Multidisciplinary treatment of Obesity

Physiotherapy

Prof. dr. Dirk VISSERS
Physiotherapist

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Dep. Rehabilitation Sciences & Physiotherapy

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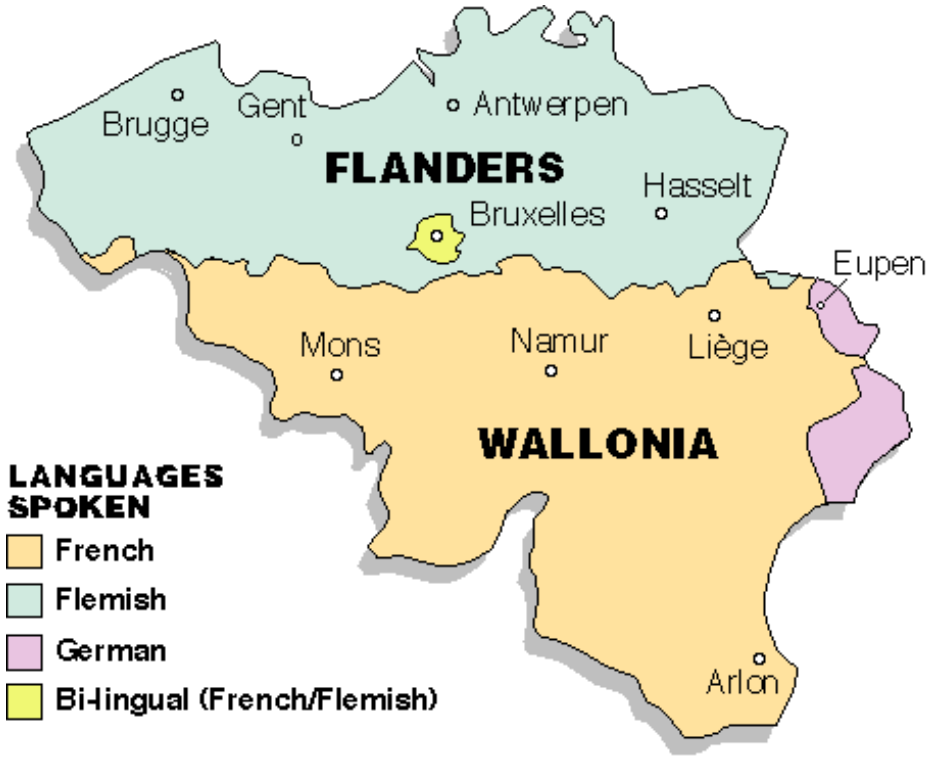
Universiteit Antwerpen

Physiotherapy education in Belgium

Flanders: 5-year program to graduate as physiotherapist

+ 3y Bachelor of Science (180 ECTS)
+ 2y Master of Science (120 ECTS)

-> 5 Universities

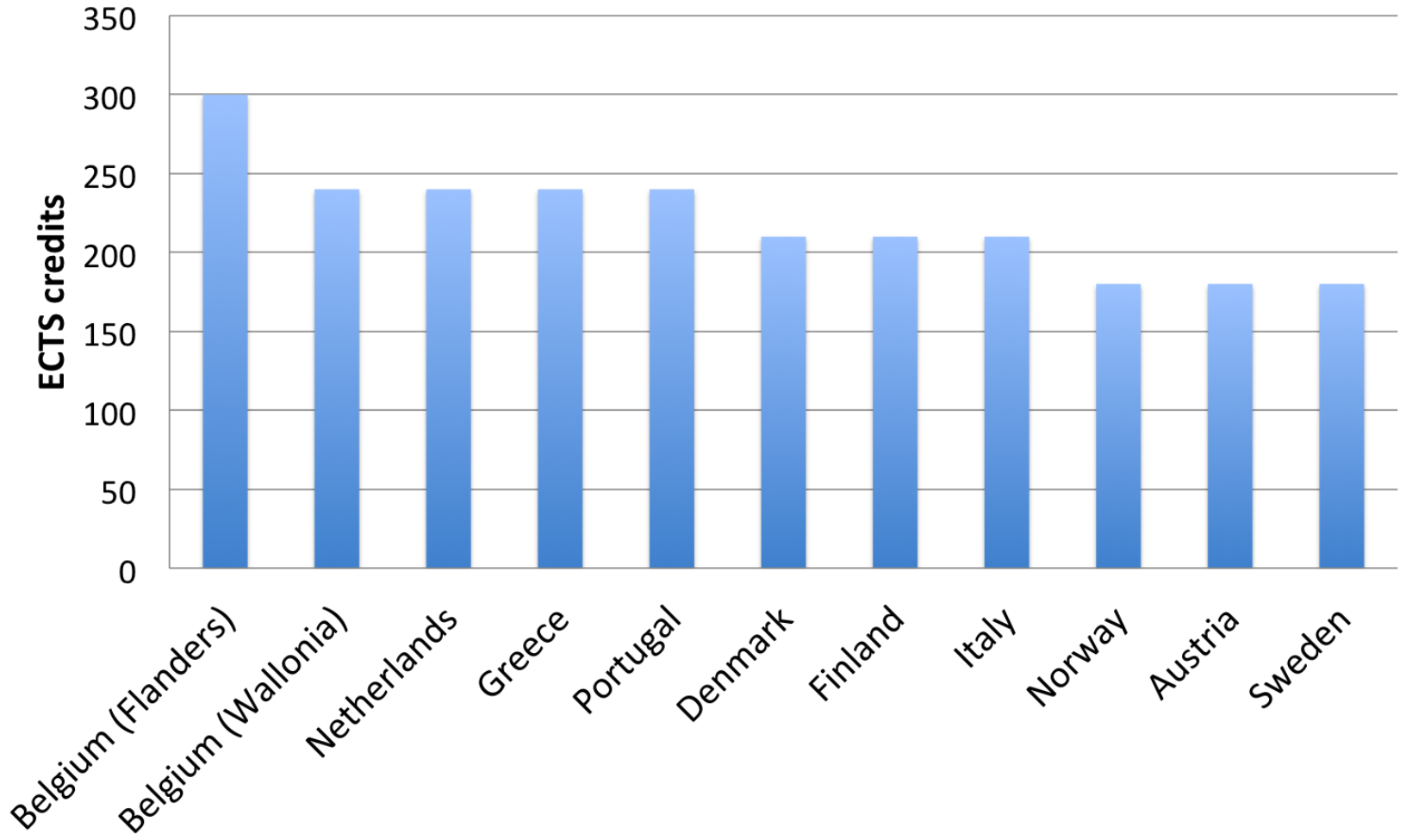


Wallonia: 4-year program

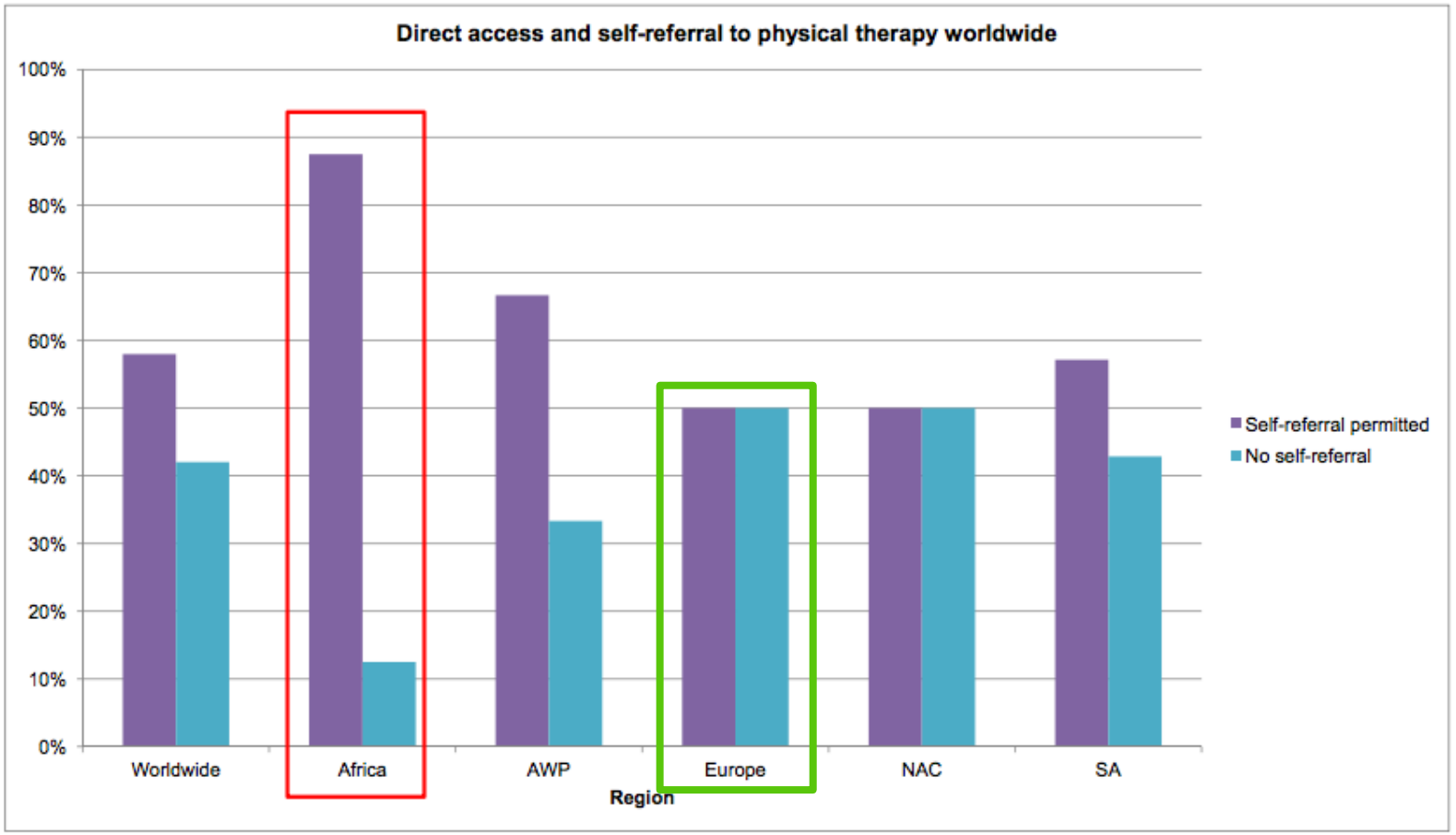
+ 3y Bachelor (180 ECTS)
+ 1y Master (60 ECTS)

-> 8 Colleges and 3 Universities

Physiotherapy Education in Europe

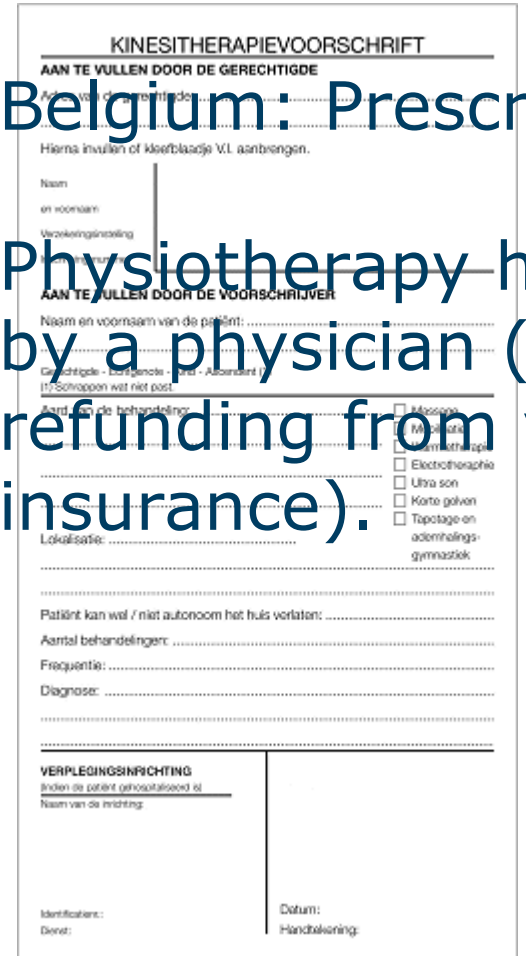


Direct access to physiotherapy



Bron: WCPT, 2013

Physiotherapy & Obesity



KINESITHERAPIEVOORSCHRIFT

AAN TE VULLEN DOOR DE GERECHTIGDE

Hierna invullen of kleefblaadje V.I. aanbrengen.

Naam

en voornaam

Verzekeringsinstelling

AAN TE VULLEN DOOR DE VOORSCHRIJVER

Naam en voornaam van de patiënt:

Gerechtigde - Echtgenote - Kind - Assistent (*)

(*) Schrappen wat niet past.

Aard van de behandeling:

- ☐ Massage
- ☐ Elektrotherapie
- ☐ Ultra son
- ☐ Korte golven
- ☐ Tapotage en ademhalings-gymnastiek

Lokalisatie:

Patiënt kan wel / niet autonoom het huis verlaten:

Aantal behandelingen:

Frequentie:

Diagnose:

VERPLEGINGSINRICHTING

Indien de patiënt gehospitaliseerd is

Naam van de inrichting:

Identificatienr.:

Dienst:

Datum:

Handtekening:

- Belgium: Prescription needed

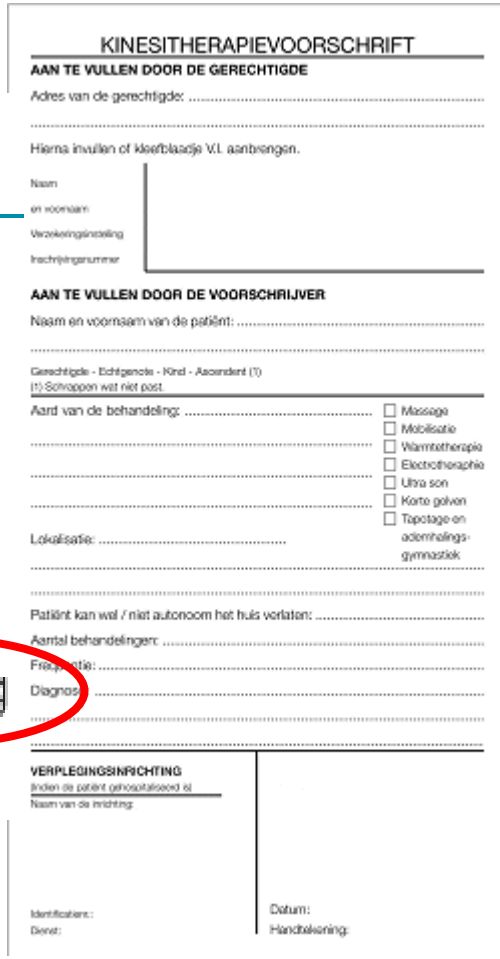
Physiotherapy has to be prescribed by a physician (in order to receive refunding from your health insurance).

Physiotherapy & Obesity

Het medisch voorschrift kinesitherapie moet de volgende gegevens bevatten:

Minimaal:

1. naam en voornaam van de patiënt
2. naam, voornaam, en RIZIV-nummer van de voorschrijver
3. datum van het voorschrift
4. handtekening van de voorschrijver
5. het maximale aantal zittingen
6. de diagnose en/of de diagnose-elementen van de te behandelen aandoening
7. de anatomische lokalisatie van de letsels indien dit niet uit de diagnose blijkt



KINESITHERAPIEVOORSCHRIFT

AAN TE VULLEN DOOR DE GERECHTIGDE

Adres van de gerechtigde: .....

.....

Hierna invullen of kleefblaadje V.I. aanbrengen.

Naam

en voornaam

Verzekeringsinstelling

Inschrijvingsnummer

AAN TE VULLEN DOOR DE VOORSCHRIJVER

Naam en voornaam van de patiënt: .....

.....

Gerechtigde - Echtgenote - Kind - Ascendent (1)
(1) Schrappen wat niet past

Aard van de behandeling: .....

.....

.....

.....

Lokalisatie: .....

.....

☐ Massage
☐ Mobilisatie
☐ Warmtetherapie
☐ Electrotherapie
☐ Ultra son
☐ Korte golven
☐ Tapotage en ademhalings-gymnastiek

Patiënt kan wel / niet autonoom het huis verlaten: .....

Aantal behandelingen: .....

Frequentie: .....

Diagnose: .....

.....

VERPLEGINGSINRICHTING

Indien de patiënt gehospitaliseerd is

Naam van de inrichting:

Identificatienr.:

Dienst:

Datum:

Handtekening:

Is obesity a disease?

Physiotherapy & Obesity

Is obesity a disease?

FROM THE ARCHIVES

Weight-loss surgery yields lasting improvement in health...
November 13, 2013

What changes now that doctors have declared obesity a...
June 19, 2013

Docs' intensive 'get healthy' program whittles the waist...
February 27, 2012

A Closer Look: Weight-loss drugs
December 13, 2010

AMA declares obesity a disease

The move by the American Medical Assn. board means that one-third of adults and 17% of children in the U.S. have a medical condition that requires treatment.

June 18, 2013 | By Melissa Healy and Anna Gorman, Los Angeles Times

The American Medical Assn. voted Tuesday to classify obesity as a disease,... (AFP PHOTO/RONALDO SCHEMIDT)

The American Medical Assn. voted Tuesday to declare obesity a disease, a move that effectively defines 78 million American adults and 12 million children as having a medical condition requiring treatment.

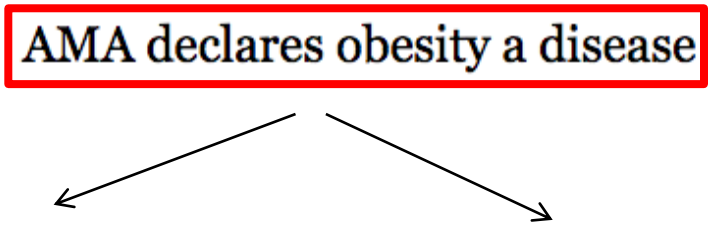
The nation's leading physicians organization took the vote after debating whether the action would do more to help affected patients get useful treatment or would further stigmatize a condition with many causes and few easy fixes.

In the end, members of the AMA's House of Delegates rejected cautionary advice from their own experts and extended the new status to a condition that affects more than one-third of adults and 17% of children in the United States.

"Recognizing obesity as a disease will help change the way the medical community tackles this complex issue that affects approximately 1 in 3 Americans," said Dr. Patrice Harris, an AMA board member.

Physiotherapy & Obesity

Is obesity a disease?



1. Allow doctors to be reimbursed for time spent discussing the implications of obesity with their patients

2. To **send patients to programs designed to help the obese patient** lose weight and monitor their progress.

Physiotherapy & Obesity

Is obesity a disease?

Obesity Facts
The European Journal of Obesity

Obes Facts 2015;8:402–424
DOI: 10.1159/000442721
Received: November 19, 2015
Accepted: November 24, 2015
Published online: December 5, 2015

1662–4033/15/0086–0402$39.50/0
www.karger.com/ofa

Clinical Information

European Guidelines for Obesity Management in Adults

Volkan Yumuk[a] Constantine Tsigos[b] Martin Fried[c]
Karin Schindler[d] Luca Busetto[e] Dragan Micic[f]
Hermann Toplak[g] for the Obesity Management Task Force of the European Association for the Study of Obesity

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[a]Division of Endocrinology, Metabolism and Diabetes, Department of Medicine, Istanbul University Cerrahpasa Medical Faculty, Istanbul, Turkey; [b]Department of Nutrition and Dietetics, Harokopio University, Athens, Greece; [c]Clinical Center for Minimally Invasive and Bariatric Surgery, ISCARE Lighthouse, Prague and 1st Medical Faculty, Charles University, Prague, Czech Republic; [d]Department of Medicine III, Medical University of Vienna, Vienna, Austria; [e]Department of Medicine, Padova University Hospital – Bariatric Unit, University of Padova, Padova, Italy; [f]Centre for Metabolic Disorders in Endocrinology, Institute of Endocrinology, Diabetes and Diseases of Metabolism, Clinical Center of Serbia, Belgrade, Serbia; [g]Department of Medicine, Institute for Diabetes and Metabolism, Medical University, Graz, Austria

Key Words
European guidelines · C… …agement · Multidisciplinary · Primary care · OMTF · COMs

Abstract
Obesity is a chronic metabolic disease characterised by an increase of body fat stores. It is a

Universit…

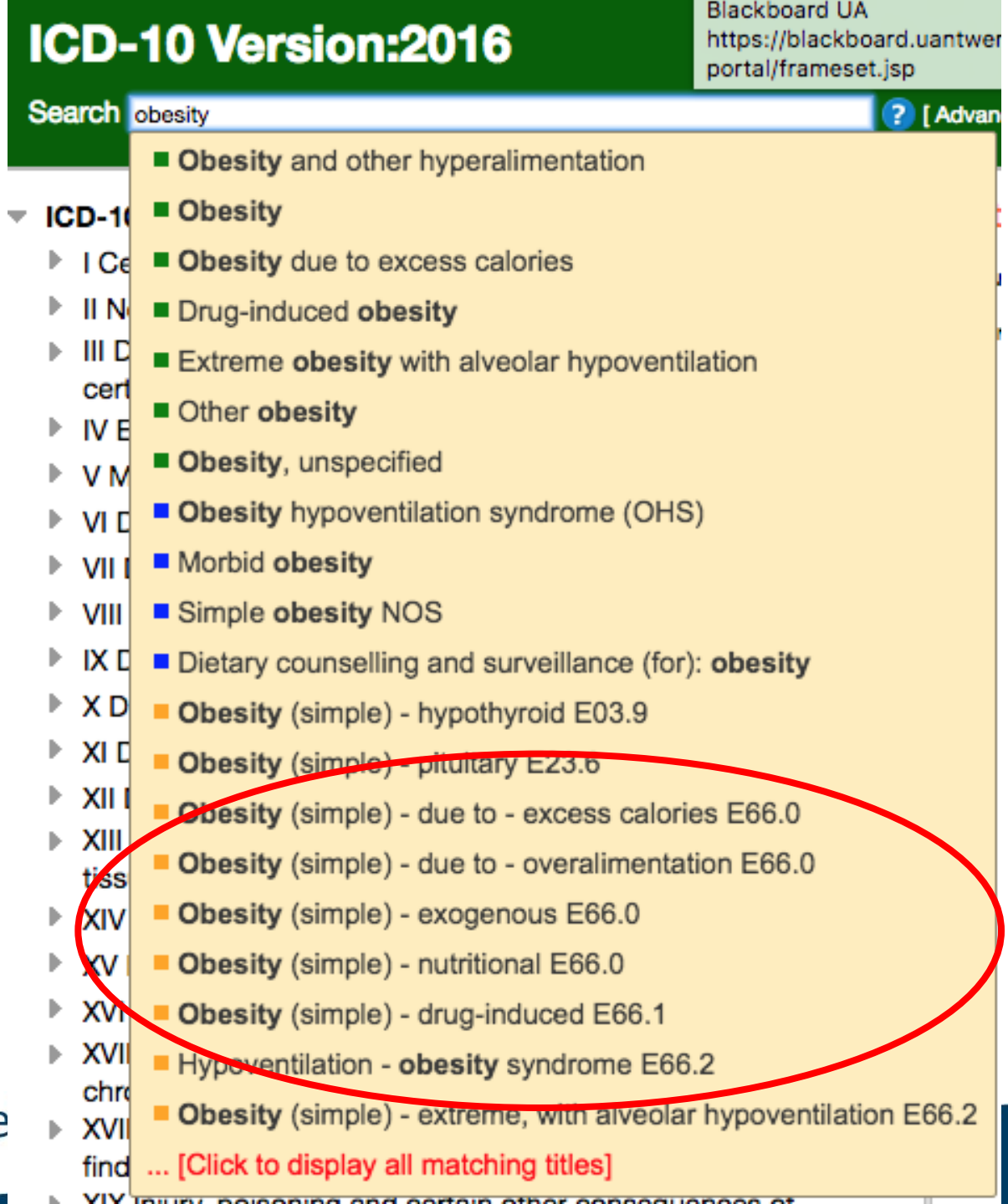
Physiotherapy & Obesity

Is obesity a disease?

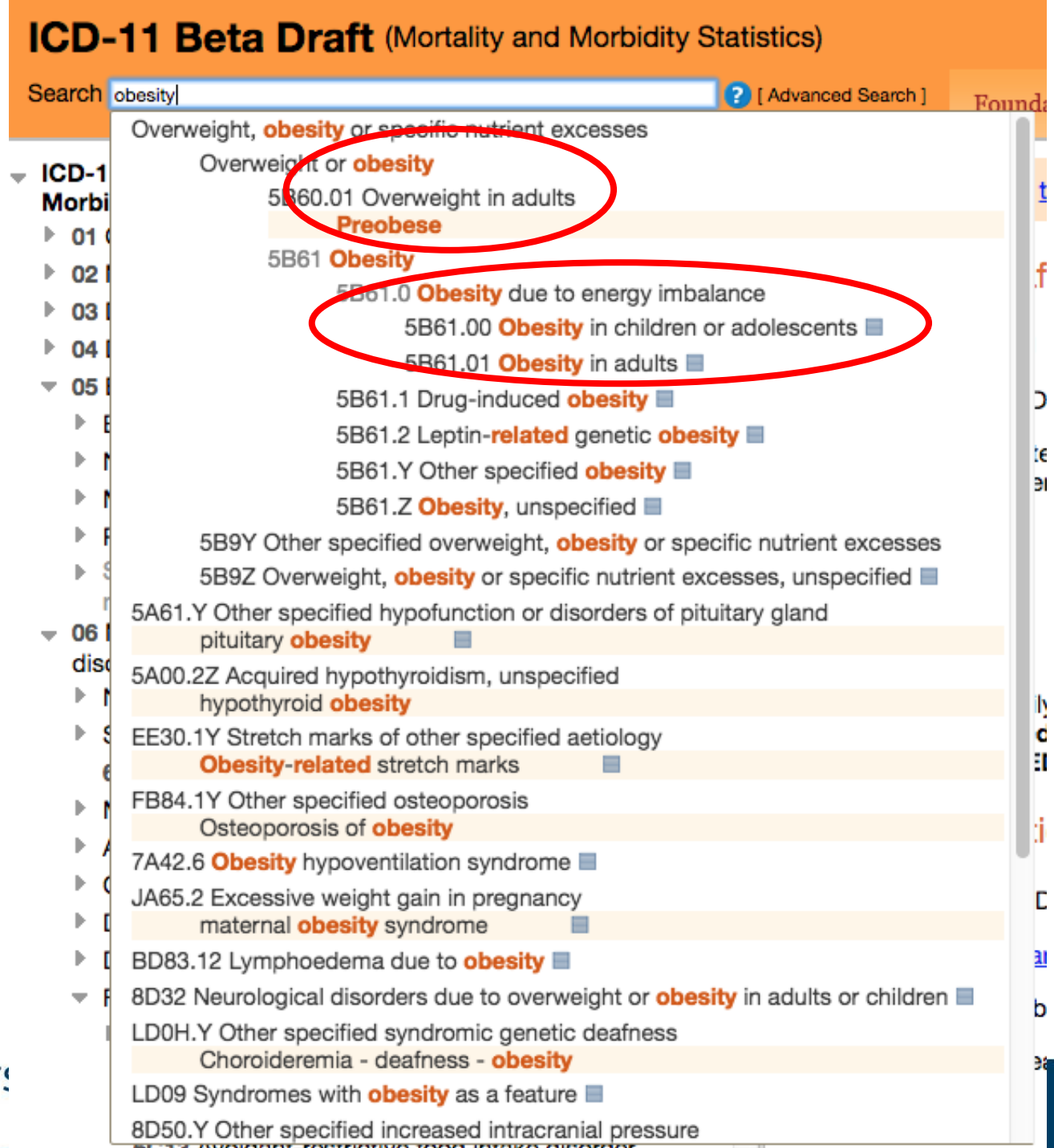
Introduction

Obesity is a metabolic disease (ICD-10 code E66) that has reached epidemic proportions. The World Health Organization (WHO) has declared obesity as the largest global chronic health problem in adults which is increasingly turning into a more serious problem than malnutrition. Obesity is a gateway to ill health, and it has become one of the leading causes of disability and death, affecting not only adults but also children and adolescents worldwide [1]. In 2014, more than 1.9 billion adults (18 years and older) were overweight. Of these over 600 million were obese. 42 million children under the age of 5 were overweight or obese in 2013 [2]. The WHO world health statistics report in 2015 shows that in the European region the overall obesity rate among adults is 21.5% in males and 24.5% in females (fig. 1). The same report states that the prevalence for overweight among children under the age of 5 is 12.4% [3]. It has been further projected that 60% of the world's population, i.e. 3.3 billion people, could be overweight (2.2 billion) or obese (1.1 billion) by 2030 if recent trends continue [4]. Obesity has important consequences for morbidity, disability and quality of life and entails a higher risk of developing type 2 diabetes, cardiovascular diseases, several common forms of cancer, osteoarthritis and other health problems [5]. In 2010, overweight and obesity were estimated to cause 3.4 million deaths, 4% of years of life lost, and 4% of disability-adjusted life years (DALYs) [6].

ICD = International Statistical Classification of Diseases and Related Health Problems



Universite


ICD-11 Beta Draft (Mortality and Morbidity Statistics)
Search obesity
[Advanced Search]
Overweight, obesity or specific nutrient excesses
Overweight or obesity
5B60.01 Overweight in adults
Preobese
5B61 Obesity
5B61.0 Obesity due to energy imbalance
5B61.00 Obesity in children or adolescents
5B61.01 Obesity in adults
5B61.1 Drug-induced obesity
5B61.2 Leptin-related genetic obesity
5B61.Y Other specified obesity
5B61.Z Obesity, unspecified
5B9Y Other specified overweight, obesity or specific nutrient excesses
5B9Z Overweight, obesity or specific nutrient excesses, unspecified
5A61.Y Other specified hypofunction or disorders of pituitary gland
pituitary obesity
5A00.2Z Acquired hypothyroidism, unspecified
hypothyroid obesity
EE30.1Y Stretch marks of other specified aetiology
Obesity-related stretch marks
FB84.1Y Other specified osteoporosis
Osteoporosis of obesity
7A42.6 Obesity hypoventilation syndrome
JA65.2 Excessive weight gain in pregnancy
maternal obesity syndrome
BD83.12 Lymphoedema due to obesity
8D32 Neurological disorders due to overweight or obesity in adults or children
LD0H.Y Other specified syndromic genetic deafness
Choroideremia - deafness - obesity
LD09 Syndromes with obesity as a feature
8D50.Y Other specified increased intracranial pressure

Physiotherapy & Obesity

Is obesity a disease?

Het medisch voorschrift kinesitherapie moet de volgende gegevens bevatten:

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Adres van de gerechtigde: .....

.....

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Naam
en voornaam
Verzekeringsinstelling
Inschrijvingsnummer

AAN TE VULLEN DOOR DE VOORSCHRIJVER

Naam en voornaam van de patiënt: .....

.....

Gerechtigde - Echtgenote - Kind - Ascendent (1)
(1) Schrappen wat niet past

Aard van de behandeling: .....
.....
.....
.....

☐ Massage
☐ Mobilisatie
☐ Warmtetherapie
☐ Electrotherapie
☐ Ultra son
☐ Korte golven
☐ Tapotage en ademhalings-gymnastiek

Lokalisatie: .....

.....

Patiënt kan wel / niet autonoom het huis verlaten: .....

Aantal behandelingen: .....

Frequentie: .....

Diagnose: .....

.....

VERPLEGINGSINRICHTING
Indien de patiënt gehospitaliseerd is
Naam van de inrichting:

Identificatienr.:
Dienst:

Datum:
Handtekening:

Physiotherapy & Obesity

Is obesity disease? ☑

BUT…

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Minimaal:

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KINESITHERAPIEVOORSCHRIFT

AAN TE VULLEN DOOR DE GERECHTIGDE

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en voornaam
Verzekeringsinstelling
Inschrijvingsnummer

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Aantal behandelingen: .....

Frequentie: .....

Diagnose: .....

.....

.....

VERPLEGINGSINRICHTING
Indien de patiënt gehospitaliseerd is
Naam van de inrichting:

Identificatienr.:
Dienst:

Datum:
Handtekening:

Physiotherapy & Obesity

Number of refundable sessions

Affections courantes A. lourdes A. périnatale A. aiguës A. chroniques

Groep 1	Groep 2	Groep 3	Groep 4	Groep 5	Groep 6	Groep 7
Andere dan groep 2 tot 8****	Zware aan-doeningen (E-lijst)	2e zitting op zelfde dag	Zwanger-schap	Acute aan-doeningen (F.a-lijst)	Chronische aandoeningen (F.b-lijst)	Palliatieve thuis-patiënt
18 per kalen-der-jaar	Max twee per dag; Onbe-perkte duur 	Max. 14 keer een 2e zitting binnen 30 dagen na de ingreep	9 per zwanger-schap*	60** in de periode van 1 jaar vanaf de datum van de 1e zitting 	60*** per kalenderjaar. Een verlen-ging per ka-lenderjaar is mogelijk. 	Een per dag; Onbeperkte duur

* Zittingen tijdens hospitalisatie niet inbegrepen.
** 120 zittingen bij polytraumatisme.
*** Inclusief de verstrekkingen manuele lymfedrainage.
**** voor groep 8 gelden deze bepalingen niet.

Physiotherapy & Obesity

Tariff for Physiotherapy

Code	Prestatie	Hono-rarium	Je bent gewoon verzekerd		Je hebt verhoogde tegemoetk.	
			Terug-betaling	Remgeld	Terug-betaling	Remgeld
560011	Individuele zitting van 30 minuten	22,26	16,37	5,89	19,87	2,39
560055	Individuele zitting van 30 minuten indien code 560011 niet mag omdat het aantal toegelaten behandelingen tegen normale terugbetaling wordt overschreden	(*)	7,40	-	9,39	-
560092	Consultatief onderzoek	22,26	15,20	7,06	19,29	2,97
Bedragen van toepassing sinds 1 januari 2014						

Bron: website CM

Physiotherapy & Obesity

Obesity Facts
The European Journal of Obesity

Review Article

Obesity Facts 2009;2:17–24
DOI: 10.1159/000186144

Published online: February 3, 2009

A Systematic Review of the Effectiveness of Group versus Individual Treatments for Adult Obesity

Virginia Paul-Ebhohimhen Alison Avenell

Conclusion:
Group-based interventions were more effective than individual-based interventions among a predominantly female participant pool receiving psychologist-led interventions.

Physiotherapy & Obesity

Group versus individual approach? A meta-analysis of the effectiveness of interventions to promote physical activity

Burke, Shauna M and Carron, Albert V and Eys, Mark A and Ntoumanis, Nikos and Estabrooks, Paul A (2006) *Group versus individual approach? A meta-analysis of the effectiveness of interventions to promote physical activity.* Sport and Exercise Psychology Review, 2 (1). pp. 19-35.

Conclusion:
Thus, for at least the short-term, it is clear that **contact with and among participants is invaluable** in terms of at least one important outcome associated with exercise—and judging by the present results, it is also clear that **contact in the form of a close-knit, cohesive group represents the optimal context**.

Physiotherapy & Obesity

obesityreviews

WORLD OBESITY

Explore this journal >

Obesity Prevention/Treatment

Effectiveness of interventions to promote physical activity among socioeconomically disadvantaged women: a systematic review and meta-analysis

V. Cleland ✉, A. Granados, D. Crawford, T. Winzenberg, K. Ball

First published: 29 October 2012 Full publication history

Conclusion:
Programs with a group delivery mode significantly increase physical activity among women experiencing disadvantage, and **group delivery should be considered an essential element of physical activity promotion** programs targeting this population group.

What about tariff codes for group sessions?

Physiotherapy & Obesity

Physiotherapy & Obesity

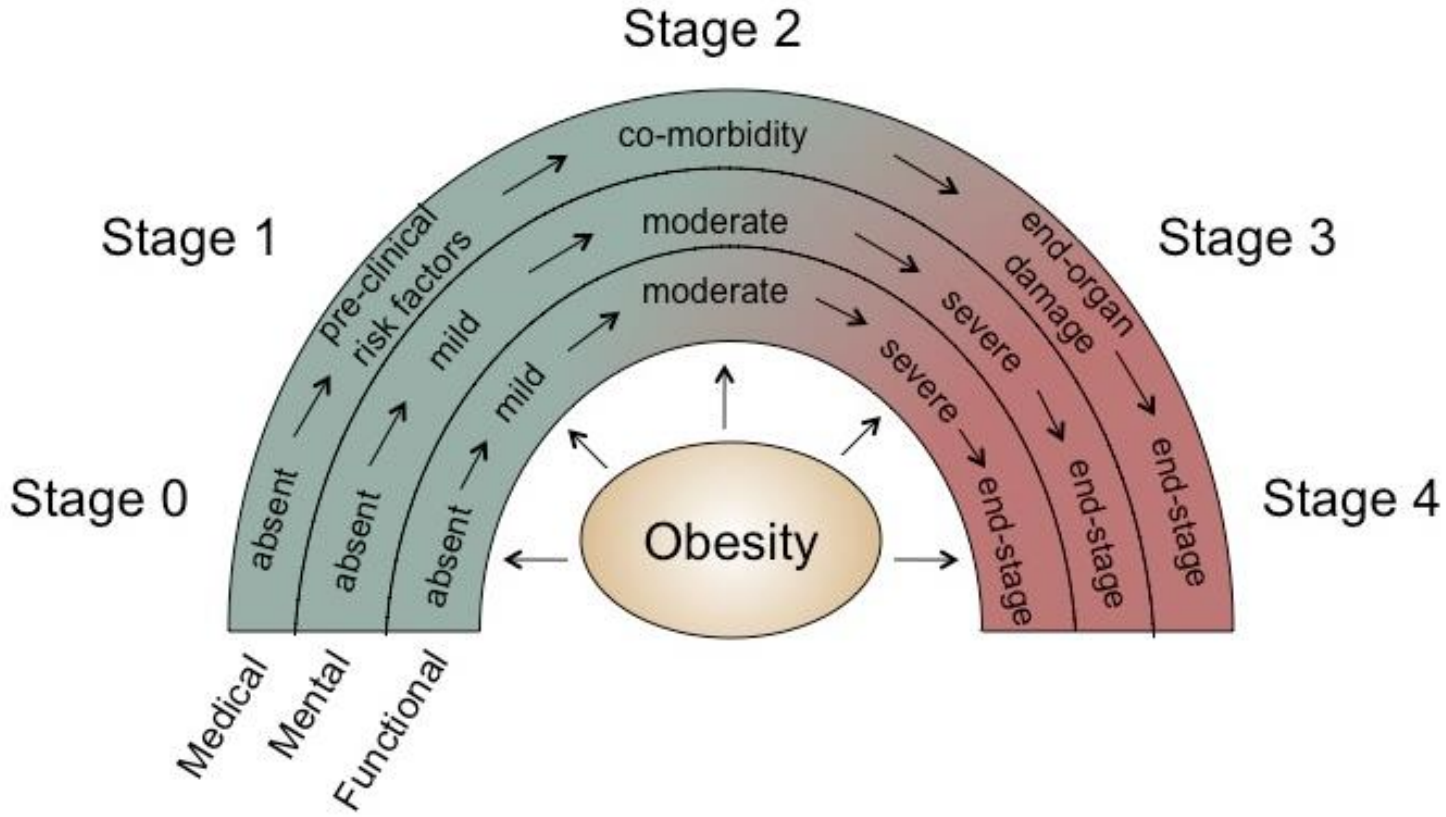
Prescription of 18 individual sessions is possible for obesity

Stepped Care (staging model) in Physiotherapy for Obesity

D. Hansen, W. Hens, S. Peeters, C. Wittebrood, S. Van Ussel, D. Verleyen, D. Vissers.
Physical Therapy, 2015

Physiotherapy & Obesity

Edmonton Obesity Staging System (EOSS)



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

EOSS: EDMONTON OBESITY STAGING SYSTEM - *Staging Tool*

STAGE 0

- **NO** sign of obesity-related risk factors
- **NO** physical symptoms
- **NO** psychological symptoms
- **NO** functional limitations

Case Example:
Physically active female with a BMI of 32 kg/m², no risk factors, no physical symptoms, no self-esteem issues, and no functional limitations.

Class I, Stage 0 Obesity

EOSS Score

WHO Obesity Classfication

STAGE 1

- Patient has obesity-related **SUBCLINICAL** risk factors
  (borderline hypertension, impaired fasting glucose, elevated liver enzymes, etc.)
  - *OR* -
- **MILD** physical symptoms - patient currently not requiring medical treatment for comorbidities
  (dyspnea on moderate exertion, occasional aches/pains, fatigue, etc.) - *OR* -
- **MILD** obesity-related psychological symptoms and/or mild impairment of well-being
  (quality of life not impacted)

Case Example:
38 year old female with a BMI of 59.2 kg/m², borderline hypertension, mild lower back pain, and knee pain. Patient does not require any medical intervention.

Class III, Stage 1 Obesity

WHO CLASSIFICATION OF WEIGHT STATUS (BMI kg/m²)

Obese Class I ..... 30 - 34.9
Obese Class II ..... 35 - 39.9
Obese Class III ..... ≥40

Stage 0 / Stage 1 Obesity

Patient ***does not meet clinical criteria for admission*** at this time.
Please refer to primary care for further preventative treatment options.

STAGE 2

- Patient has **ESTABLISHED** obesity-related comorbidities requiring medical intervention
  (HTN, Type 2 Diabetes, sleep apnea, PCOS, osteoarthritis, reflux disease) - *OR* -
- **MODERATE** obesity-related psychological symptoms
  (depression, eating disorders, anxiety disorder) - *OR* -
- **MODERATE** functional limitations in daily activities
  (quality of life is beginning to be impacted)

Case Example:
32 year old male with a BMI of 36 kg/m² who has primary hypertension and obstructive sleep apnea.

Class II, Stage 2 Obesity

STAGE 3

- Patient has **significant** obesity-related end-organ damage (myocardial infarction, heart failure, diabetic complications, incapacitating osteoarthritis) - *OR* -
- **SIGNIFICANT** obesity-related psychological symptoms
  (major depression, suicide ideation) - *OR* -
- **SIGNIFICANT** functional limitations
  (eg: unable to work or complete routine activities, reduced mobility)
- **SIGNIFICANT** impairment of well-being
  (quality of life is significantly impacted)

Case Example:
49 year old female with a BMI of 67 kg/m² diagnosed with sleep apnea, CV disease, GERD, and suffered from stroke. Patient's mobility is significantly limited due to osteoarthritis and gout.

Class III, Stage 3 Obesity

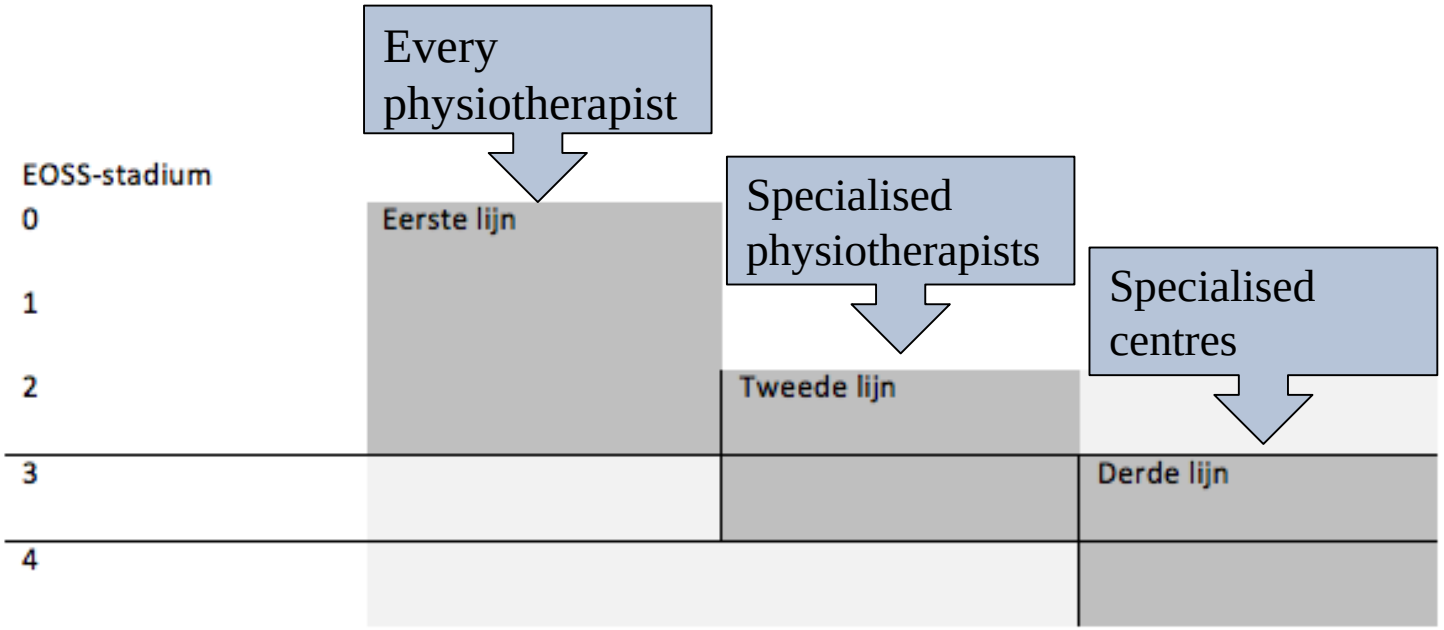
STAGE 4

- **SEVERE** (potential end stage) from obesity-related comorbidities - *OR* -
- **SEVERELY** disabling psychological symptoms - *OR* -
- **SEVERE** functional limitations

Case Example:
45 year old female with a BMI of 54 kg/m² who is in a wheel chair because of disabling arthritis, severe hyperpnea, and anxiety disorder.

Class III, Stage 4 Obesity

Physiotherapy & Obesity



Bron: Eetexpert – stepped care obesitas

Physiotherapy & Obesity

Where can I find a physiotherapist that is specialised in treating obesity?

Physiotherapy & Obesity

Pre-graduation specialisation

1. Teaching
2. Musculoskeletal physiotherapy
3. Physiotherapy in mental health care
4. Pediatry
5. Geriatry
6. Physiotherapy in neurological conditions
7. Physiotherapy in internal conditions

Home | Wat? | Waarom? | Doel | Doelgroepen | Opleidingen | Contact

Hoe word ik KineCoach®?

KineCoach® Obesitas bij kinderen en adolescenten

De basismodule bestaat uit 20 lesuren, gespreid over 3 lesdagen.
De doorstromingsmodule bestaat uit 10 lesuren, gespreid over 2 lesdagen.

Meer info voor modaliteiten 2019 *klik hier*.
Meer info voor cususschema 2019 *klik hier*.

SOCIALE KAART

Multidisciplinaire samenwerking is een zeer belangrijke pijler bij zorgtrajecten.
Op deze pagina kan u opzoek gaan naar een huisarts, specialist, apotheker, diëtist, kinesist of diabeteseducator in uw buurt.

Bent u zelf zorgverlener maar nog niet opgenomen in onze sociale kaart? Gelieve ons te contacteren.

Naam

Discipline

Kinesist

Werkzaam in gemeente

2930 Brasschaat

Zoek een zorgverlener

Zorgverlener	Discipline	Werkzaam in gemeente	Telefoon	
Kevin Beeckmans	Kinesist	2930 Brasschaat	03/651 64 07	Toon details
Veerle Borgonjon	Kinesist	2930 Brasschaat	03/653 36 75	Toon details
Helena Busschop	Kinesist	2930 Brasschaat	03/651 64 07	Toon details

Physiotherapy & Obesity

Lijst van KineCoaches

Hier vindt u een overzicht per provincie van kinesitherapeuten met het label :

KineCoach® (Pre-) Diabetes Type 2

ANTWERPEN • *LIMBURG*

OOST-VLAANDEREN • *VLAAMS-BRABANT*

WALLONIË • *WEST-VLAANDEREN*

KineCoach® Obesitas bij kinderen en adolescenten

ANTWERPEN • *LIMBURG*

OOST-VLAANDEREN • *VLAAMS-BRABANT*

WEST-VLAANDEREN

KineCoach® Obesitas bij volwassenen

ANTWERPEN • *LIMBURG*

OOST-VLAANDEREN • *VLAAMS-BRABANT*

WEST-VLAANDEREN

Universiteit Antwerpen

VIND EEN KineCoach

Hoe word ik KineCoach®?

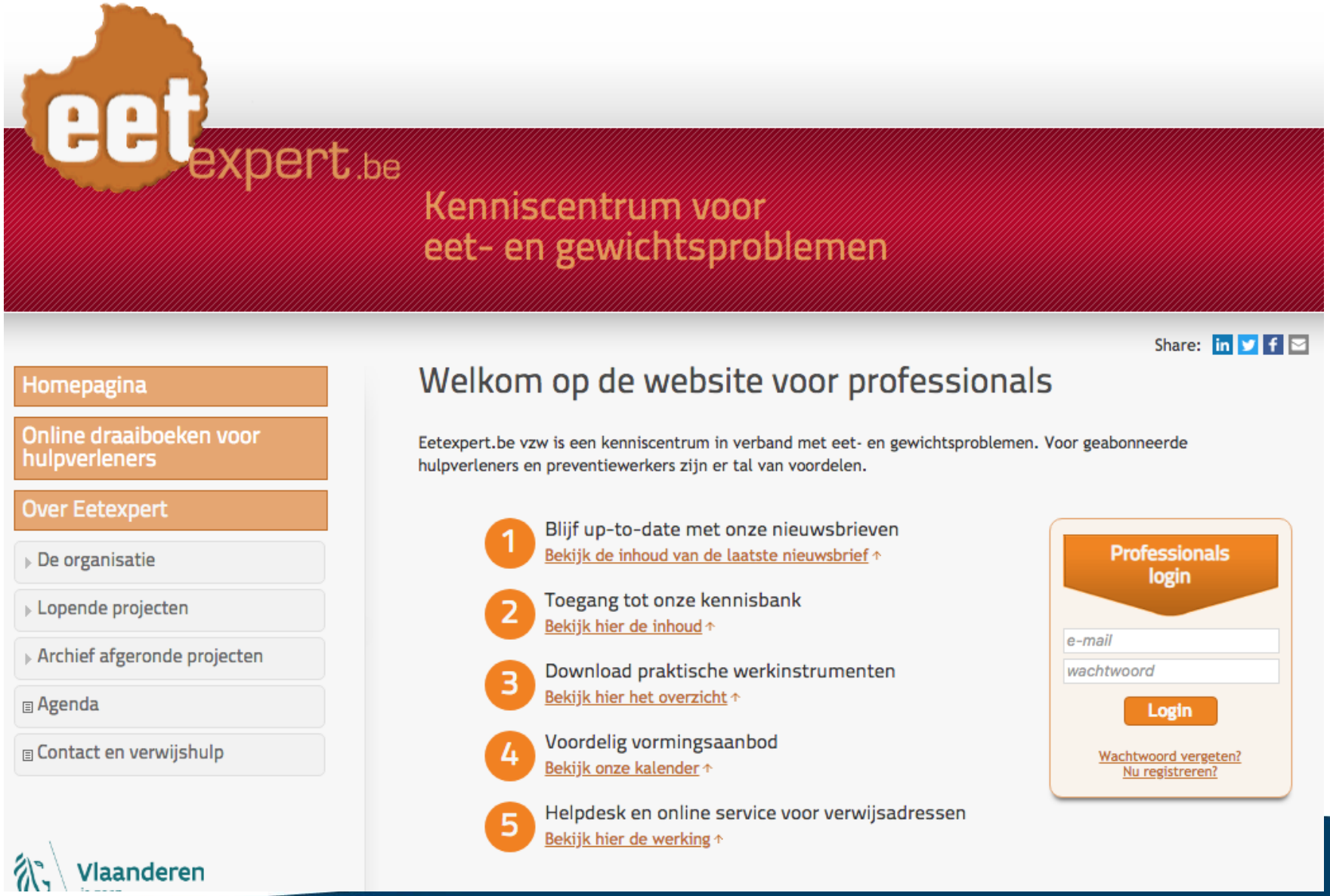
Meer info voor modaliteiten 2017 klik hier

Meer info voor cursusschema 2017 klik hier

Meer info voor modaliteiten 2017 klik hier

Meer info voor cursusschema 2017 klik hier

Physiotherapy & Obesity



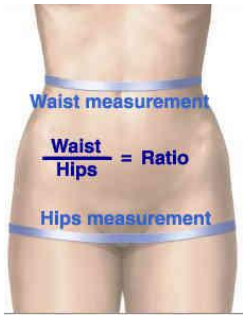
Physiotherapy & Obesity

Intake

- Medical history and medication
- Motivational interview (behavioral change)
- Identify barriers and facilitators for PA participation
- Pre-participation screening (risks and co-morbidities)
  - Hypertension, cardiovascular pathology, respiratory system, diabetes, musculoskeletal problems…
  - Physical activity readiness (questionnaire)

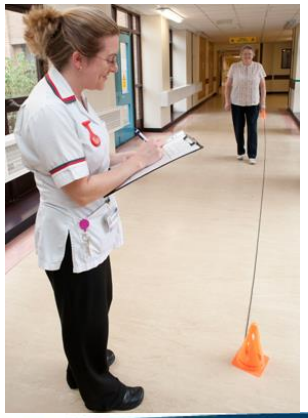
Physiotherapy & Obesity

Measurements and clinical examination



- Body composition and antrophometry
- Musculoskeletal examination
- Physical activity level

- Cardiorespiratory fitness level
  (e.g. 6-minute walk test)



Physiotherapy & Obesity

Therapy -> tailored lifestyle program

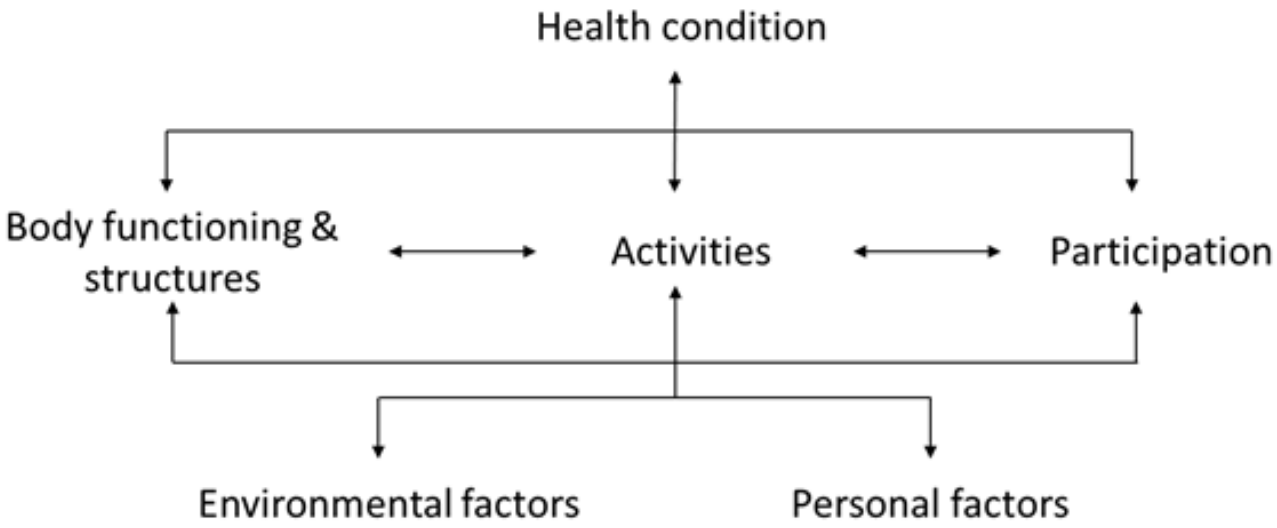
1. Decrease sedentary lifestyle
   - Self-monitoring, Promote active lifestyle, Active transportation, Reduce screen-time, …

2. Increase cardiorespiratory fitness level
   - Continious aerobic training, Interval training, High Intensity Interval Training (HIIT), …

3. Resistance or Strength training
   - Increase lean body mass, increase maximal strength, strength endurance, …

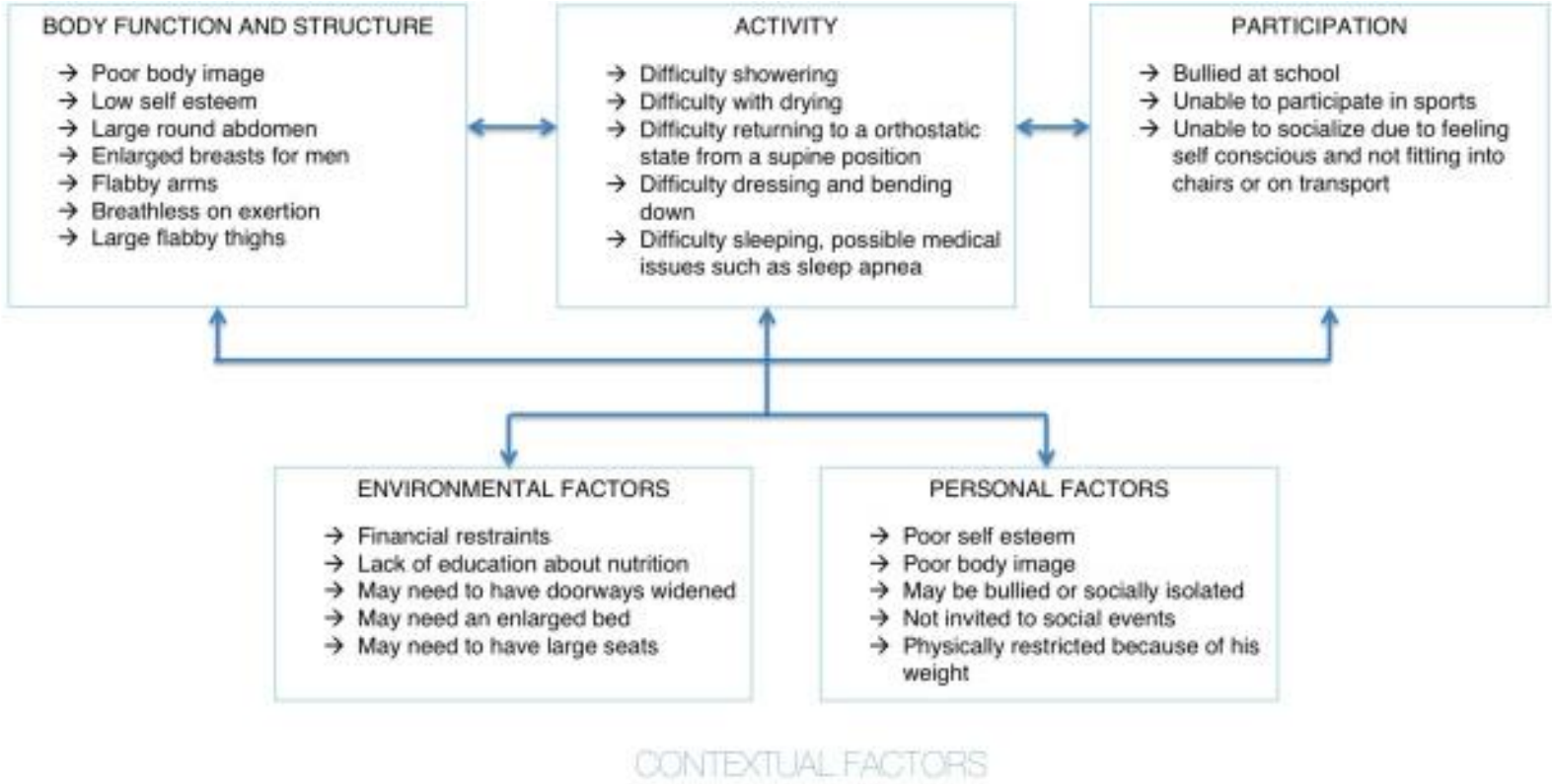
Physiotherapy & Obesity

Therapy -> ICF Model



Physiotherapy & Obesity

Therapy -> ICF Model: Obesity



Physiotherapy & Obesity

Goals

- Behavioral change towards a **healthier lifestyle**
  - Weight management
  - Ectopic fat storage (heart, liver, …)
  - Endothelial function
  - Hypertension
  - Glucose control
  - Cholestrol, triglycerides

- Behavioral change towards a more **active lifestyle**
  - Increase fitness level
  - Increase participation
  - Increase P.A**. enjoyment**

Conclusions

1. Obesity can be considered a **disease**.

   - ✧ A physiotherapy **prescription** for obesity is possible for **18 individual sessions**

Conclusions

1. Obesity can be considered a disease -> prescription possible.
2. **Stepped care** in physiotherapy for obesity
   - PT's specialised in treatment of obesity!

Conclusions

1. Obesity can be considered a disease -> prescription possible.
2. Stepped care in physiotherapy for obesity
3. PT's **design**, **coach** and **evaluate** the physical activity program for your patient
   - In a **safe and evidence-based** way
   - With goals reaching **beyond weight loss**! (ICF)
   - With **professional multidisciplinary communication**
   - In cooperation with other coaches, instructors, trainers,…(≈dieticians)

THANK YOU!

University of Antwerp