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Wellness and Visually Impaired Professionals in Italy

National Report – UICI Florence

Abstract

This short documents contains an overview of the Italian situation concerning masseurs, physioterapists and rehabilitation therapists with visual disabilities, along with information concerning occupation laws and a short conclusion.
An overview about the situation in different European countries is attached.

Historical background

The role of masseur was introduced after World War I, on the basis of the positive experience of military hospitals with wounded and crippled soldiers.
Massage has been acknowledged as "auxiliary health art".
The first practical courses started in 1924 at the National Institute for Blind Adults, in Florence [Royal Decree no.2349 of the 13th November 1924 T.U.]
In 1927 the blind masseur receives legal acknowledgment [act no. 1264 of the 23rd June1927 , act no. 1265 of the 27th July 1934,]
In 1950 masseurs are introduced as regular staff in public hospitals.
Requirement: certificate by acknowledged schools, and preferably blind masseurs. (act no.376 of the 15th June 1950)
The State vocational school for blind masso -physiotherapists has been created in 1961 [Act no.570 of the 5th July 1961]

Definition of blindness

Law 138/2001 evaluates the visual capacity on the basis of two parameters:
a) visual acuity (visus);
b) binocular visual field, in an "OR" relationship, as specified in the following lines.
Visual acuity (visus) is expressed in N/10ths, were 10/10th is the average visual capacity in the human individual.
Binocular field is calculated in degrees of circle, where 180° is the normal field amplitude / extension.
The above mentioned law 138/2001 considers 5 categories (see following table).
All individuals who are classified as totally blind, partially blind or severe visually impaired patients, are eligible for attending vocational programmes or any other education programme devoted to visually impaired persons.

Definition	**Parameters**
Totally blind	absence of light perception; hand movement perception; light / shadow perception OR visual field <3%
Partially blind	Visus =<1/20 OR Field <10%
Severe visual impairment	Visus > 1/10 OR Field <30%
Middle visual impairment	Visus <=2/10 OR field<50%
Light visual impairment	Visus <=3/10 OR Field <60%

Recent developments

In recent years different techniques have been introduced, whose aim is to follow and to cooperate with physicians and / or surgeons. These new methodology are known as physiotherapy, rehabilitation therapists, etc.
It must be stressed here that, while classical massage is based mainly on manual techniques, new methodology require visual control (e.g. postural gymnastics).
Aim of associations / professional groups of Visually Impaired persons is to try to come to terms with these new challenges, either by using visual resources when available, or by means of adapted equipment, or through team working.

Public registers

In Italy we have two different public registers:

- blind masso-physiotherapists (act no.686 of the 21st July 1961, art. 8)
- blind rehabilitation therapists (act no.29 of the 11th January 1994).

Public and private employers are obliged to select employees on the basis of the two above mentioned registers.

Curricula

Masso-physiotherapists:

- Compulsory school (8 years);
- Vocational training (3 years);
- Rehabilitation therapists (or physiotherapists);
- University degree (3 years);

Employment

Law 686 of 1961, amended many times until law 29 of 1994, established for the first time the obligation for all public and private hospitals and institutes to hire blind and partially-sighted masseurs-physiotherapists, according to mandatory regulations.
Main principles of Italian legislation for Visually Impaired employers including masseurs / therapists of rehabilitation. In our case all public hospitals with 200 beds must employ one blind masseur / rehabilitation therapist; over 700 beds = 2 blind masseurs; over 700, one extra blind masseur every 300 beds or fraction >200 beds.

(Act no.403 of the 19th May 1971, art. 2, Act 68/99 for targeted employment). public hospitals / sanitary structures devoted to rehabilitation, must employ 1 blind masseur every 50 beds.
Rehabilitation therapists – 5% of the staff in special rehabilitation departments must be blind therapists (act no.29 of the 11th January 1994)

The Ministry of Labour holds national professional registers. Enrolment is obtained after vocational training courses and a final state examination;
Lists of visually disabled masseurs-physiotherapists are held by employment agencies at province level;
Lists of the jobs available are held by these agencies and yearly updated according to the information which employers are required to supply.
Hiring usually takes place following the mandatory placement lists.
The situation of blind and partially-sighted masseurs-physiotherapists and rehabilitation therapists has some critical aspects. In fact, the employment procedures and working conditions of this category were officially regulated by law. For many years this profession has also been popular

among blind and partially-sighted job seekers and it still is, although the access to and the exercise of this profession have become problematic, due to changing legal and working conditions.
A legislative decree of 1992 set higher professional requirements for the paramedical sector and established the unified professional profile of physiotherapist, for which a university degree is required. Although they are perfectly trained and able to use the current therapy technologies, blind and partially-sighted physiotherapists are met with strong prejudice both by their colleagues and by some doctors and several cases of discrimination and mobbing are reported. The activity of masseur, which blind and partially-sighted persons perform at a top quality level, is nowadays restricted to private areas, such as sports and aesthetic treatment.
Despite these unfavourable conditions and thanks to a transitional regulation which allows professionals already employed to perform their job on an equal basis with newly qualified staff, about 1300 blind and partially-sighted persons work as physiotherapists and about 200 have been placed according to the new rules.

New perspectives

An increasing number of Visually Impaired persons approach to shiatsu and / or to new techniques.

Conclusions

The welleness sectors seems to have goodperspecives for the near future in Italy, considering the longer life expectations and considering the new perspectives offered by new techniques / methodologies based on interaction based both tactile perceptions / feedback.

Language learning could improve job opportunities as well as the cultural level of wellness operators.

APPENDIX

Physiotherapy training and employment of persons with visual impairment in Finland and in other countries
Enquiry 2013

In Finland, the Finnish Federation of the Visually Impaired (FFVI) and its member organizations, among others the Association of Visually Impaired Working in the Field of Physiotherapy (FAN) promote and support the training and employment opportunities of persons with visual impairment.

Finnish blind and partially sighted people have studied and have been working in the physiotherapy field both in the public sector, in commercial companies and as private entrepreneurs. However, blind and severely partially sighted persons are now experiencing difficulties in applying for physiotherapy training and also challenges in their studies.

As bind and severely partially sighted persons are training and working as physiotherapists also in other European countries and in the US, the FFVI Employment Services and FAN are interested in learning more about the training opportunities and practices and the working life of persons with visual impairment training and working in the physiotherapy field.

Below, we have listed some questions we would like to have your answers to:

1. What are the bases of physiotherapy degree requirements in your country?
What is the curriculum like? What are the goals of level of knowhow?

In Finland, the teaching curriculum is based on The Competence Chart of the European Network of Physiotherapy in Higher Education and World Confederation for Physical Therapy recommendations for the level of know-how for a physiotherapist. In addition to these, the Ministry of Education's report From vocational higher education to health care, and the Finnish association of physiotherapists' reports About the profession of physiotherapist, and The physiotherapist in the changing world core know-how and preparedness for different assignments.

Answer: In Italy the educational objectives of this degree course are those provided by "class 2" of health rehabilitation degrees, specified as follows.
Graduates of the physiotherapy degree course must:
· Possess adequate knowledge in basic sciences to enable them to better understand the most important elements that are the basis of pathological processes which the rehabilitative and/or therapeutic treatment focuses on as regards children and adolescents, adults and the elderly .
· Have the ability to deal with problems with a unified vision also including the psychological dimension and socio-cultural processes of health and illness, and the correlation between impairment, activity limitation, participation restriction and contextual barriers/obstacles (according to the WHO's ICF classification)
· Possess adequate knowledge of the ethical, deontological ethics and legal implications of their actions
· Have interpersonal skills to be expressed both with the person undergoing the rehabilitation process and in relations/cooperation with other professionals
· Have acquired the typical physiotherapy methodology and be able to apply it in the areas of competence
· Know at least one European language for the exchange of information and expertise in the specific field of competence

Graduates from the "FISIOTERAPISTA" degree, under Law n. 251 of 10 August 2000, article 2, paragraph 1, are defined as health profession workers in the field of rehabilitation who perform activities aimed at prevention, treatment, rehabilitation and functional assessment procedures, with professional autonomy and ownership, toward the individual and the community, by executing the tasks and functions provided for by the Ministry of Health's Ministerial Decree no. 741 of 14 September 1994, as amended and supplemented by the specific professional code of ethics (suggested by professional associations or regulated by law).
Graduate physiotherapists:
· carry out, independently or in collaboration with other health professionals, the interventions of prevention, treatment and rehabilitation in the areas of motor skills, higher cortical functions, and those resulting from visceral pathological events of varying congenital or acquired etiology.
· develop, under their responsibilities, with respect to diagnosis and prescriptions of the physician, even in multi-disciplinary teams, the definition of the rehabilitation programme aimed at identifying and overcoming the health problems of persons with disabilities;
· autonomously perform therapeutic activities for the functional rehabilitation of physical, cognitive and psychomotor disabilities, by using physical, manual, massage, and occupational therapy;
· propose the adoption of prostheses and aids, train patients to their use and verify their effectiveness;
· verify the compliance of the rehabilitative methods implemented with the objectives of functional recovery;
· engage in study, teaching and professional advice activities in health services and in those services where their professional skills are required;
· carry out their professional activity in public or private health care facilities, either as employees or freelance.

SPECIFIC OBJECTIVES
For these purposes, the curriculum of the degree course for physiotherapist must include educational activities and guided internship/traineeship aimed at making students acquire the following skills:

As part of the physiotherapy process they must be able to :

1 . Examine or re-examine independently the person (in childhood, adulthood or old age), using suitable test systems and instruments for qualitative and quantitative evaluation. These systems and tools are directed (in reference to the ICF -International Classification of Functioning) to examining:
· the structural and functional integrity and his/her impairments (which includes - but is not limited to - the sensory, motor, cognitive and neuropsychological, of effectors , cardio-respiratory and visceral),
· activities and their limitations (including primary and secondary ADL -Activities of Daily Living),
· participation and its restrictions
· environmental and personal factors (potential facilitators or obstacles/ barriers to achieving better quality of life and autonomy of the person)

2 . Synthesize and evaluate (re-evaluate) the data collected during the examination in order to obtain a complete physiotherapy assessment; interpret what has been achieved, also considering all the information provided by other professionals or rehabilitation team members as well as psycho-social data; discuss the above in teams when necessary.

3 . Determine the objectives and priorities of the physiotherapy treatment; contribute to the formulation of the rehabilitation project.

4 . Collaborate with patients, clients, families, other professionals and other stakeholders to identify a realistic, appropriate treatment plan that is accepted by the patient/client.

5 . Set goals and functional outcomes in which the expected time of realization is specified; find the results the person can achieve within the resources available; deliver and manage a treatment plan that is compatible with the mission and procedures of the facility where it is implemented; monitor and adjust the treatment plan in response to the conditions of the person.

6 . Practice the profession safely and in such a way as to minimize risk for the patient/client, for the physiotherapist and others; refer, where possible, to evidence-based practice .

7 . Carry out the physiotherapy intervention in order to achieve the desired results for the person, which are identified based on consideration of the structural and functional activities, participation, environmental and personal factors and expectations of the patient. The intervention includes, but is not limited to:

8 . Functional training for social and employment rehabilitation (work, school, hobbies) (including secondary ADL and specific work activities); functional training for self-care and home care(including primary ADL); education activities for the patient education (and of his/her family, when necessary); therapeutic exercise (including aerobic conditioning); identifying (possibly building), as well as carrying out training activities and testing of orthotics and splint; urogenital rehabilitation; respiratory re-education and unblocking of the respiratory tract; manual therapy techniques, physical therapy, massage therapy and use of mechanical and computerized devices.

9 . Provide information and/or instructions regarding the person in order to achieve the expected results identified on the basis of the assessment made and on the basis of the patient's expectations and satisfaction.

10 . Provide/draw up complete, accurate, legible, regular documentation, (when possible according to valid, shared models).

11 . Carry out the assessment of individual or collective outcomes of patients or clients.

In the area of prevention and maintaining of the well-being of the person:

1 . Identify and analyze the health needs of individuals, groups, communities, including screening programmes, prevention and wellness that fall within the scope of physiotherapy/rehabilitation and contribute to their realization.

2 . Promote the optimal state of health, including providing information on wellness, disease, structural and functional impairments, activity limitations and participation, and health risks related to environmental and personal factors.

In the management of the delivery systems of treatment and management in general:

1 . Provide the primary treatment for people with disorders in the physiotherapy area, through collaboration with other team members, based on the goals of the person, the expected functional results and knowledge of own and others' skills/competencies.

2 . Assume responsibility for the management of the patient's treatment, based on the foreordained objectives, the expected functional results and knowledge of own and others' skills/competencies.

3 . Manage human and material resources to provide an efficient, high-quality physiotherapy service, based on the treatment plan.

4 . Interact with patients, clients, families, other professionals and social organizations in order to coordinate activities to facilitate an effective and efficient patient treatment.

5 . Participate in the management planning as required by the facility where the professional activity is carried out.

6 . Participate in activities aimed at validation, verification and quality audit.

7 . Provide expert advice to individuals, companies, schools, and other organizations.

8 . Communicate in an expressive and receptive fashion with all individuals when performing the physiotherapy practice, research and training, including patients, clients, family members ,caregivers, professionals, consumers, administrators and funders.

9 . Identify the implications of cultural and individual differences, as part of physiotherapy practice, research and training.

10 . Demonstrate professional behavior at all stages of interaction with patients, clients, family members, professionals, administrators and those in charge of management.

11 . Adhere to the standards of legal practice relating to the treatment of the patient or client, and to fiscal management.

12 . Implement a process of ethical decision making that is consistent with the codes of professional ethics.

13 . Participate in peer review.

14 . Participate in the activities of clinical training.

In the context of incisive in-depth analysis (inquiry) and clinical decision making:

1 . Participate in the design and implementation of guidelines for the decision making process.

2 . Demonstrate ability to reach a clinical choice, through reasoning, judgment, and self-reflection.

3 . Take good care of performing professional refresher activities, even through the evaluation of published studies relating to physiotherapy practice, research and training. Learn and apply research methodology in rehabilitation.

4 . Take into account, in a safe and incisive fashion, information on new or known techniques and technologies, referring to evidence-based physiotherapy; take into consideration legislation, policies and environments related to the treatment of the patient or client.

5 . Participate in educational activities to contribute to the body of knowledge of physical therapy.

In the field of education (training):

· Educate (train) the others using a variety of means of teaching calibrated on the needs and specific characteristics of the learner, including mentoring activities in the clinical setting.

As part of the professional development:
· Formulate and implement a project for personal development and professional career based on self- assessment and feedback from others.
· Screening
· Determine the need for further evaluation or special consultation on the part of a physical therapist or by resorting to other health care professionals.
(http://web.unife.it/facolta/medicina/corsi_studio/ordinamenti/ord_fisioterapia.htm)

2. Have the blind/partially sighted physiotherapists taken their qualifications in accordance with the physiotherapy degree requirements in your country? Where/in which schools?

Answer: Blind people who attended a three-year course at the school for blind massage therapists were equated to physical therapists for the exercise of the profession. This area is governed by Law no. 42 of 26 February 1999 "Provisions relating to health professions", published in the Official Journal no. 50 of 2 March 1999. Blind or partially sighted physical therapists who have had a university training enjoy/obtain the same academic and professional titles as their sighted colleagues.

3. Describe the physiotherapy degree/qualifications the blind/partially sighted persons have taken in your country?
Have the blind/partially sighted done parts of their degree in ways different or alternate to the sighted students?

Answer: Previously the blind/partially sighted massage therapists studied in the schools for the blind located on the national territory. With the entry into force of the Decree no. 502 of 30 December 1992, which attributed the training of health professionals to universities, so sanctioning the closure of previous schools, blind/partially sighted people who aim for training in physiotherapy must achieve a high school diploma, pass the admission test and attend the regular relevant degree courses.

4. What type of assignments have the visually impaired physiotherapy students done during the practical training periods of their studies?
How many and how long practical training periods or traineeships do the blind/severely partially sighted physiotherapy students have during their studies?
In what type of places have they had these practical traineeships?

Answer: The total practical training period for all students in physiotherapy is made up of 60 credit points (CFU/ ECTS credits[1]) out of a total of 180. The blind students in order to learn physiotherapy methodologies and techniques, practise like other students, being though disadvantaged as regards formation (see the sociological study by A. Pulvirenti and A. Gambacurta, 2012)
Blind people and those with sever partial sight do their practical training in orthopedic surgeries. Partially sighted people who are relatively autonomous do their practical training in clinics/ hospital wards in the orthopedic and neurological areas, as well as in all areas where sight is not essential. The majority of students with visual impairments cannot read health records as these are not provided in an accessible format.

5. What type of support the blind and partially sighted students have received/are receiving during their physiotherapy studies?

Answer: at the Italian universities there is an office dealing with disabled people's rights, which, in terms of available resources, provide for the allocation of tutors in order to facilitate access to lessons/lectures and mobility in different learning environments. The office provides - to the extent possible - the technologies currently in use in support of the blind as photocopies in Braille, enlarged photocopies, tape recorders, magnifying software, etc.(Please refer to the sociological study by A. Pulvirenti and A. Gambacurta, 2012)

[1] **European Credit Transfer and Accumulation System**

6. What kind of aids or optional solutions are the VI students using/have used during their studies and practical traineeships for the purpose of examining and assessing their clients and performing the therapy treatments? (For example, talking measuring devices, personal assistants)

Answer: Students who have studied/studying at the University of Florence do their practical training at the clinics where blind physiotherapists carry out their professional activity, and learn the practical ways to manage some aspects that are generally managed visually. In other cases, as a result of incompetence in the field of blindness on the part of the reference clinical tutor, the student who is blind is disadvantaged/hindered in carrying out his/her practical traineeship. (please refer to the sociological study of A. Pulvirenti and A. Gambacurta, 2012)

7. What type of support and guidance have the schools received when they have had a blind or partially sighted physiotherapy student?

Answer: With the exception of the University of Florence which has a (albeit limited) tradition in accommodating to blind students needs, and a minimum knowledge of how to handle things, the other universities appear to be totally disoriented in this field.

8. What type of jobs do the VI physiotherapists do these days?

Answer: The majority of physiotherapists who are blind/partially sighted carry out rehabilitation activities in orthopedic outpatient facilities. In some cases, sufficiently autonomous partially sighted people carry out their activity in the neurological field and in hospital wards. (please refer to the sociological study by A. Pulvirenti and A. Gambacurta, 2012 and the survey by S. De Rosa, 2013)

Any suggestions for speakers or lecturers for our coming conference *educators from the field of physiotherapy training for VI people and VI people themselves working in the field?

Answer: Prof. Alfio Pulvirenti, adjunct professor at the "Sapienza" University of Rome, scientific director for the educational activities of the Italian Union of the Blind and Partialy Sighted's National Technical-Scientific Committee of physiotherapists/massage therapists, editor of the scientific magazine "The Physiotherapist in Europe" .
Dr. Mirella Gavioli, responsible for organizing the activities of the Italian Union of the Blind and Partialy Sighted's National Technical-Scientific Committee of physiotherapists/massage therapists, organizer of many scientific events for the training of blind physiotherapists, in charge of the relations between the various trade associations. She has professional experience in the rehabilitation-oncology field at National Health Service local units.
The plurality of skills Pulvirenti and Gavioli possess, by virtue of the synergy between the two colleagues, would ensure the ability to make a strong contribution to the planned event.

ABSTRACT

The access of visually impaired students to university education in physiotherapy

by

Alfonso Gambacurta - Alfio Pulvirenti

This study aims to detect the difficulties faced by visually impaired students in the access to university courses in physiotherapy. We analyzed ten study cases representing the three main geographical areas in Italy: north, center and south. Among them are partially sighted and blind people, either with congenital or acquired impairment, and there are both graduates and students in physiotherapy. We excluded those who have obtained their degree by credit conversion.
It is an experimental research in which use was made of the qualitative interview methodology, typical of social research . The interviews, which were recorded and then transcribed, were administered where the interviewees live. The most important difficulties identified by the analysis of the interviews concern the inaccessibility of slides and noise disturbance hindering the acoustic perception of lessons/lectures. As regards practical lessons, the most significant difficulties relate to the inability to practise individually and manually the exercises explained, during class. As regards practical traineeships a significant difference was detected between sighted students' experience and blind students' experience. It was found that training has an impact on the performance of work by physiotherapists who are blind. The same respondents have suggested several solutions that would lead to the reduction of the difficulties reported. The analysis of the relevant facts made it possible to provide some useful answers to guide institutions towards the resolution of the problems encountered and to offer suggestions for further studies aimed at a better understanding of the phenomenon.

KEY CONCEPTS:
1) training in physical therapy,
2) blindness and work,
3) policies fostering social and employment integration of blind and partially sighted people.