Introduction by the Series Editor

Enhancing and restoring physical fitness and wellness by way of specific exercise instruction and education with regard to exercise and healthy living habits has been a cornerstone of physical therapy right from the very inception of the profession. In fact, it was the concern about declining levels of physical fitness in new military recruits that directly contributed to the emergence of physical education in the 18th and the subsequent development of physical therapy in the early and mid 19th century in various Northern and Western European countries, including Sweden, Germany, and the Netherlands (Ottoson, 2005; Terlouw, 2007).

Over time, however, and perhaps related to the limited number of physical therapists available to provide the services needed, limited societal resources allotted to fund physical therapy services, and the—at the time—greater societal recognition for those working with the sick and disabled, the emphasis shifted from therapists also providing wellness, preventative, and maintenance services to the profession of physical therapy almost exclusively associated with restorative services. Physical therapy came to be synonymous with treatment to address impairments and associated limitations in activities and restrictions in participation resulting from congenital, degenerative, trauma-related, post-surgical, disease-related, and other causes.
In the first half of the 20th century, increasing standards of living especially in the developed world led to a resurging recognition of the importance of wellness and fitness with regard to health and well-being. This demand for services related to enhancing and restoring wellness and fitness was filled initially by alternative health care providers, working from unsubstantiated and often implausible underlying theoretical models (Whorton, 1988). However, the recognition of the role of wellness and fitness also increasingly gained ground in mainstream medicine as reflected in the World Health Organization view of health as a triad of physical, mental, and social well-being. Health was thus defined as not merely the absence of disease but rather as a state of complete physical, mental and social well-being (WHO, 2007).

Undoubtedly driven by more down-to-earth motives of seeking alternate avenues of generating revenue in the face of diminishing reimbursement for restorative physical therapy services but also by more lofty motives related to a recognition of the importance of wellness not only in attaining optimal results when providing restorative services but also the growing understanding of the crucial and natural leadership role physical therapy has in promoting health and well-being in individuals and society as a whole, therapists are once again increasingly engaging in providing wellness services outside but also within the traditional restorative service model. In fact, the Normative Model of Physical Therapy Education (APTA, 2001) has required entry-level physical therapy students to be educated in wellness since 2001. The 2004 edition further elaborated on requirements with regard to wellness in the physical therapy entry-level curriculum (APTA, 2004). The American Physical Therapy Association, in the Guide to Physical Therapist Practice, has also included discussion of wellness, defining wellness as the "concepts that embrace positive health behaviors that promote a state of physical and mental balance and fitness” (APTA, 2001).

When comparing the World Health Organization definition with the definition proposed in the Guide to Physical Therapist Practice above, it becomes evident that the latter definition overtly excludes the social realm of the wellness triad. Eminently qualified with degrees in physical therapy, exercise science, psychology, and education, professional experience as a personal trainer, physical therapist, and educator, and a body of publications including a doctoral dissertation on the topic of wellness and physical therapy, in this book Dr. Sharon Fair proposes and constructs a comprehensive approach to wellness in physical therapy based on her more inclusive definition of wellness as a lifestyle that promotes physical, mental, and social health in the cognitive, psychomotor, and affective domains, both internally and externally (Fair, 2000).

Following the five-element approach to patient management discussed in the Guide to Physical Therapist Practice Dr. Fair discusses examination, evaluation, diagnosis, prognosis and plan of care, and interventions in the context of nutritional wellness, fitness wellness, body composition wellness, and mental and social wellness. Examination sections include in sufficient detail for immediate clinical application discussion of screening, history, and tests and measures; the author introduces both validated history and physical examination items and tools developed as part of her original research and doctoral work in the area of wellness. All information throughout the book is supported by
up-to-date and relevant references from the peer-reviewed literature. Didactic elements in each chapter include learning objectives and definitions of basic terms and concepts. Throughout the author makes the link to ICD codes and preferred practice patterns discussed in the Guide to Physical Therapist Practice. Data on the “typical client” and athlete allow for comparison of findings to normative data. An 8-step community wellness project and an in-depth wellness case example further help the readers to apply the concepts introduced in the text.

In summary, in this book Dr. Fair provides readers with the information on knowledge and skills that will allow physical therapists to truly align with the portion of the APTA Vision Statement for Physical Therapy 2020 that proposes physical therapists as the practitioners of choice in the area of wellness and her eloquent, comprehensive, and at times passionate discussion of the topic is certain to appeal to both entry-level physical therapy students and experienced clinicians.

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