
How to use the ‘Movement for Movement’ resources

By Ann Gates

Curator and Project Lead

Erasmus+ 2020-2025 update

A global movement for movement

Moving professionals. Moving nations. Moving lives.

Open to everyone, a community of practice:

- 🗣️ learning together
- 👥 brought to life by working together
- 🤝 held together through passion and the value of collective experiences



Welcome to the Erasmus+ 2020-2025 update

The exercise medicine resource for undergraduates, students and health care professionals has been updated for the Erasmus+ VANGUARD collaborative partnership project and launched under the 'Movement for Movement' community of practice

A 'Movement for Movement' aims to build a stronger strategic and operational capacity in delivering physical activity interventions and system change agency by all our future health care workforce.

This will be achieved by working as a community of practice both professionally and educationally.¹ The shared purpose model is to embed within the DNA fabric of clinical practice and change agency the opportunity to strengthen health and care systems and build on opportunities to directly influence patient care by making every contact count.

Many thanks are due to all the authors of the original slide-sets and modules (2014-2020) and a warm welcome is extended to the new 2020 contributors, supporters and reviewers. We very much hope that both previous and new users of the resource will champion their use and share with higher education institution (HEI) colleagues the resource vision: to enable tomorrow's health care professionals to deliver safe and effective exercise advice to tomorrow's patients and communities.

The resources are designed to fit all aspects of an international and national undergraduate health care curricula teaching programme including but not limited to: didactic teaching, blended learning, practice based learning, inter-professional learning, massive open online courses (MOOCs), placement support, and for bespoke individual clinical lecturer/chronic disease specialty use.

1. Editorial: Movement for movement: exercise as everybody's business?
Ann B Gates, Roger Kerry, Fiona Moffatt, Ian K Ritchie, Adam Meakins,
Jane S Thornton, Simon Rosenbaum, Alan Taylor
Br J Sports Med doi:10.1136/bjsports-2017-096857 Published Online First:
20 October 2017
<http://bjsm.bmj.com/content/early/2017/10/20/bjsports-2017-096857.full>



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We recommend that the slide-sets are best presented online using a secure login e-book format. If this security measure is not available, then each university must ensure access is limited to their health care professional students only and not available outside this remit.

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annbgates@googlemail.com



Erasmus+ update specifications and outputs

The Erasmus+ update includes all the new national and international evidence, recommendations and guidance incorporated together with a high-quality 'look and feel' format for each of the noncommunicable disease and exercise prescription slide-sets. It specifically includes the new 2020 WHO physical activity recommendations, the 2019 UK physical activity guidance, and the 2018 WHO global action plan for physical activity highlighting system change opportunities. The themes of 'conversations, connections and change agency' support future health care professionals to make a difference to patient care and societal health.

The resources have been designed and evaluated specifically for undergraduate health care professionals as defined by the NHS. We are grateful to Public Health England UK, for financially supporting the evaluation by The University of Nottingham, UK. The 2015 evaluation rated the resources as 8/10 for quality.²

Diligent care was taken to ensure a thorough review of all relevant new research and current guidance. The highest standards of international and national evidence have been upheld in the content but if you are aware of additional, evidence based studies or guidelines, or practical applications that could be included, please let us know and we will consider adding them as specific amendments.

These resources will be current from 2020-2025 and reviewed in 2025.

The Erasmus+ project team

The project team, led by Ann Gates, consists of over 50 health care professionals, exercise specialists, exercise physiologists, educationalists, general practitioners, MDs, physiotherapists and medical and health care students.³ This diverse mix of exercise medicine expertise and pedagogy has reinforced the community of practice model of working and delivered excellence in physical activity workforce capacity.

2. Public Health England Curricula and Resources Evaluation 2015, commissioned from Professor Patrick Callaghan, The University of Nottingham, UK. Contact Ann Gates for details.
3. The 2014-2025 project team for the 'Movement for Movement' resources. See appendix 1.



Examples of best practice use by a medical school and school of health and other organisations

The 'Movement for Movement' resources aim to equip all health and social care students to promote physical activity in the prevention and treatment of noncommunicable diseases, pregnancy and surgery.

The resources on exercise medicine and health for undergraduate education were endorsed by the Council of Deans of Health when they were first launched in 2015. The Erasmus+ version contains the latest evidence for future health professionals to use in discussing physical activity opportunities with their patients and deliver safe and effective exercise advice.


Sheffield Hallam University School of Health is an exemplar of best practice use for allied health professional teaching and online development of the resources.⁴

Physiopedia and Exercise Works launched a pilot, innovative, massive open online course (#PEPA16 MOOC) on physiotherapy, exercise and physical activity for international students. So far initial reports demonstrate a best value buy (WHO) in promoting physical activity at reaching 46 million social media impressions and enrolling over 8000 international students.⁵

A case study (Appendix 2) by Lancaster Medical School demonstrates how the resources can be easily integrated into current undergraduate medical school teaching models' and a web-based educational platform.⁶

4. Sheffield Hallam University ERWCPT poster 2017.
https://www.researchgate.net/publication/310303529_Making_every_contact_count_for_physical_activity_equipping_tomorrow%27s_physiotherapists_to_deliver_quality_physical_activity_interventions
5. Physiopedia & Exercise Work interim report 2017. Contact Ann Gates for details.
6. Gates AB, Swainson MG, Isba R *et al.* Movement for Movement: a practical insight into embedding physical activity into the undergraduate medical curriculum exemplified by Lancaster Medical School British Journal of Sports Medicine 2019; 53: 609-10.
<https://bjsm.bmj.com/content/53/10/609>





**Being physically active
is critical for health and
wellbeing – it can help to add
years to life and life to years**

*Dr Tedros Adhanom Ghebreyesus
WHO Director-General*

How to use the resources

The resources were purposed as a stand-alone, online, spiral curriculum, that each university school of medicine or health can use. The materials can be adapted to become bespoke to each schools needs and aspirations in educating students about the clinical importance of physical activity in health and the change agency required to deliver system change.

Resource roadmap

The resources consist of key national and international strategies and infographics, a briefing document arguing the case of need, background introductions, an introductory slide set on the context of the project, specific disease and health condition slide-sets, a text module, and advice on how to use the resources effectively. The slide sets on health conditions and exercise are numbered presentations: P1-P22.

Essential P1 and P2

Your leadership on physical activity for health and wellbeing

Essential P3 and P4

How to connect with patients and the public on physical activity and health

Essential P5-P12

Seven slide sets on physical activity in key NCDs and surgery

Follow and share discussions using #MovementForMovement

Desirable P13- P21

Ten slide sets on physical activity in NCDs and pregnancy

Desirable P22

Global NHS School for change agency and leadership modules

Recommended P23

Text only module on physical activity and health

The PowerPoint resources have been designed to be inclusive and diverse, and also include animation and click-throughs. The slides must be viewed in slide show mode (full screen) for the optimum user experience and for the animation and links to be active, either within the online platform or downloaded.

7. Editorial: Making every contact count for physical activity—for tomorrow's patients: the launch of the interdisciplinary, undergraduate, resources on exercise medicine and health in the UK. Ann B Gates
Br J Sports Med 2017; 50: 322-3. doi:10.1136/bjsports-2015-095489
<http://bjsm.bmj.com/content/50/6/322.extract>



Resource format

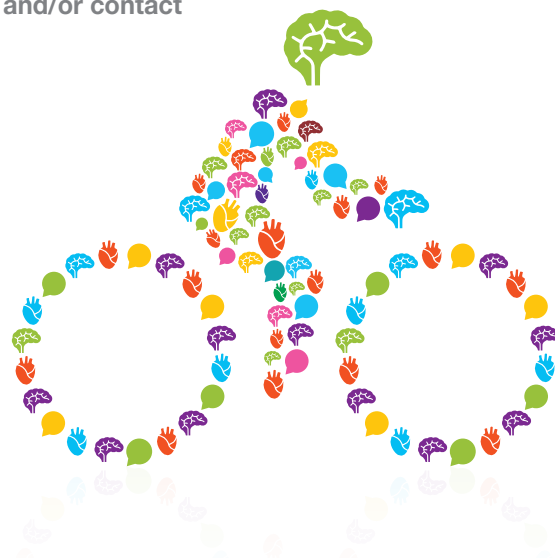
This main content includes:

P1	Your leadership on physical activity in health and wellbeing
P2	WHO and UK physical activity guidelines and recommendations
P3	Making every contact count MECC for physical activity and every influence matter
P4	Alternative brief interventions and making every influence matter PLUS QUIZ
P5	Cancer and exercise
P6	Cardiovascular disease and exercise and cardiac rehabilitation
P7	Type 2 diabetes and exercise
P8	Mental Health and exercise
P9	Osteoporosis, Sarcopenia and exercise
P10	Falls and exercise
P11	Chronic Obstructive Pulmonary Disease, exercise and pulmonary rehabilitation
P12	Surgery and exercise
P13	Hypertension and exercise
P14	Stroke exercise and rehabilitation
P15	Deconditioning and exercise
P16	Obesity and exercise
P17	Rheumatoid arthritis (video slideset)
P18	Pregnancy before and after and exercise
P19	Chronic Kidney Disease and exercise
P20	Environment, health and physical activity
P21	Intellectual Disability and physical activity
P22	School for change agency and leadership
P23	Text module

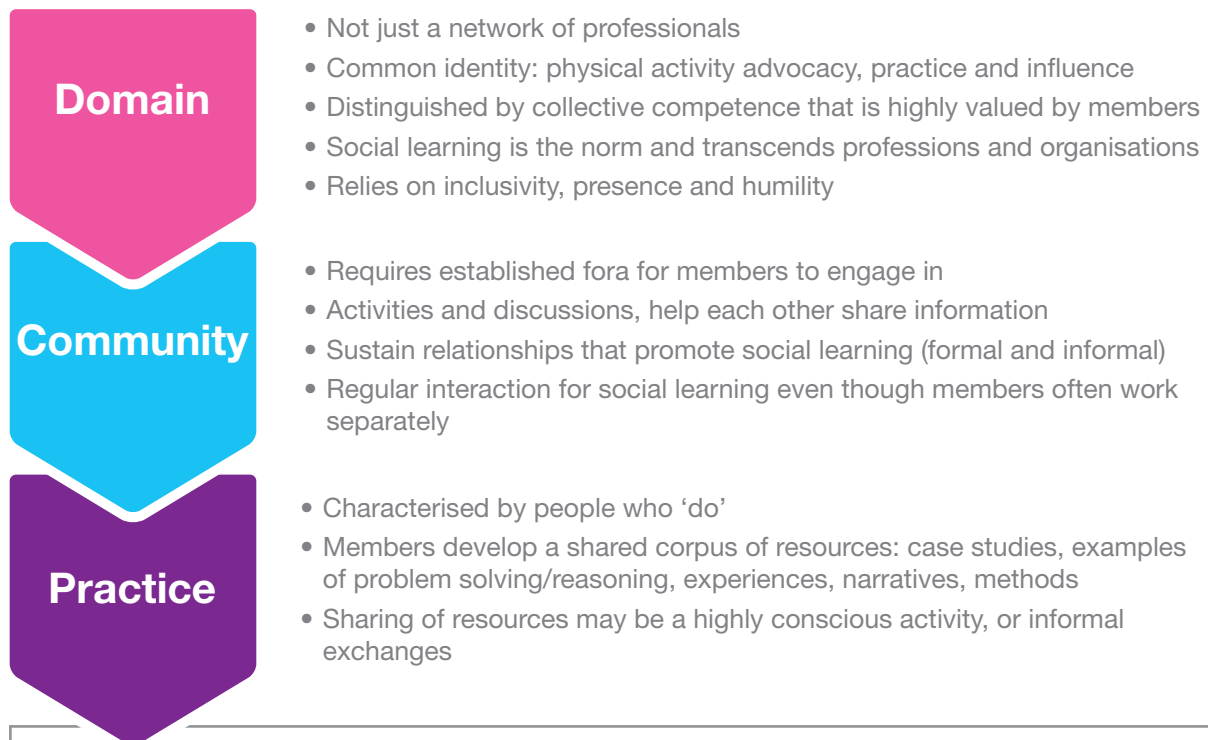
We ask that each school of medicine and health devise suitable educational learning techniques such as: facilitated learning, reflective learning, peer led discussion forums, quizzes, examinations, practical experience of physical activity brief interventions, dissertation, and placement opportunities in physical activity roles. This may involve full or part translation, country specific examples and case studies that are context sensitive, and adding in national and regional data that strengthens the local narrative. For international use please refer to the Erasmus+ team and/or contact annbgates@googlemail.com for further support.

We encourage all health care students to interact with the #MovementforMovement community of practice (CoP) that is developing globally.⁷

7. Editorial: Making every contact count for physical activity—for tomorrow's patients: the launch of the interdisciplinary, undergraduate, resources on exercise medicine and health in the UK. Ann B Gates
Br J Sports Med 2017; 50: 322-3. doi:10.1136/bjsports-2015-095489
<http://bjsm.bmj.com/content/50/6/322.extract>



3 elements combine to form a community of practice



A Movement for Movement: Transforming physical activity advocacy and practice

Figure 1: A community of practice for exercise and physical activity.
(Based on Wenger-Tragner 2015, www.wenger-tragner.com)

We hope that each student is 'enabled' to give competent, capable and confident advice in making every contact count for physical activity, now and in the future. This is line with current World Health Organization and national standards of public health advocacy in the prevention and treatment of noncommunicable diseases and various health conditions.

The resource contents can be used in any order as determined by the university but essential and desirable learning and action is highlighted. It is hoped that the resources are introduced into the curricula before students are on placements, this then gives students the opportunities to practice, reflect and act on their learning and develop leadership in change agency.



Assessment of competencies and capabilities

Clinical training to achieve competency in physical activity counselling is an essential foundation for the treatment of noncommunicable diseases and other chronic medical conditions.⁸ In fact, WHO has published a scientific statement to this effect.

Each university is responsible for considering how the resources, together with established teaching and assessment methods, are implemented. The UK project team strongly recommend that all teaching staff and curricula leads identify ways in which the competencies and capabilities around physical activity brief intervention are assessed and examined to provide a benchmark of physical activity advocacy at both the patient bedside and at wider societal levels. The practice of change agency is a key method recognised as a successful implementation skill. The theme of 'change agency' underpins the entire resource set to ensure that student leadership is strengthened to support transformational health care delivery.

Final comments and thanks

The resources are designed to be used.

The Erasmus+ project VANGUARD will see implementation of the resources in five European countries: Lithuania, Estonia, Greece, Portugal and France. We thank the support and part funding of the Erasmus+ Collaborative Partnership grant in the support of the design of the resources.

The majority of the UK medical schools and schools of health are using the resources in teaching how physical activity is an important brief intervention in the prevention and treatment of disease and ill-health. We have had up-to 1000 downloads of the resources across undergraduate national and international schools of health. But to reduce inequalities in future practitioner care and best practice there needs to be competition between the schools to attract disruptive innovation and curricula change. This approach drove adoption and created innovative use of the resources from 2014-2020.

The 'Movement for Movement' initiative has now gained widespread national support and international acclaim. Global health care strategic and educational organisations have expressed interest in re-purposing the resources and adopting the community of practice approach. Physical activity advice as part of making every contact count and every influence matter is happening!

Now is the time to put physical activity education and interventions at the centre of a preventative self-care health model that delivers prevention and treatment options for all patients as good as medicines and other interventions.

8. Medical Training to Achieve Competency in Lifestyle Counselling: An Essential Foundation for Prevention and Treatment of Cardiovascular Diseases and Other Chronic Medical Conditions: A Scientific Statement From the American Heart Association Marie-France Hivert, Ross Arena, Daniel E. Forman, Penny M. Kris-Etherton, Patrick E. McBride, Russell R. Pate, Bonnie Spring, Jennifer Trilk, Linda V. Van Horn and William E. Kraus and On behalf of the American Heart Association Physical Activity Committee of the Council on Lifestyle and Cardiometabolic Health; the Behavior Change Committee, a joint committee of the Council on Lifestyle and Cardiometabolic Health and the Council on Epidemiology and Prevention; the Exercise, Cardiac Rehabilitation, and Secondary Prevention Committee of the Council on Clinical Cardiology; and the Council on Cardiovascular and Stroke Nursing Circulation 2017;CIR.0000000000000442, originally published September 6, 2017 <http://circ.ahajournals.org/content/early/2017/09/06/CIR.0000000000000442>

We sincerely hope that your university will embrace this leadership challenge

**It's time for bedside medicine:
prevention not presentation,
health not disease**

From cradle to grave⁹

A global movement for movement

Moving professionals. Moving nations. Moving lives.

9. 2014-2025 © by Ann Gates.

With thanks to Seven Stones for the design:
www.sevenstones.co.uk



Appendix



Appendix 1

ERASMUS+ Collaborative Partnerships VANGUARD project update by the Interdisciplinary #MovementForMovement Community Of Practice Resource Authors and Contributors

2014-2025

This initiative has been led by Ann Gates. In recent years the following authors, reviewers and contributors have substantially year-on-year improved the quality of the content and potential for future professional capacity and delivery, in terms of knowledge, skill acquisition and implementation of the physical activity guidelines.

This accreditation list includes all the expert authors, reviewers, students, video authors and the many people who have provided valuable input to constantly improving the quality of the resource content and the pedagogical design. In 2014-2020 special thanks go to Seven Stones for the design work and Nottingham University Hospitals NHS Trust Patient and Partnership Group, especially Chair Trish Cargill, for their invaluable advice and contributions.

In 2020, the resource update was supported by a grant from the Erasmus+ VANGUARD project to design the #MovementForMovement resources to translate physical activity knowledge and student clinician skills required to make every contact count and every influence matter within any healthcare service.

Authors, contributors, reviewers, students and organisations 2014-2025

Ann Gates BPharm (Hons) MRPharmS, Editor, Honorary Visiting Professor Plymouth Marjon University, Honorary Associate Professor The University of Nottingham, World Heart Federation Emerging Leader's Programme 2014-2021. Co-editor Dr David Lipman, MBBS, BHLthSci(Pod)Hons BAppSci(HMS)Hons Doctor, Podiatrist and Exercise Physiologist. Michelle Swainson, PhD, Lecturer in Physiology, Lancaster Medical School, UK. Professor Tahir Masud, Nottingham University Hospitals NHS Trust, Nottingham, UK. Professor Cathie Sherrington, Professorial Research Fellow at the Institute for Musculoskeletal Health, School of Public Health, Faculty of Medicine and Health The University of Sydney, Australia. Professor Jennifer Alison, Professor Allied Health (Chronic Diseases), Sydney Local Health District and Faculty of Health Sciences, Professor of Respiratory Physiotherapy, Faculty of Health Sciences, Australia. Associate Professor Anne Tiedemann, NHMRC Career Development Fellow at the Institute for Musculoskeletal Health, School of Public Health, Faculty of Medicine and Health, The University of Sydney, Australia. Dr Brendon Stubbs, Head of Physiotherapy, South London and Maudsley NHS Foundation Trust and Post-doctoral research physiotherapist, Institute of Psychiatry, Psychology and Neuroscience, Kings College London, UK. Julian Donovan, Medical Student at Newcastle University, UK. Dr Theresa Harvey-Dunstan PhD MSc BSc(HONS) MCSP SRP, Assistant Professor, Division of Physiotherapy and Rehabilitation Science, University of Nottingham.UK. Nick Clarke, National Programme Manager for Physical Activity at Public Health England, UK. Tessa Strain, Physical Activity for Health Research Centre (PAHRC), Edinburgh University, Scotland, UK. Dr. John Brooks MBBS, PhD Academic Clinical Fellow in General Practice, Population Health Institute, St. George's University of London. Christopher Tuckett BSc MCSP, Falls Prevention Practitioner at The Princess Alexandra Hospital NHS Trust. Dr Jonathan Moses MSc BMBS BA Hons, Royal National Orthopaedic Hospital and Research Associate at ARUK Centre for Sport, Exercise and Osteoarthritis, UK. Professor Gerard Danjoux (MBBS, FRCA), Consultant Anaesthetist and Research Lead South Tees NHS Foundation Trust, Committee Member Royal College of Anaesthetists Perioperative Medicine Initiative, UK. Dr James Durrand, Speciality trainee in Anaesthesia and NIHR Academic Clinical Fellow, The James Cook University Hospital, Middlesbrough, UK. Dr Hayley Mills (CPsychol), HCPC Registered Psychologist, Senior Lecturer in Exercise and Health Psychology, Canterbury Christ Church University. Dr Marilize De Vivo, PhD (GSR); Senior Research Fellow, Canterbury Christ Church University, UK. Professor Karen Dwyer, nephrologist and transplant physician and Deputy Head, School of Medicine Deakin University Australia. Dr Thomas J Wilkinson, Exercise physiologist, Leicester Kidney Exercise Team, University Hospitals of Leicester and University of Leicester, UK. Dr Amitava Banerjee, Senior Clinical Lecturer in Clinical Data Science and Honorary Consultant Cardiologist, University College London. Dr Dan Fitzpatrick MBChB, BSc (Hons), Honorary Research Fellow at the University of Brighton. Anna Lowe MCSP, MSc, FHEA, Ph.D Researcher, Health & Wellbeing Institute, Sheffield Hallam University and Physical Activity Clinical Champion, Public Health England, UK. Kate Sansum, Research Assistant at the Children's Health and Exercise Research Centre, University of Exeter, and Sport and Exercise Science Student at the University of Bath, UK. Professor Craig A. Williams (FACSM, FBASES), paediatric physiologist and Director of Children's Health & Exercise Research Centre, University of Exeter, UK. Dr Alan Barker, paediatric exercise physiologist and Associate Director of Children's Health and Exercise Research Centre, University of Exeter, UK. Jamie Crew, Deputy Head Nurse Children, Young People & Family Health, Nottingham University Hospitals NHS Trust, Queen's Medical Centre, Nottingham, UK. Marie Bolton, Specialist Paediatric CF Physiotherapist and Independent Prescriber, Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, Queen's Medical Centre, Nottingham, UK. Dr Tom Maden-Wilkinson (PhD) Sheffield Hallam University, UK. Dr Martino Franchi (PhD) Balgrist University, Switzerland. Mr David Hembrough (MSc, PGDip, ASCC) Sheffield Hallam University, UK. Mr Kaseem Kahn (BSc(Hons), CSCS), Strength for Life Ltd, UK. Mr Chris Hattersley, (BSc(Hons),MSc, ASCC, CSCS, CES), Strength for Life Ltd, UK. Professor George Metsios, Professor in Clinical Exercise Physiology, Faculty of Health Education and Wellbeing, University of Wolverhampton, UK. Dr Ian Lahart, Senior Lecturer in Sport and Exercise

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Physiology, University of Wolverhampton, UK. Professor Kamlesh Khunti, FRCGP, FRCP, MD, PhD, Head of Department and Professor of Primary Care Diabetes and Vascular Medicine, Diabetes Research Centre, University of Leicester and Leicester General Hospital, Leicester, UK. Dr. Abd A Tahrani MD, MMedSci, CCT (Endocrinology), PhD, SCOPE (National Fellow), FRCP (London) NIHR Clinician Scientist; University of Birmingham, Honorary Consultant in Endocrine, Diabetes and Weight Management; University Hospitals Birmingham NHS Foundation Trust, UK. Dr Amit Arora, Consultant physician and geriatrician University Hospital North Midlands NHS Trust, UK. Dr Brian Johnson, General Practitioner and Honorary Medical Advisor to Public Health, Wales. Dr John H M Brooks, PhD (together with existing Kings College Medical School undergraduate course resources in association with Dr Ann Wylie and Kings Undergraduate Medical Education in the Community). Dr Simon Rosenbaum PhD, Senior Research Fellow, School of Psychiatry, UNSW Sydney, Australia. Dr Jane Thornton MD PhD, Resident Physician and Clinical Researcher, University of Western Ontario, London, Canada. Mr Ian Ritchie FRCS, President of the Royal College of Surgeons Edinburgh, Consultant Trauma and Orthopaedic Surgeon at Forth Valley Royal Hospital, Scotland. Steffan Griffin, Medical Student at University of Birmingham, United Kingdom. Professor Patrick Callaghan, Professor of Mental Health Nursing and Head of School of Health Sciences, Faculty of Medicine & Health Sciences Nottingham University Medical School, United Kingdom. Mr Jon Dearing, Consultant Orthopaedic surgeon, NHS Kilmarnock, United Kingdom. Ellinor Olander PhD Lecturer in Maternal and Child Health, City University London, UK. Fiona Moffatt PhD MCSP Assistant Professor, University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences. United Kingdom. Alan Taylor MSc MCSP Assistant Professor, University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences, United Kingdom. Paul Hendrick PhD MCSP, Lecturer, University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences. United Kingdom. Victoria Hood PhD MCSP, Lecturer, Division of Physiotherapy and Rehabilitation Sciences, University of Nottingham, United Kingdom. Dr Hamish Reid, Academic Clinical Fellow in Sport and Exercise Medicine, British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention, University of Oxford, United Kingdom. Jo Foster, Physical Activity Programme Lead, Macmillan Cancer Support, United Kingdom. Clare Stevinson PhD, Lecturer in Behavioural Aspects of Physical Activity and Health, Loughborough University, United Kingdom. Dr J Varney, Dr M Brannan, Dr Z Williams, R Shaw and H Ridgley: Public Health England. Dr David Lipman, MBBS. BHlthSci(Pod)Hons. BAppSci(HMS)Hons. Doctor Gold Coast University Hospital and Associate Lecturer, Griffith Medical School, Australia. Dr Paul Remy Jones, Academic Foundation Year 2 Doctor, St. Thomas' Hospital, London, United Kingdom. Rachel Dunley, fourth year Physiotherapy Student, University of Salford, UK. Kerry Haworth, third year student nurse University of Bolton, UK. Rebecca Parsons, final year Doctor of Physiotherapy at the University of Melbourne, Australia. Georgia Taylor, final year Doctor of Physiotherapy at the University of Melbourne, Australia. Jessica D'Amore, final year Doctor of Physiotherapy at the University of Melbourne, Australia. Megan Littlewood, final year Doctor of Physiotherapy at the University of Melbourne, Australia. Dawne Jones. Student BSc (Hons) Adult Nursing, Plymouth University (Drakes Campus), UK. Angharad Colinese, second year Midwifery Student, Swansea University, Wales, UK. Jonny Elliott, fourth year Medical student, Queens University Belfast, UK. Emma Gibson, PhD candidate, Birmingham City University. Jimi Osinaike MBChB, MSc SEM. Caryl Hunter, Third Year Physiotherapy Student. Oxford Brookes University, UK. Hayden Kilgour, 4th Year Physiotherapy Student, Otago University, New Zealand. Ben Shannon, 2nd year Physiotherapy student at The University of Nottingham. Sarah Bradder, third year Radiotherapy & Oncology student, Sheffield Hallam University, UK. David Williams, BSc Physiotherapy (Year 3) The University of Nottingham, Chartered Society of Physiotherapy Professional Committee CSP Student Representative, UK. Natalie Elliott, student nurse, Glasgow Caledonian University, Scotland. Kaylan Lad, final year medical student, UEA, Norwich, UK. Claire Stevenson, RMN, MSc, Founder UWS Nursing Society, Scotland. Donna Smith, Professional Practice Fellow, School of Physiotherapy, University of Otago, New Zealand. Gautam Menon is a final year medical student at the University of Oxford, UK. Sarah Bradder, Therapeutic Radiographer, Queen Elizabeth Hospital Birmingham, University Hospitals, Birmingham, UK. Michael Baker PhD FESSA AES AEP, Associate Professor, Australian Catholic University, Clinical Exercise Physiology, School of Behavioural and Health Sciences, New South Wales, Australia. Dr Declan Ryan, Exercise, Health Physiologist, Sport, Exercise & Life Sciences, University of Northampton, UK. Amanda Stephenson, Year 3 Physiotherapy student and physiotherapist (2020-) at the University of Wolverhampton, Sports Therapist, MSK/Neuro Physiotherapy Assistant, UK. Julie Redfern PhD, BAppSc (Physio Hons 1) BSc, Professor of Public Health, Deputy Director, Westmead Applied Research Centre (WARC), Faculty of Medicine and Health, NHMRC Career Development Fellow, University of Sydney, Australia. Grace McKeon, School of Psychiatry, University of NSW, Australia. Professor Jennifer Alison, Allied Health (Chronic Diseases), Sydney Local Health District and Faculty of Health Sciences, Professor of Respiratory Physiotherapy, The University of Sydney, Australia. Dr Lisa Common, Consultant Midwife, Nottingham University Hospitals NHS Trust, Family Health Division, Queen's Medical Centre Campus, Nottingham, UK. Professor Jennifer Alison, Professor Allied Health (Chronic Diseases), Sydney Local Health District and Faculty of Health Sciences, Professor of Respiratory Physiotherapy, Faculty of Health Sciences, The University Of Sydney, Australia. Di Swanston, Henry, UK. Greg Stretton, Lead Physiotherapist in Respiratory Medicine and Cancer, Nottingham University Hospitals NHS Trust, Nottingham, UK. Paddy Dempsey, NHMRC Fellow, MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Cambridge Biomedical Campus, Cambridge, UK. Samantha McIver, Physiotherapist, NIHR Clinical Academic Intern & Yoga Teacher, Birmingham, UK. Dr Caroline Appel, PhD Clinical lead physiotherapist neurology and stroke services, Central and North West

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London NHS Foundation Trust, London, UK. Dr David Charnock RNLD; Dip Ad Ed; MSc; Cert Syst Fam Ther; PhD. Assistant Professor, Director of Equality, Diversity and Inclusion, BSc Nursing Course Lead (GNC), School of Health Sciences, University of Nottingham, UK. Professor Susan J Moug, Consultant Colorectal Surgeon, Royal Alexandra Hospital, Paisley, Honorary Professor, University of Glasgow, Scotland. Karen Lindsay, Plastic Surgery Trainee, Scottish Clinical Leadership Fellow 2017-18, Scotland, UK. Alistair Beverley, Physiotherapist, Portland College, Mansfield UK, Team SOGB physiotherapist and clinical director for health and wellbeing, UK. Rebecca Belle, Third Year Student Midwife, University of Nottingham, UK. Amber Leasor Third Year Student Midwife, University of Nottingham, UK. Max Asher, sports science and rehabilitation student, Middlesex, UK. Filip Maric PhD, Physiotherapist, Environmental Physiotherapy Association, Oslo, Norway. Olivia Chadwick, student physiotherapist, The University of Nottingham, Nottingham UK. Archie Burgess, Student Sports Rehabilitation Therapy, The University of Nottingham, UK. Dr Aamer Sandoo PhD FHEA, Senior Lecturer in Cardiovascular Physiology, Bangor University, UK. George Hunter, Physiotherapy student, The University of Nottingham, UK. Claire Jones, Ffysiotherapydd Clinigol Arbennigol/Clinical Specialist Physiotherapist, Tim Adsefydlu Cardiadd/Cardiac Rehabilitation Team, Wrexham, UK.

Thanks to Dr Sarah Hanson, UEA, UK and Dr Joao Breda, WHO Europe, for splendid introductory video vignettes for the plenary.

Special thanks to co-editors: Dr David Lipman, Dr David Lipman, MBBS. BHLthSci(Pod)Hons. BAppSci(HMS)Hons Doctor, Podiatrist and Exercise Physiologist. Michelle Swainson, PhD, Lecturer in Physiology, Lancaster Medical School, UK. Amanda Stephenson MCSP, Wolverhampton, UK. Dr Jane Thornton MD PhD CCFP(SEM) Dip Sp Phy OLY, Fowler Kennedy Sport Medicine Clinic, Western University, Ontario, Canada, Alexis Lions PhD, Association Luxembourgeoise des Groupes Sportifs pour Cardiaques (ALGSC) & Fédération Luxembourgeoise des Associations de Sport de Santé (FLASS), Luxembourg, John Gates senior physiotherapist and Director @exerciseworks, UK and Dr Brian Johnson, GP, Honorary Medical Advisor to Public Health Wales.

Thank you to the European Union Erasmus+ collaborative project, WHO Europe, five Erasmus+ EU country partners, the UK Medical Schools Council, and the UK Council of Deans of Health for their continued support and network sharing of the resources.

Case study via Lancaster University Medical School⁶



17/18: MBCHB201: Problem Based Learning Year 2 [1]

Movement for Movement

Return to: Movement for Movement ↩️ ➡️

8. Resources relating to specific medical conditions

8.1. Hypertension and exercise advice


This presentation considers the role of exercise in hypertension and links with module 1.12.

LEARNING OBJECTIVES

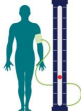
1. Be familiar with the definition and prevalence of hypertension
2. Understand the role of physical activity in the prevention of hypertension
3. Understand the role of physical activity in the management of hypertension
4. Learn how to prescribe safe exercise programmes for hypertension individuals
5. Access resources, research, and clinical guidance on physical activity and hypertension

Return to: Movement for Movement ↩️ ➡️


On opening the students see the presentation with the Lancaster Medical School logo:



Hypertension and exercise advice







The resources are highlighted in each module, as relevant:






Lancaster University
Medical School

2.01 Matters of the heart

-  Module 2.01 lecture timetable 2017/18
-  2.01 Scenario
-  2.01 Learning Objectives
-  PBL Module 2.01 Recommended Resources

Please remember to look at the 'Movement for Movement' resources for this module.

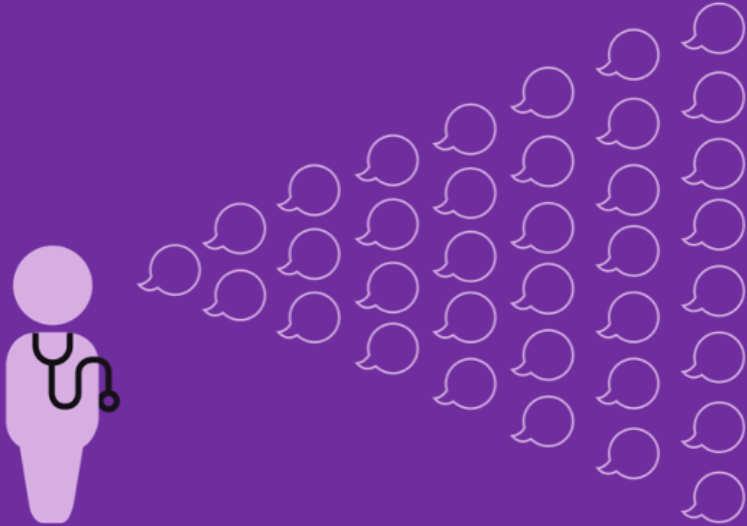
-  Lecture Materials
-  2.01 Intended Learning Objectives
-  2.01 CALC ILO's

The resources have also prompted us to review the learning objectives relating to physical activity. In light of this, we added a new learning objective and amended another in the Year 1 curriculum.

We plan to integrate the newly released resources, for example, the Chronic Kidney Disease presentation, into PBL module 2.09.

Dr Fiona Curtis, October 2017

- <https://bism.bmi.com/content/53/10/609>



Make every contact count

Make every influence matter

'A qualified doctor, nurse, midwife or allied health professional may see half a million patients during their professional career: this has enormous potential for advocacy and the promotion of physical activity'

Ann Gates

A global movement for movement

Moving professionals. Moving nations. Moving lives.



movement
for movement