Access to physical therapist education and practice for people with disabilities

Briefing paper

World Confederation for Physical Therapy

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Kabul, ICRC limb-fitting centre. ICRC physical therapist, himself a landmine amputee, shows a patient who is also a landmine amputee how to put on his prosthesis.

WCPT Briefing Papers

Inform WCPT member organisations and others about key issues that affect the physical therapy profession. They provide a concise description and analysis of a situation or issue and any policy dimensions and implications. They may include suggested options or recommendations for action.

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Contents

Introduction

In 2011 the 17th General Meeting of the World Confederation for Physical Therapy passed a motion that: "WCPT encourage a rights-based approach to disability in terms of access to physical therapist professional entry-level education and support for practice." [Motion GM2011-4]

This briefing paper is in support of this area of activity. It reports on the findings of a survey of WCPT's member organisations, gathering information about the education and practice of physical therapists with disabilities. It also provides a literature review on disability, education, employment and practice.

The paper can be used as a learning resource and to facilitate further debate among WCPT's member organisations and the global community of physical therapists.

It also provides further reading in support of WCPT's policy statement on disability. [1]

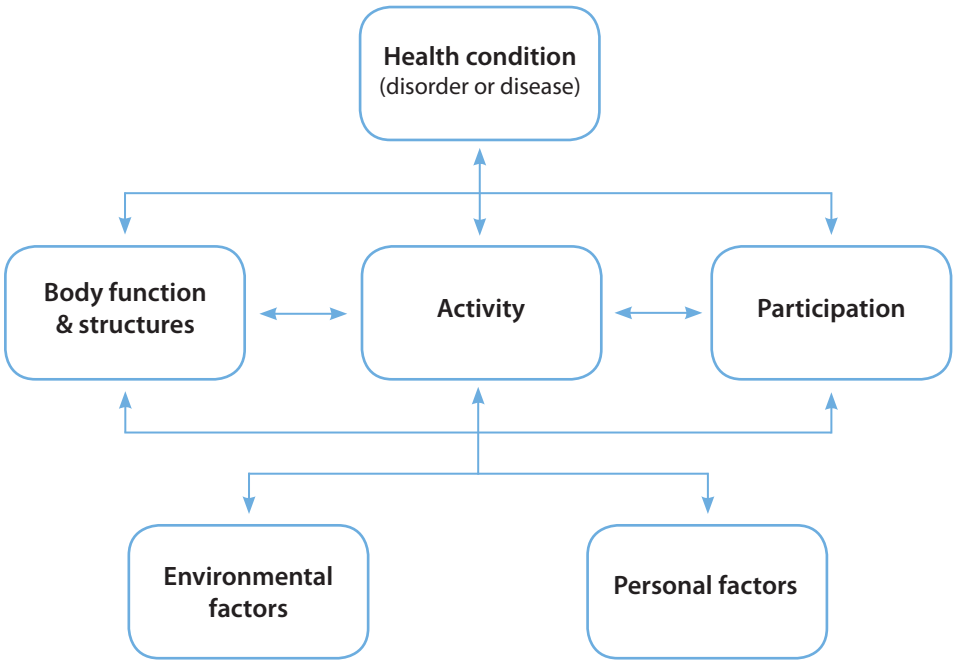
Section 1: Literature review

1. Disability

This section gives a brief overview of the prevalence of disability and international policy relevant to disability and physical therapist education and practice for people with disabilities. It is intended to provide selective contextual information, but not a detailed critique. Readers are referred to the documents referenced for more detailed information.

Disability, according to the International Classification of Functioning, Disability and Health (ICF) is the "umbrella term for impairments, activity limitations, and participation restrictions" (figure 1). [2]

Figure 1 ICF model



The word denotes the negative aspects of the interaction between an 'individual (with a health condition) and that individual's contextual factors (environmental and personal factors)'. Disability can be described at three levels: body (impairment of body function or structure), person (activity limitations) and society (participation restrictions).[2-4]

1.1 Prevalence of disability

There is variation in the reported prevalence of disability depending on the definition. [5] Estimates of the number of people with disabilities worldwide range from 0.2% to 21%. The most generally quoted figure is 15% of the global population, or over one billion people. People with moderate or severe levels of disability are estimated to make up 5.5% of the global population. Based on population and survey data, nearly 70% of this 5.5% live in developing countries. Because of the aging of the "baby boom" generation, population growth and medical advances, conservative assessments indicate that the number of people with moderate or severe disability is expected to grow to 525 million by 2035.[6]

1.2 The policy context

There are key policies and models relevant to people with disabilities accessing physical therapist education and practice.

The Convention on the Rights of Persons with Disabilities (CRPD), and the earlier United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, lay the international foundation for social integration and equal opportunities for people with disabilities. [3 7] WCPT has policy endorsements supporting these. [8 9] As of July 2015, 159 UN member states have signed up to the convention, agreeing to its articles. These include: "To enable persons with disabilities to live independently and participate fully in all aspects of life…"; and to "…safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation…".

Signatories to the International Labor Organization's convention on the vocational rehabilitation and employment of disabled people agree to take steps to provide vocational guidance, training placement and employment for people with disabilities. [10]

National legislation supporting the participation of people with disabilities in education, the workforce, society and communities has been enacted in many countries. For example, the Americans with Disabilities Act 1990 in the United States and the Disability Discrimination Act 1992 in Australia have influenced health policy development and implementation, service planning, monitoring and evaluation. [11 12]

While various biases, attitudes and stigmas still limit people with disabilities' access to higher education and professional opportunities, there is evidence that public attitudes to disability have changed following the enactment of disability discrimination legislation (see figure 2), and fewer people report that they have lost out on a job because of their disability. [13]

Rather than emphasise disability, the ICF shifts the focus to people's abilities. [14] It emphasises that anyone can experience disability at some time in his/her life and that the level of disability varies. The ICF was endorsed as the international standard for collating data on functioning and disability at the World Health Assembly in 2001. [2]

The key aspects of these policies and model hold true for people with disabilities who wish to pursue education and employment as physical therapists.

1.3 Education and employment as human rights

Equalisation of opportunities and access to education and employment are considered basic human rights. [3 7] International conventions and national legislation have been developed to ensure that those with disabilities enjoy these human rights. However, people with disabilities continue to have unequal representation in education and employment settings. [4 15]

Society, health professional educators, and employers may struggle with how to reduce the barriers to participation for and with those with disabilities. Education and employment of people with disabilities, specifically physical therapists, must include

Figure 2 Changing attitudes
Reproduced with permission from Scope, UK

integrated policies and strategies to address an individual's participation. Modifying a job description, making physical changes to the work environment or adjusting the method of task completion are ways to enable an individual with a disability to participate in professional education, apply for a job, perform work functions, and have equal access as others to the workplace.

Box 1 gives an example of how a student with profound hearing loss was enabled to complete her studies and graduate as a physiotherapist in the UK.

Box 1 Case study: Deafness no barrier to becoming a physio

A newly qualified physiotherapist who was born profoundly deaf received "fantastic support" from her university and learning support tutor. This included help from signers and note-takers. The student, who has worn a cochlear implant since she was 16, lip-read tutors while simultaneously watching them give practical demonstrations. Lip-reading did present a problem during her clinical placements, when in meetings people would often talk at the same time. The student also had to learn to lip-read patients with communication difficulties following a stroke, and learn how to cope with mobilising patients giving them support and lip-reading them from the side.

The student identified the support from her tutor and seminar group as critical to her success, noting that the three key factors to succeed in the world of physiotherapy when you have a disability are determination, motivation and support. [16]

Source: Adapted from Martell R. Deafness no barrier to becoming a physio. Frontline 2005;11(15).

1.4 Linking disabilities and accommodations to physical therapy education and practice

To qualify and gain a licence to practise, a person with a disability must be able to perform the roles and duties of a physical therapist. Accommodations can be made for specific job functions.

Physical therapists must have the competencies to provide and demonstrate treatments/interventions, and disabilities may sometimes present a challenge in this respect. However, there are many disabilities (physical, sensory, intellectual and/or mental) that can be accommodated with minimal or no difficulty. The requirement under the CRPD and many national laws is for "reasonable accommodation": in other words, necessary and appropriate modification and adjustments which do not impose a disproportionate or undue burden, and which ensure that a person with a disability enjoys his or her human rights and fundamental freedoms. [3] What constitutes "reasonable accommodation" is determined by case law in a particular country.

Physical therapists with a disability must meet the standards and requirements for practice. Professional regulation is the process designed to protect the public interest by ensuring that these standards are met. [17] Even if a person completes a course in physical therapy they may not be able to call themselves a physical therapist unless registered with the regulatory agency.* Regulatory agencies offer advice and "reasonable accommodations" – for example conditions imposed on registration – to enable people with disabilities to enter and stay in the profession. [18] [19]

2. Education

The need for physical therapists continues to grow in all parts of the world. Opportunities for people with disabilities to participate in higher education, including physical therapist education, have been variable.

One example of success is in the United Kingdom where there is a long history of educating physical therapists with visual impairments. The first visually impaired students were formally trained in massage as early as in 1895. [20] In 1919 the association of Blind Masseuses was incorporated in the new Chartered Society of Physiotherapy (CSP). [21] Inclusion was facilitated by a school of physical therapy specifically for people with limited or no sight. The school was in operation until 1995 when physical therapist education was transferred to a university environment and students with visual impairments integrated across the university programmes. Students were supported by their university but also had support from a dedicated resource unit jointly run by one of the universities and the Royal National Institute for the Blind. This unit closed in 2014 and all support is now provided by individual universities.

* Not all countries have physical therapy regulation. The WCPT country profiles provide information on the state of regulation in the countries of the member organisations that have provided data. www.wcpt.org/members

There are many articles and guides on physical therapist education and practice for those with a visual impairment. [22-29] Although the UK support unit has now closed its valuable resources are now freely available on the WCPT website: www.wcpt.org/disability-resources/education.

Internationally, there have been assessments of accommodations for attending college and participation in health professional training. Some barriers to education for persons with disabilities include:

- under-estimation of their potential
- negative attitudes in society
- discriminatory practices
- lack of urgency
- institutional policy
- lack of knowledge and resources for "reasonable accommodation"
- inability to identify specific professional requirements. [30]

In higher education there are several factors that influence opportunities and success for people with disabilities. These include institutional policy and practice, centres for disability services and support, and the attitudes of peers and faculty. Inclusion of, and accommodations for, students with disabilities in health professions for both academic and clinical components of education have been researched. [31-34] Other researchers have explored issues related to making accommodations for students.[35-37] In the field of nursing, it has been reported that students with learning disabilities struggle with various aspects of the curriculum. [38 39] The experiences of occupational therapy students with disabilities have also been explored, [40] with one qualitative study indicating that students with disabilities seek understanding and want to try to "work around" their limitations because it is a part of who they are. They believe that their practice will be enhanced because of having a disability.

2.1 Peer attitudes toward students with disabilities

Attitudes toward people with disabilities vary greatly. How people react is largely based on what disability means within their culture. College students may bring the attitudes and biases of the population at large to whatever field they decide to study. In general, it has been found that college students have more positive attitudes toward people with physical disabilities than other types of disability. [41-43]

Students entering the health professions might be expected to be more positive about disability than other groups of students, but there are no data to indicate that this is the case. Therefore, people with disabilities entering into a health professional programme may face the same attitudes and biases that they would from the general public. [44-46] In a doctoral dissertation physical therapists' attitude towards physical therapists with disabilities in academic and clinical settings was questioned. [47]

People with disabilities should be able to expect that student health professionals receive education that prepares them for work where positive attitudes toward all people are essential. Because attitudes towards people with disabilities can influence quality of service, some health profession educators have introduced course content to address biases and attitudes. The extent to which this has been adopted throughout all professional physical therapist entry level education programmes is not known. One study collected data indicating that occupational therapy students' attitudes towards people with disabilities became significantly more positive as they moved through academic training. [48]

2.2 Faculty and clinical education site instructor attitudes toward students with disabilities

Little is known about faculty attitudes towards students with disabilities in the health professions. Studies in the UK have examined the support necessary for nursing and medical students to be successful [49 50], and one study investigated the attitudes,

knowledge and concerns of nursing educators toward students with physical disabilities. The findings indicated that faculty lack confidence in the students' ability to provide safe patient care and make reasonable adjustments for individual situations. and feel unable to change persistent negative beliefs of students and educators. [51] Another study identified the benefits of having a person with a disability instructing a cohort of medical students. [52] These were attitude changes towards, and a greater insight into communication issues, faced by people with a disability. They were also valued more as individuals.

Box 2 Case study: Accommodation for a wheelchair user in a clinical placement

The following exchange is adapted from an online discussion forum on the CSP website in the UK. It illustrates the forward planning to make reasonable adjustments.

Question: Hi All. I have been allocated a student for an acute older persons and falls service placement. I received an email from the student and she has disclosed that she is a wheelchair user. Does anyone have any advice or suggestions how to make reasonable adjustments to support my student?

Replies

- I have worked closely with a very competent well qualified physio who is a full time wheelchair user. She appreciated the limitations caused by her wheelchair use and would ask for appropriate assistance. … I suggest you outline what the placement entails, and discuss with the student the areas where she feels she will be able to work safely. It's important too that you highlight aspects of the work which you feel she might have difficulty with and ask her how she would cope. This ought to be a very interesting placement for YOU. A fantastic opportunity for you to learn from her too.
- '…a three-way conversation between the university tutor responsible for supporting students with disabilities, the student and yourself would be VERY useful.'
- 'The student probably has lots of ideas about how she can make the placement work as this is just part of everyday routine for her.'
- 'We sometimes think that our premises are wheelchair accessible, but there are sometimes problems that only reveal themselves when a wheelchair user tries to navigate …'
- 'A student still has to achieve all of the learning outcomes for the placement…HEIs [Higher Education Institutes] are able to adapt the assessments….'
- 'The Disabled Students Allowance may mean that a student can have access to an able bodied helper as part of the 'reasonable adjustment'.'
- '…there is sometimes a need for a 'personal emergency evacuation plan'. … If you're not sure, then ask your local fire prevention officer.'

Follow up: 'Unfortunately the student's placement has been cancelled. However, there were lots of preparations that we made and I thought these would be useful to share.

- Myself and my senior discussed access to our facilities, we a have wheelchair accessible toilet, our locker room was too narrow, but we have lockers accessible in outpatients.
- We discussed how best we can comply with safe manual handling.
- We discussed infection control.
- We determined due to the high risk of falls in elderly care that mobility assessments would require additional support from a therapist or support worker.
- The university was incredibly positive about the learning environment we could provide the student and advised us in terms of grading.

I found the process of preparing for this student really beneficial and have certainly learnt an awful lot. I hope this is beneficial to any educators who may have wheelchair users in the future.'

3. Employment and practice

There is little published information about the employment of physical therapists with disabilities. The research that does exist has focused primarily on employers' attitudes towards hiring and accommodating people with disabilities.

3.1 Employer attitudes toward hiring and people with disabilities

Perceptions and attitudes toward employees with disabilities have been explored in the literature, although not specifically in the physical therapy profession. It indicates that, aside from limited access to educational opportunities, there are other factors that may deter people with disabilities from seeking employment. These include fear of discrimination and inability or unwillingness of the employer to make accommodations.

The research indicates that hiring and accommodating people with disabilities benefits employers. However, there are issues of harassment by some co-workers, and alienation exists. This is problematic since the extent of inclusion in the workplace is commonly what defines a person as dependent or independent. [53]

Section 2: Survey of WCPT member organisations

In December 2013, a survey was distributed to leaders of all 106 WCPT member organisations to gather information about the inclusion of persons with disabilities in physical therapist education and practice. SurveyMonkey® was used for the design of the survey and data collection. A draft survey was prepared and shared with the project advisory group who piloted the questions and provided feedback. The survey was then distributed to the primary contact of all WCPT member organisations.

4. Respondents

Twenty-five member organisations completed the survey, an overall response rate of 24%. But the response rate varied by WCPT region from 9-31% (table 1).

Table 1 Response rates across WCPT regions

Region	Number of member organisations	Respondents	Response rate (%)
Africa	16	4	20%
Asia Western Pacific	26	7	27%
Europe	40	9	23%
North America Caribbean	13	4	31%
South America	11	1	9%

5. Results

5.1 International regulations, guidelines, standards and polices

Respondents were asked to indicate if international regulations, guidelines, standards and policies are used to guide the formal qualifying education of physical therapy students and the practice of physical therapists in their country.

Responses indicated that international disability policies, particularly those from the WHO and the UN, are used to guide education and practice. However, more than half of survey respondents reported that their countries either do not use, or do not know if they use, significant international policies as a guide to influence standards in education and practice (table 2).

Table 2 Use of international policies guidelines and standards

	Physical therapist student education n=25			Physical therapist practice n=25		
	Used	Not used	Don't know	Used	Not used	Don't know
International Labor Organization (ILO) Code of Practice on Managing Disability in the Workplace	9 (36%)	13 (52%)	3 (12%)	8 (32%)	10 (40%)	7 (28%)
International Labor Organization (ILO) Vocational Rehabilitation and Employment (Disabled Persons) Convention	8 (32%)	13 (52%)	4 (16%)	9 (36%)	10 (40%)	6 (24%)
UN Convention On The Rights Of Persons With Disabilities	14 (56%)	9 (36%)	2 (8%)	12 (48%)	6 (24%)	7 (28%)
UN Standard Rules On The Equalization Of Rights Of Persons With Disabilities	11 (44%)	10 (40%)	4 (16%)	10 (40%)	7 (28%)	8 (32%)
WHO International Classification of Functioning, Disability, and Health (ICF)	18 (72%)	7 (28%)	0 (0%)	16 (64%)	6 (24%)	3 (12%)

5.2 National, provincial or state regulations, standards, policies or guidelines

Respondents were also asked to indicate if any national, provincial or state regulations, standards, policies or guidelines are used to guide the qualifying education of physical therapist students with disabilities, and also the practice of qualified practitioners with disabilities, in their countries. The data indicated that, for the majority of member organisations, local agencies strongly influence educational policy for physical therapy students with disabilities and qualified practitioners in practice. See table 3.

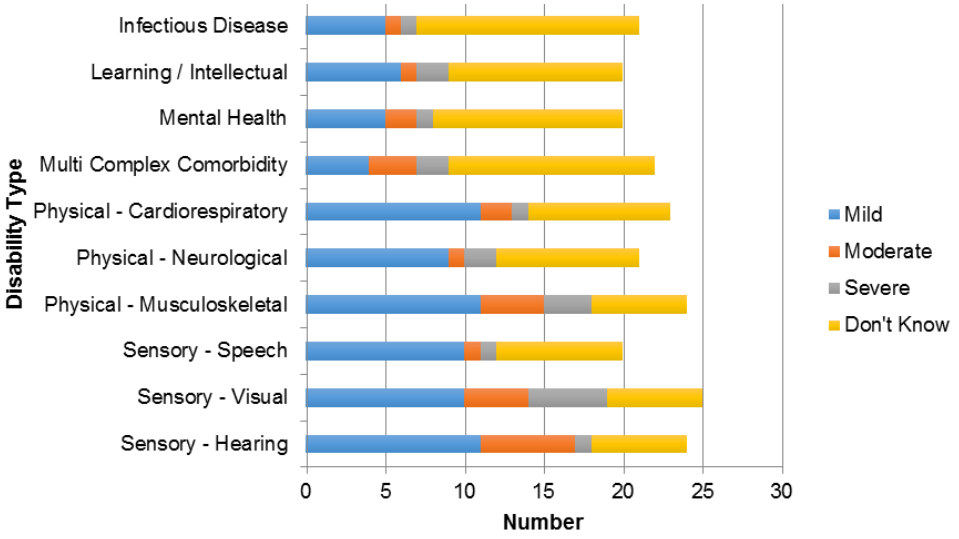
Table 3 Use of national policies and guidelines

	Physical therapist student education n=25			Physical therapist practice n=25		
	Yes	No	Don't know	Yes	No	Don't know
Disability discrimination legislation	16 (64%)	6 (24%)	3 (12%)	17 (68%)	3 (12%)	5 (20%)
Employment legislation	18 (72%)	5 (20%)	2 (8%)	18 (72%)	2 (8%)	5 (20%)
Accessibility guidelines	16 (64%)	5 (20%)	4 (16%)	14 (56%)	3 (12%)	8 (32%)
Other*	4 (16%)	9 (36%)	12 (48%)	4 (16%)	8 (32%)	13 (52%)

5.3 Student physical therapists

Respondents were asked to indicate the nature of impairments among students entering physical therapist professional entry level education (see figure 3). The data indicated that although schools of physical therapy are admitting students with disabilities, their disabilities tend to be mild. It was much less common for a respondent to report that students with severe disability were admitted. Many respondents indicated that they did not know about the nature of disabilities. See appendix 1 for the classification of mild, moderate and severe, with examples used in the survey.

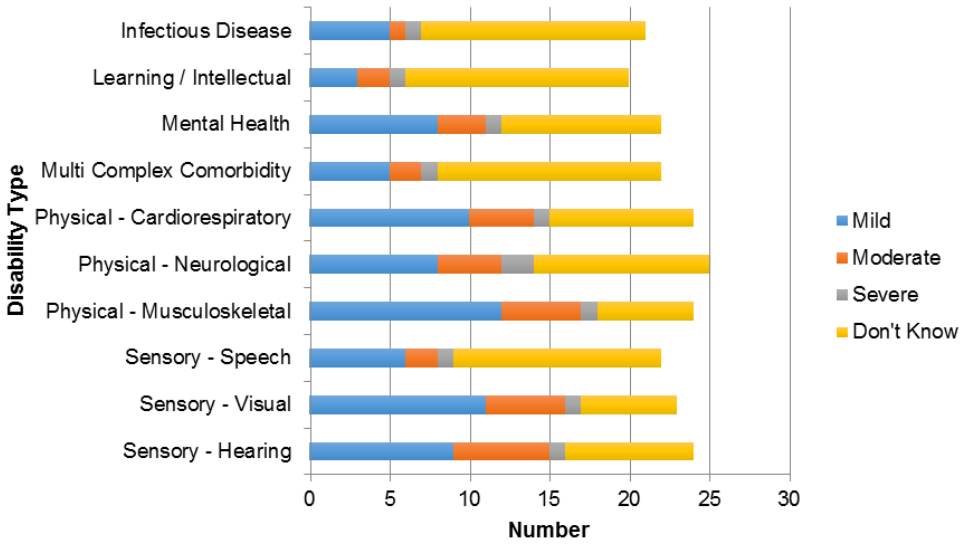
Figure 3 Disability types and severity among physical therapist students



5.4 Practising physical therapists

Respondents were asked to indicate the nature of physical therapists' impairments which had been accommodated in practice so that they could continue to work. The data reflect similar patterns to physical therapist professional entry level education; employers are accommodating physical therapy practitioners with a disability, but the disabilities tend to be mild. It was much less common for a member organisation to report accommodations for employees with severe disabilities. Again, there were many member organisations responding who did not know about the nature and severity of disabilities among practising physical therapists.

Figure 4 Disability types and severity among practising physical therapists



6. Survey discussion

The survey response rate was low and there were a high number of "don't know" responses, so the data cannot be generalised across the global physical therapy profession. There could be a response bias towards those physical therapist professional organisations that have a higher prevalence of members with disabilities, or active policies about inclusion of people with disabilities. Therefore the data should be interpreted with caution.

However, reviewing the data there seems to be a low level of knowledge and use of the UN conventions. There was greater use of the WHO's ICF. Around 70% of respondents were aware of or used national policies. It therefore seems likely that national laws and policies have greater influence because they are closest to the member organisations and their constituencies.

With regard to the type and severity of disabilities among physical therapy students and practitioners, there seems to be higher awareness of physical and sensory disabilities than those associated with mental, intellectual and infectious health conditions. Perhaps this is to be expected, since physical therapists focus on the body and its function. The greater awareness of sensory disabilities may be on account of high prevalence of hearing disability in populations at large and because of the profession's long history of trying to involve people with low vision and blindness.

Although few respondents reported on the number of practising physical therapists with intellectual disabilities, greater numbers reported on student physical therapists with these disabilities. This may reflect improved recognition of intellectual disabilities and the provision of support services in education; and this will probably carry over into practice with more awareness and support.

Section 3: Discussion

It is important to work with people with disabilities to address the questions and concerns about the capabilities required of a physical therapist and the accommodations that can be implemented. Physical therapy is a profession that necessitates some physical capability, specifically in the evaluation and hands-on treatment of patients/clients. The unique responsibilities of the physical therapist and the profession's scope of practice may complicate inclusion. However, the benefits are great – for individual, his or her patients/clients and for society at large. There are also obligations under international regulations. Therefore, prospective physical therapists with disabilities and those with acquired disabilities must be offered adjusted scopes of practice and/or reasonable accommodations unique to their individual capabilities.

Even though the ICF and the biopsychosocial model of functioning and disability have existed for more than 15 years, discussions still focus on disability as a burden or deficit. Oliver reflects on this in a recent opinion piece where he said '… physiotherapists and doctors see their practice as placed within the individual model of disability and are constrained by seeing the body as a physical and mechanical entity which, when it is in need of repair, falls within the domain of their own practice. Neither profession sees modifying physical, cultural, political and other barriers as something they should be involved in as practitioners.' [54] The attitude is also reflected in research: Langhorne's suggestion that most research of stroke rehabilitation has been about the effect of interventions on recovery of impairment indicates that there is a long way to go before functioning differently is readily accepted. [55]

The case studies included in this briefing paper show what can be done if the environment – including physical, social and attitudinal factors – is addressed. Physical therapists need to lead by example with attitudes and actions that fully promote and support the inclusion of people with disabilities in the profession through environmental, as well as person-specific, strategies.

The results of the survey suggest that there is much to be done to inform physical therapists about the nature of disability and what can be done to include people with disabilities in the profession. The literature review has provided some insight about the education and practice of physical therapy and indications of what might be done to make the profession more accessible for persons with disabilities.

Section 4: What can be done to support disability access to the profession?

Reflecting the findings of the literature review and survey, guidance is provided here to help guide actions that promote the inclusion of people with disabilities within the profession.

7. Address environmental issues

7.1 Physical issues

The physical therapy profession is generally prepared for addressing the physical barriers to functioning with their patients/clients. However, turning minds to the needs of physical therapists with disabilities requires a broader approach. Accommodations to the physical environment include not just wheelchairs and walking aids, but access to offices, clinics and other service delivery settings. It also requires consideration of transportation, housing and adaptations to the "tools of the trade".

The content, presentation and delivery of information need to be considered if students are to be supported in their learning and physical therapists are to undertake continuing professional development activities.

Regulatory systems need to be accommodating to people with disabilities, providing information about requirements to practise in accessible formats and allowing flexibility to practise within a restricted scope.

Support such as that offered to physical therapist students with dyslexia (see box 3) can be continued as the students move into practice.

Box 3 Examples of support offered to a physical therapy student with dyslexia

- an assessment for assisted learning needs
- advice from the assisted learning support service
- Disabled Students' Allowances (DSA) scheme to obtain tools to help study on an equal basis with others; a laptop, a dictaphone and custom software including a program that converts text to speech
- reasonable adjustments to the ways in which standards of competency are assessed or performed by students who are disabled or have dyslexia. This is particularly relevant in relation to examinations, which can be adapted to give students with dyslexia a fairer assessment of their skills and knowledge – for example, writing an exam on a computer instead of paper with an extra time allowance.
- specialist dyslexia tutor
- plans about time keeping [56]

7.2 Social issues

In the physical therapist service environment, the provider-patient relationship strongly influences the success of treatment. Having a physical therapy workforce that better reflects the general population may enhance the provider-patient relationship and positively influence attitudes toward people with disabilities. Physical therapist educators, employers and the profession at large will benefit from an improved understanding about how access to the profession can be optimised for people with disabilities.

Institutional policies and practices can enhance the inclusion and retention of physical therapists with disabilities in the workforce.

7.3 Attitudinal issues

Facilitating entry to the profession means changing perceptions of both the profession and the competencies required to practise across the scope of practice. Images in the media generally portray physical therapists in situations requiring a high level of activity, often providing physical support to others. The impression given is that high levels of physical ability are required to practise. This is not true. With suitable support, people with disabilities may achieve the competencies to practise.

Hidden disabilities such as incontinence, hearing difficulties, intellectual or learning difficulties such as dyslexia and mental impairments such a depression or anxiety are often stigmatised in societies at large and this can carry over into the work place. These hidden disabilities can carry associated stigma and little is known about their impact on the ability of individuals to practise as physical therapists, or their need for support. Open dialogue about the wide range of disabilities and the reasonable adjustments and accommodations that can be made will benefit all.

8. Addressing education

Increasing awareness about the nature of physical therapist education and practice may encourage those with disabilities to consider the profession as an option. It is essential that provisions are made to support student physical therapists during their education. To this end a range of resources have been added to the WCPT website www.wcpt.org/disability-resources/education

- Specific advice includes:

    1. Embrace people with disabilities as a culturally diverse group in hiring, recruitment, and admission practices.
    2. Create a welcoming campus climate for students with disabilities (eg. accessible built environment, staff and faculty familiar with provision of accommodations, resources for students with disabilities such as campus organisations, and an administration that is responsive to the needs of students with disabilities).
    3. Re-frame accommodations as a diversity best practice that benefits the entire student body and campus community.
    4. Establish staff and programmes that provide streamlined services to students with disabilities once they are enrolled, including clear policies and courses of action for students, so that they can access services, appeal or file grievances.
    5. Highlight the visibility of staff and faculty with disabilities (who have already disclosed this information) working at on campus.
    6. Support early educational programmes and outreach efforts that encourage young students with disabilities to go into the health sciences, similar to current science, technology, engineering and medicine initiatives for girls and people of colour.
    7. Integrate disability culture within cultural competency curricula. [57] [disabilityvisibilityproject.com/2015/05/31/guest-blog-post-disability-as-diversity-in-the-health-sciences/]

- Addressing stigma in whatever form is likely to improve the situation for people with disabilities. Referring to weight stigma, Setchell et al recommend offering clinicians an understanding about stigma in general, both within existing courses and as professional development. [58]

9. Addressing employment

In supporting physical therapists entering employment either as new graduates or returning to work following illness or injury the following recommendations are made; largely for employing organisations and for managers of physical therapy services:

- Working with existing personnel, resources and organisational structures to support those returning to the workforce following illness or injury.
- Considering the cost effectiveness of employing people with disabilities and implementing reasonable accommodations – not just on a case by case basis, but by considering universal design principles. [59] Universal design has been shown to benefit all people, not just those with disabilities.
- Ensuring that employment policies including those specifically targeting people with disabilities are applied appropriately to physical therapist personnel.

10. WCPT member organisations

National professional organisations can facilitate the inclusion of physical therapists into the profession. WCPT supports the integrated approach that is included in its policy statement on disability. [1] To achieve integration WCPT member organisations can educate and guide physical therapists about the roles they can take, facilitating discussion and sharing resources. WCPT member organisations could consider ways to:

- make their members aware of the international and national regulations and policies relating to the education and employment of people with disabilities
- increase awareness among the membership about their responsibilities under the international and national statutes
- increase awareness among the members and the public about disability in the profession
- make governments and non-governmental organisations aware of the competencies of physical therapists and the capacity of people with disabilities to take part in the profession
- work with education providers and employers to enhance their capacity to support people with disabilities in the profession
- develop a support network of physical therapists with disabilities to share expertise
- commemorate the International day of Persons with Disabilities every 3rd December.

11. Individual physical therapists

Physical therapists can support the inclusion of people with disabilities in the profession in the following ways:

- think broadly about disability and how it might affect practice as a physical therapist; applying principles learnt in the context of patients/clients to the situation of peers
- offer peer support to fellow students or colleagues with disabilities, gaining valuable experience which can enhance their own practice in the process
- advocate for people with disabilities in the profession. Physical therapists' direct experience of disability generally puts them in a good position to do so.

A list of resources can be found on the WCPT website at www.wcpt.org/disability-resources.

Section 5: Conclusion

In summary, people with disabilities can and do complete studies to become physical therapists. Physical therapists who acquire disabilities can and do retain or adapt their competency to practise as physical therapists and others are supported to return to practice by physical, social or attitudinal changes in the practice environment.

Physical therapists are well placed to advocate for the inclusion of people with disabilities in all walks of life, including their own profession. However, considerable efforts are required in this field if the profession is to be inclusive. Positive attitudes and support of peers, educators and employers are essential, and also needed is a wider acceptance of individuals with different functioning abilities in the community at large.

Well informed health professionals, patients and clients, education and health administrators and society generally can all support greater inclusion. The information and resources in this paper may help support the efforts of WCPT member organisations across the world and their members to implement inclusive policies that are in accordance with international guidelines and statutes.

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Appendix 1: Survey guidance on classifying levels of disability

It is a challenge to classify impairments that may affect an individual's ability to practise as a physical therapist. The following examples were developed for guidance:

Examples of mild, moderate, severe [note: recognising that disability may arise from multiple causes, the following descriptions are general]

Sensory hearing	mild=minor hearing loss no assistive technology required, moderate=partially resolved with assistive technology, severe=registered deaf or needs sign language interpretation
Sensory visual	mild=vision loss remedied by glasses, moderate=need for assistive technology as well as glasses, severe=registered blind or needs assistance (perso/animal) and/or assistive technology
Sensory speech	mild=communication with all despite impairment, moderate=understood by those familiar with the person, severe=needs assistive technology or interpretation
Physical	mild=impairments managed within usual environments, moderate=uses assistive technology, but otherwise manages within usual environments, severe = impairments require task modification or additional time
Mental health	mild=impairments managed within usual environments, moderate=lost time to usual activities of less than one week a month, severe=lost time to usual activities of more than one week a month
Intellectual/learning	mild=impairments managed within usual environments, moderate=needs additional time for learning new tasks and/or manage routines, severe=needs assistance/ assistive technology and/or additional time to learn new tasks or manage routines
Person living with infectious disease eg HIV/Hep C	mild=virus present, clinically latent, moderate=immune system damage liable for infection, severe=loss of body weight and lost time to normal activities

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