Table 3 When to Refer to a Physical Therapist

<table>
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<tr>
<th>Challenge category</th>
<th>Types of interventions provided by a physiotherapist</th>
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| Challenges with movement, pain or daily function             | • Assess, diagnose and manage musculoskeletal issues (e.g. pain, injury, limitations in range of motion, endurance, strength).  
• Analyze and manage problems with functional mobility (e.g. walking, moving in bed, getting out of a chair, reaching).  
• Assess physical ability to participation in physical activity or exercise.  
• Address functional issues following significant changes in body weight (e.g. loss of muscle mass).  
• Assess balance and address falls risk.  
• Prevent further or future health issues (e.g. assess efficiency of movement, mobility to minimize stress on joints).  
• Assess posture and provide posture education/correction/exercises.  
• Evaluate concerns with positioning (e.g. pain, sleep apnea).  
• Counsel on functional mobility limitations and activity barriers, beliefs around activity and root cause(s) of inactivity.  
• Address fear regarding movement and being active (e.g. pain with movement or fear of falling).  
• Prescribe therapeutic exercise and physical activity.  
• Provide education on health benefits of activity and risk associated with sedentary behaviour.  
• Provide education about equipment at home and/or correct use of home equipment.  
• Assess and analyze gait and footwear and educate on appropriate footwear or need for orthotic assessment.  
• Assess need for and prescribe assistive devices (e.g. mobility aids, abdominal support).  
• Consult with and determine need to refer to other healthcare providers or specialists to address physical and functional concerns.  
• Identify physical home environment concerns.  
• Identify physical barriers to accessing community resources (e.g. accessibility of equipment, finding appropriate facility or programming).  
| Obesity-related comorbidities that affect daily function     | Manage and educate on associated conditions (e.g. osteoarthritis, diabetic neuropathy, urinary incontinence*, lymphoedema*).  
*Indicates requires specialized training.  
| Energy management                                            | • Provide education on maximizing limited energy for activities of daily living.  
• Promote managing energy for activities of daily living, physical activity or exercise.  
• Evaluate recent changes in functional capacity or daily abilities related to energy management.  
| Posture and positioning issues                               | • Assess posture and provide posture education/correction/exercises.  
• Evaluate concerns with positioning (e.g. pain, sleep apnea).  
| Activity counselling needs                                   | • Counsel on functional mobility limitations and activity barriers, beliefs around activity and root cause(s) of inactivity.  
• Address fear regarding movement and being active (e.g. pain with movement or fear of falling).  
• Prescribe therapeutic exercise and physical activity.  
• Provide education on health benefits of activity and risk associated with sedentary behaviour.  
| Equipment issues                                             | • Provide education about equipment at home and/or correct use of home equipment.  
• Assess and analyze gait and footwear and educate on appropriate footwear or need for orthotic assessment.  
• Assess need for and prescribe assistive devices (e.g. mobility aids, abdominal support).  
| Access to community resources                                | • Consult with and determine need to refer to other healthcare providers or specialists to address physical and functional concerns.  
• Identify physical home environment concerns.  
• Identify physical barriers to accessing community resources (e.g. accessibility of equipment, finding appropriate facility or programming).  

Adapted from *Helping Adults with Obesity Who Have Functional Concerns: Tips on Identifying when Physiotherapy Can Help* developed by the Alberta Health Services Provincial Bariatric Resource Team.