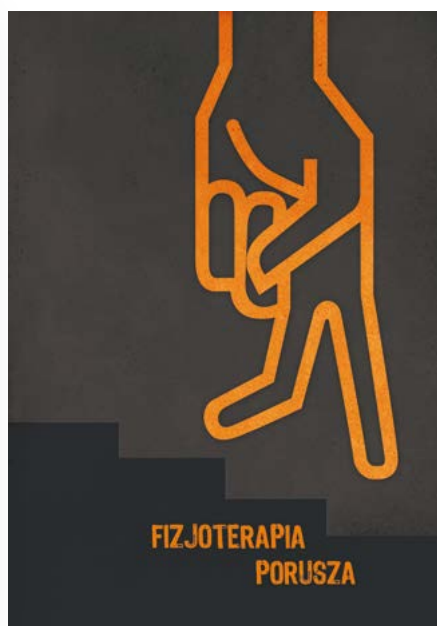


Author Dorota Paryła

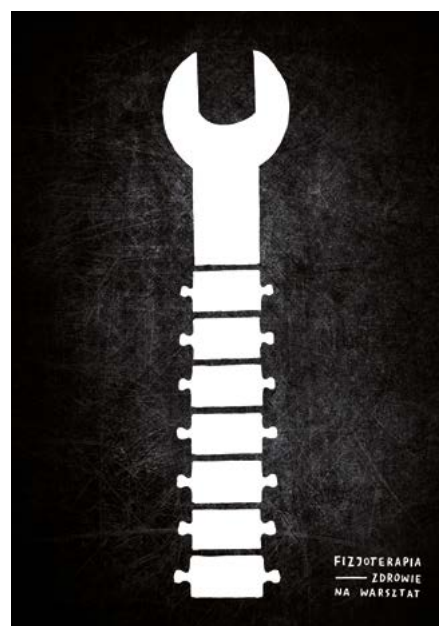
KIF'S ACTIVITIES



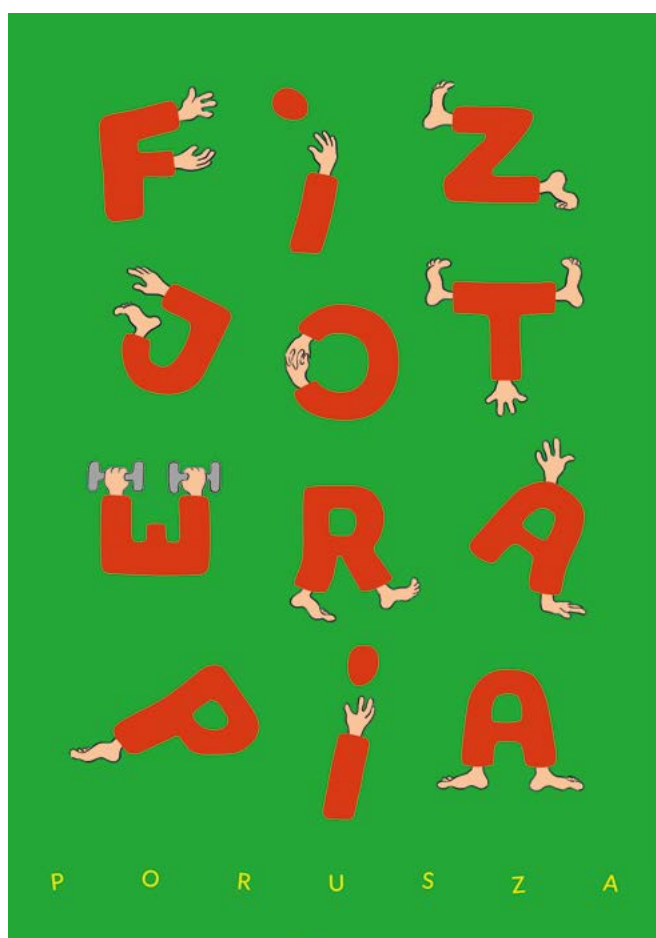
Author Marek Osman



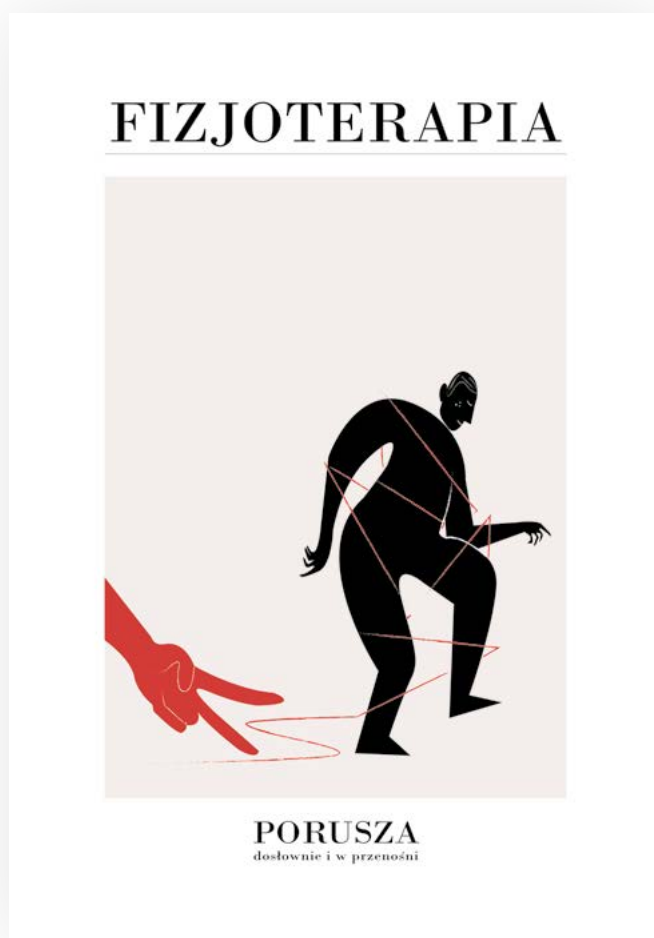
Author Emil Idzikowski



Author Agnieszka Popek-Banach



Author Ambroży Dańko



Author Katarzyna Wojtczyk-Eluszkiewicz



Public physiotherapy

– what has changed over the last 5 years?

1. Change of the pricing

In 2019, the pricing changed for the first time since 2009. For us, it is still not enough, so we continue fighting for making it more realistic and ensuring that the real costs of the services are indicated. We are not only working with the Ministry of Health, the National Health Fund and the Agency for Health Technology Assessment and Tariff System (AOTMiT), but also appeal to the Prime Minister and we started cooperation with the directors of entities delivering National Health Fund - reimbursed services. Our income must reflect the amount of work we put and be adequate to our education and experience.

2. Autonomy

In many public entities, the delivery of physiotherapy still leaves much to be desired. It is often blocked. However, we have more and more legal instruments to enforce it. We are independent medical professionals, not auxiliary medical personnel. There are already hospitals where the post of chief physiotherapist has been created.

3. Medical records

It is important that we leave trace of our activity in the system. Thanks to that, the National Health Fund can start studying the effectiveness of physiotherapy in certain groups of disorders as well as the actual amount of time that we need to give to patients. This is an important argument in the discussion on the reform of rehabilitation and change of the pricing system.

4. Changes in the so called "AP-KOLCE" application

Now that the situation has been sorted out, we can see in the waiting lists how many patients really wait for our help.

5. Training courses

Training courses were free of charge and covered keeping medical records, ICF, of a physiotherapy examination. It's an important step on the way towards rehabilitation reform and support for physiotherapists. Training courses help to organise the knowledge and prepare for new requirements connected with achieving our professional autonomy. An additional support in that regard was thematic meetings with the representatives of the Chamber, webinars and online training courses.

6. Cooperation with trade unions

Our aim is to act for the benefit of Polish physiotherapists. We cooperate not only with trade union leaders but also trade union organisations at companies. As the governing organisation, we engage in defending jobs as well as rehabilitation units and wards that are being shut down. We provide institutional and legal support, and help in difficult issues connected with workplace mobbing, among other things. Thanks to our support, the rehabilitation unit in Wrocław Hospital No. 4 still operates.

Private physiotherapy practices

- what has changed over the last 5 years?

1. Finezjo

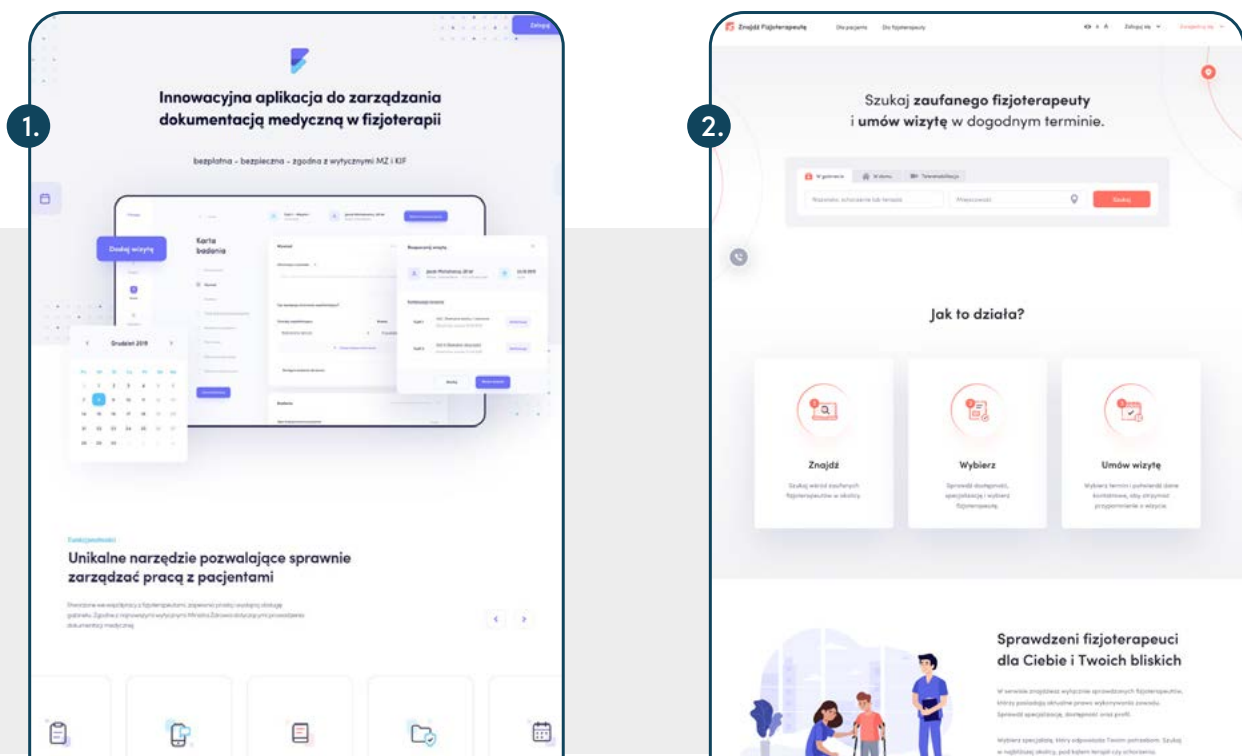
The Polish Chamber of Physiotherapists supports us in keeping medical records, because it made available the Finezjo application free of charge. It allows us to save a few hundred Polish zlotys a year (this is what similar commercial solutions cost). The application is free of charge, user-friendly, and complies with the regulations in force. Finezjo, together with the guidelines of the Polish Chamber of Physiotherapists on keeping records and training courses, is one of key pillars of the rehabilitation reform. This is the only tool for keeping records that enables measurement of treatment effects and monitoring of the state of the patient's functioning. The application makes it easy to run the practice and keep medical records. It is also available to medical entities and will enable the reporting of services under the public health system.

2. Znajdź Fizjoterapeutę (Find a Physiotherapist)

It is a free-of-charge and legal form of promoting your practice. The search engine helps physiotherapists to present themselves on the Internet and attract new patients. Similar commercial portals charge a few hundred Polish zlotys per month for presenting one's services online.

3. Training courses

Improving qualifications is an important part of our work. We are willing to learn and acquire new competencies. Most training courses are expensive, therefore the free training courses organised by the KIF are such an important support.





Conference "Special methods" Holiday Inn Bydgoszcz (23 November 2019)

4. Social campaigns

Our priority is educating the general public. We conducted Poland's first social campaign entitled "Physiotherapy moves" to promote our profession. An educated patient knows when he/she should seek a physiotherapist. As a result, more people come to us and receive help in various disorders and dysfunctions.

5. Medical records

This is an additional protection of our activity, because in the case of a patient's charges, we have documentation of the history of the therapy. This strengthens our position, e.g. during a court trial. Moreover, we can quickly and easily show the patient therapy progress.

6. Practices

Conducting business activity in the form of a practice is a privileged form of economic activity. The specificity of a physiotherapy practice is the fact that a physiotherapist practices his/her profession in his/her name and on his/her own responsibility. The requirements as regards the professional practice are much less restrictive than those regarding a medical entity – mainly in terms of the costs of obligatory liability insurance or the premises requirements. The body maintaining the register of physiotherapy practices is the National Council of Physiotherapists.

Education

1. Standards of education

The quality of our services is the best recommendation of physiotherapy. Thanks to the standards developed by the KIF, academic education of physiotherapists is at the same high level in the entire country. Uniform standards of education have been in force since October 2017. Education of all physiotherapists in Poland consists of long-cycle (5 years) studies that follow the education standard developed by the KIF experts for the Ministry of Health and the Ministry of Science and Higher Education.

2. Major-oriented specialisations

Given that the work is well underway and based on the announcements of the representatives of the Ministry of Health, major-oriented specialisations in physiotherapy, which we demanded and which will regularise, in our opinion, the situation in the community, will probably start in 2021.

3. Publications

Two publications addressed to physiotherapists: „Medical law for physiotherapists” and “Physiotherapeutic examination of a patient with respiratory system dysfunction” available now. The next titles are being prepared.



Support from the governing organisation,

or what is the KIF for?

1. Governing organisation

The youngest of all the governing organisations – it is strong by the power of its members and the values in which we believe. It is constituted by you! We are the most modern, digitalised governing organisation. Within only 4 years, we have done much more than other governing organisations that have existed much longer. The members of the KIF receive not only support in the area of exercising their profession, but are represented in the parliament, ministries and other offices and institutions.



2. Post-gradual training courses

We are one of few institutions that educate thousands of people free of charge. In 2019, we trained 17 000 people. In the next years, we plan more training courses (including in the online format) and the biggest event in Polish physiotherapy, which is the 2nd Convention of the National Chamber of Physiotherapists. The event will bring together 2500 physiotherapists, so it will be the biggest ever scientific convention for our professional group.



3. Meetings

Members of the Presidium of the KIF met with physiotherapists in all the regions and voivodeship cities. During these meetings, we discuss current issues and the future of physiotherapy, and solve problems as they arise. There is always a Q&A session. We also invite substantive feedback. There were a few hundred meetings with thousands of participants.



4. Social assistance

Despite the lowest membership fees among medical professions, we provide physiotherapists with organisational and technical support. Thanks to regularly paid membership fees, we can help our colleagues in need. Since 2018, we have been earmarking 3% of the paid membership fees for social assistance. It is given, in the form of non-repayable assistance of up to several thousand Polish zlotys in some

KIF'S ACTIVITIES

3 %

of the membership fees
paid is earmarked for
social assistance

10
thousand

written pieces of
legal advice given to
physiotherapists

~ 500

interventions in matters
in which a physiotherapist
was involved

17
thousand

trained physiotherapists

cases, to physiotherapists who found themselves in a particularly difficult situation. During the pandemic, thanks to regularly paid membership fees and the Chamber's responsible financial policy, we managed to earmark additional PLN 1 million for providing support to a thousand physiotherapists who, due to the restrictions placed on their professional activity, were in extremely difficult economic situation.

5. Support

As a physiotherapist, you are not alone. The Chamber intervened around 500 times in matters where a physiotherapist was involved. This involved competence disputes, organisational problems, mobbing and defence of professional dignity. Hospitals started to create the posts of chief physiotherapists. We prevented mass dismissals in a dozen or so medical entities. Written legal advice was given to over 10 thousand physiotherapists.

6. International position

For the first time in many years, the international community sees us as a modern and dynamically growing professional group. It recognises and appreciates our efforts related to counteracting COVID-19 and developing health programmes. We are a partner of the World Health Organisation in computerisation and implementation of ICF-based state of functioning as the third health indicator. We implement the programme Rehabilitation 2030 together with the WHO as its only partner from Poland. Our European partners regard the undergraduate education of physiotherapists in Poland as a model and one of the best in the continent at present. Since January 2020, we have been a member of World Physiotherapy. In recognition of our competencies, World Physiotherapy entrusted the KIF with the function of representing the whole organisation within the WHO in ICF-related matters.

7. Webinars

Training courses and meetings without leaving the house. Particularly important during the pandemic. Over a thousand people participated in them.

8. UE funds

We use them to create opportunities of ongoing training for people with the lowest income and employed in the system of reimbursed treatment. We have trained almost 500 people and are applying for further funds.

9. Voice of Physiotherapist

We have launched a bulletin created by physiotherapists for physiotherapists and addressing everything that matters to us. It is published as a monthly, but in the situation of pandemic, we issued special editions dedicated entirely to physiotherapy in the times of COVID-19 (also in the English language version).

10. Physiotherapy Review (formerly Manual Medicine)

We aspire to create a high-quality, world-class scientific publication. This is work “for years”, therefore we invite all those interested in science from Poland and abroad to join us.

11. Finezjo

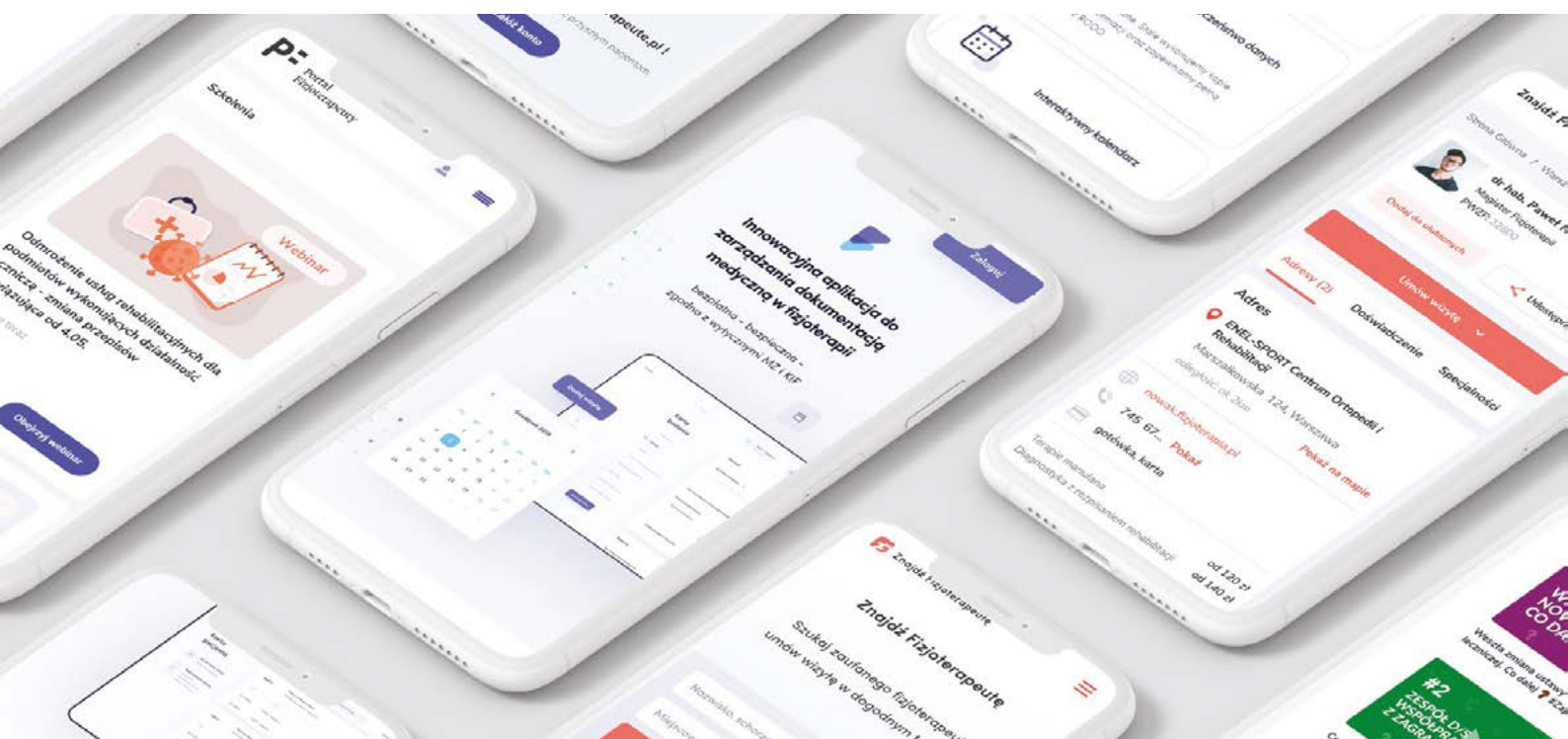
This is a groundbreaking tool at a global scale that supports and adopts all the principles of modern physiotherapy of the 21st century, complies with the WHO recommendation and incorporates rehabilitation into the main strategy of the development of the Polish health care system. It is offered free of charge only to KIF members

12. Znajdź Fizjoterapeutę (Find a Physiotherapist)

The success of this portal is evidenced by a few thousand filled-in profiles. We continuously promote the service among patients.

13. Portal Fizjoterapeuty (Physiotherapist Portal)

It is an advanced platform that allows physiotherapists to update their data, sign up for training courses or check their status in the KIF. It is also a knowledge base and a source of useful information on what is happening in our industry. Access to the portal is free of charge for each individual with a licence to practice the profession of a physiotherapist. There are around 30 000 physiotherapists logged in the Portal.



14. E-PUAP

The efforts of the Chamber resulted in the signing of an agreement that will allow physiotherapists to handle formalities and submit documents in an electronic form without leaving the house.

15. COVID-19

During the pandemic, we prepared information materials, standards and guidelines, we fought for proper protection, implementation of telerehabilitation and lobbied for advantageous settlements with the National Health Fund and faster opening of physiotherapy practices. We also provided individual support, social assistance and cooperated with organisations governing other professions. Over 30 meetings of the crisis management team and emergency meetings of the presidium – over 120 hours of work in total. At the peak of the pandemic, our website was visited by 277 thousand users monthly. We had over 550 contacts with the media. These activities contributed to the shortening of the period of “lockdown” for physiotherapy and allowed physiotherapy practices to open as early as the second phase of reopening the economy. The “side effect” of that was increased recognition of our profession and increased public awareness of the important role of a physiotherapist.



> 550 contacts with
the media



25 meetings of the crisis
management team

6 meetings of
the presidium



277 000 users
per month

[Activities of the KIF during the pandemic]

16. Social campaigns

These activities promote our profession and physiotherapeutic prevention. They allow us to popularise the profession of a physiotherapist – both among patients and medical professionals. Our achievements so far:

1. The social campaign “Physiotherapy moves” – first and only such initiative in Poland. It comprises three films, stories about therapy with patient histories. The films were watched by millions of Poles, and thanks to translation, the campaign reached audience all over the world.

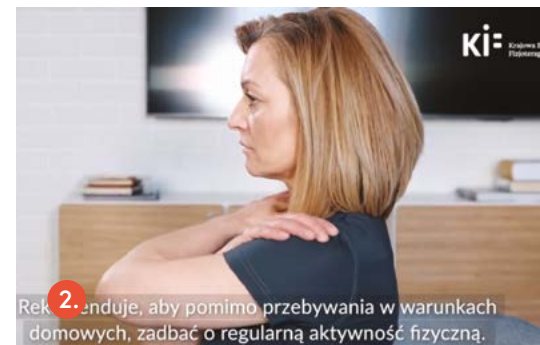
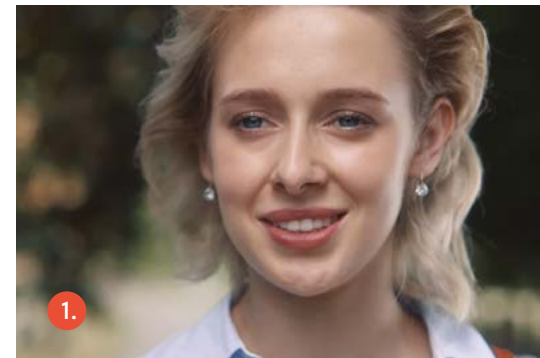
2. Initiatives to promote physiotherapeutic prevention, which were supported by the Ministry of Health and the Ombudsman for Patients, among others. “Active senior at home” and “Active break at work” are sets of exercises that can be safely done and are available at the website fizjoterapiaporusza.pl.

3. Supporting Warsaw Insurgents. Physiotherapists take care of the Insurgents who found themselves in a particularly difficult situation during the pandemic.

4. We published a guide for patients entitled “Support for rehabilitation self-management after COVID-19-related illness”, which is a result of cooperation between the National Chamber of Physiotherapists (KIF) and the World Health Organisation (WHO). This helpful material was distributed in dedicated COVID-19 hospitals and can also be downloaded at the KIF website.

5. Around 20 000 publications appeared in various media: TV, the press, radio, the Internet, about physiotherapists and physiotherapy on our initiative and with our participation.

6. A few hundred events promoting physiotherapy took place under our patronage.



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