



The British Association of
Prosthetics and Orthotics



The role of the prosthetics and orthotics profession in public health



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"This report makes a clear and timely case for prosthetics and orthotics as an important contributor to public health. The industry welcomes its focus on prevention, equity, sustainability, and participation, and is keen to work with BAPO and wider partners to help turn that vision into practical improvements for patients and services."

Foreword

The UK has made remarkable progress in improving health and wellbeing, extending life expectancy, enhancing care, and in policies tackling the wider determinants of health such as reducing smoking in the population. Yet, as we confront complex challenges such as population change, widening inequalities and the realities of climate change, we must go further to enable people to live not only longer, but healthier lives.

Allied health professionals, including prosthetists and orthotists, are central to this ambition. The size, reach and diversity of the AHP community position us uniquely to make a profound contribution to population health. By working collaboratively, across professions, sectors, and communities, we can take strong, united action to ensure that people live more years in good health. This impact comes both through our daily interactions with individuals and families, and through our growing influence on systems, policy and population-level change.

Since the concept of the wider workforce for the public's health was first articulated in the 2015 RSPH report *Rethinking the Public Health Workforce*, no professional group has embraced and advanced this mission more enthusiastically than Allied Health Professionals. AHPs quickly recognised the vital role they play in prevention, health promotion, and reducing health inequalities, and since then have worked tirelessly to embed public health into education, practice, leadership, and research.

The UK AHP Public Health Strategic Framework 2025–2030 sets out our current shared vision: that public health is a core part of every AHP role, and that AHPs' contribution to improving the public's health is recognised, valued and expanded. This aligns powerfully with the UK-wide shift towards prevention, resilience and healthier communities.

Within this landscape, BAPO has demonstrated significant ambition and leadership. This document clearly articulates the essential role of prosthetists and orthotists in public health, and it celebrates the profession's growing influence and impact. It highlights the many ways prosthetists and orthotists already improve population health across the life course—enhancing mobility, reducing pain, preventing secondary complications, supporting people with long-term conditions, restoring or improving physical function, and enabling independence, participation and quality of life. It also recognises the critical contribution the profession makes in addressing health inequalities by advocating for equitable access to assistive technology and rehabilitation.

In this foreword I want to both celebrate the brilliant work already happening within the prosthetics and orthotics profession and encourage continued focus on further opportunities to create a healthier, fairer future for everyone.

Linda Hindle OBE
Deputy Chief AHP Officer for England



Executive summary

This document explores the role of prosthetists and orthotists in public health, drawing on the Allied Health Professions (AHP) UK Public Health Strategic Framework 2025–2030.¹ The framework represents a collaborative effort across England, Scotland, Wales, and Northern Ireland to strengthen the contribution of the 15 Allied Health Professions to improving population health and reducing health inequalities.

Public health focuses on preventing illness, improving wellbeing, and creating the conditions that allow people and communities to live healthier lives. While clinical care often concentrates on treating disease once it occurs, public health takes a broader approach by addressing the wider determinants of health, including social, economic, and environmental factors. Allied Health Professionals are well placed to contribute to this agenda because of their direct contact with individuals and communities across the life course and their expertise in prevention, rehabilitation, and behaviour change.

Prosthetists and orthotists make an important contribution to public health through their role in improving mobility, reducing pain, preventing secondary complications, and supporting long-term condition management. By restoring or enhancing physical function, prosthetic and orthotic interventions enable individuals to maintain independence and participate in everyday life. This includes participation in education, employment, and community activities, all of which are closely linked to improved physical health, mental wellbeing, and social inclusion.

The profession also contributes to prevention across the life course. Early orthotic intervention can prevent or reduce the progression of musculoskeletal and neurological conditions, while appropriate prosthetic rehabilitation can minimise complications and support recovery following limb loss. Through assessment, treatment, education, and long-term support, prosthetists and orthotists help individuals manage complex conditions such as diabetes, stroke, cerebral palsy, multiple sclerosis, and rheumatoid arthritis.

Prosthetics and orthotics services also play a role in addressing health inequalities. Access to mobility and rehabilitation services can have a profound impact on an individual's ability to live independently and engage fully in society. By supporting equitable access to assistive technology and rehabilitation, prosthetists and orthotists help reduce the barriers experienced by people living with disability, long-term conditions, and social disadvantage.

In addition, the profession contributes to sustainable healthcare through preventative approaches that reduce the need for more complex interventions, such as surgery or hospitalisation. Advances in digital design, manufacturing technologies, and service delivery models offer opportunities to improve efficiency while reducing environmental impact.

Together, these contributions demonstrate that prosthetists and orthotists play a vital role in improving population health. By supporting prevention, rehabilitation, independence, and participation across the life course, the profession contributes to healthier communities and more inclusive societies. This document highlights the ways in which prosthetics and orthotics services already contribute to public health and identifies opportunities to strengthen and expand this impact in the future.

What is public health and why does it matter?

Public health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society. Unlike clinical healthcare, which focuses on treating individuals who are already ill, public health takes a broader approach, working to create conditions in which entire populations can be healthy. It addresses the fundamental factors that influence health, including where people live, work, learn, and play.²

At its core, public health recognises that health is determined by far more than access to medical care. The “wider determinants of health”, including income, education, housing, employment, social connections, and environmental conditions, have a profound impact on who stays healthy and who becomes ill. Public health interventions therefore range from individual behaviour change support to community programmes, policy development, and environmental improvements.

The three pillars of public health

Public health activity is traditionally organised into three interconnected domains:

Health Protection

Safeguarding populations from infectious diseases, environmental hazards, and other threats to health. This includes immunisation programmes, infection control, screening services, and emergency preparedness. Health protection ensures that communities are shielded from immediate dangers to their health and wellbeing.

Health Improvement

Enabling people to increase control over and improve their health through individual behaviour change, community development, and addressing the wider determinants of health. This includes supporting healthy lifestyles, creating health-promoting environments, reducing risk factors for disease, and influencing policies that affect population health. Health improvement focuses on empowering individuals and communities to make healthier choices and creating conditions that make the healthy choice the easy choice.

Healthcare Public Health

Improving the quality, accessibility, and effectiveness of healthcare services to benefit population health. This includes preventive healthcare, early diagnosis and intervention, rehabilitation services, and management of long-term conditions. Healthcare public health ensures that clinical services are designed and delivered in ways that maximise population health outcomes while being accessible and equitable.

Why public health matters

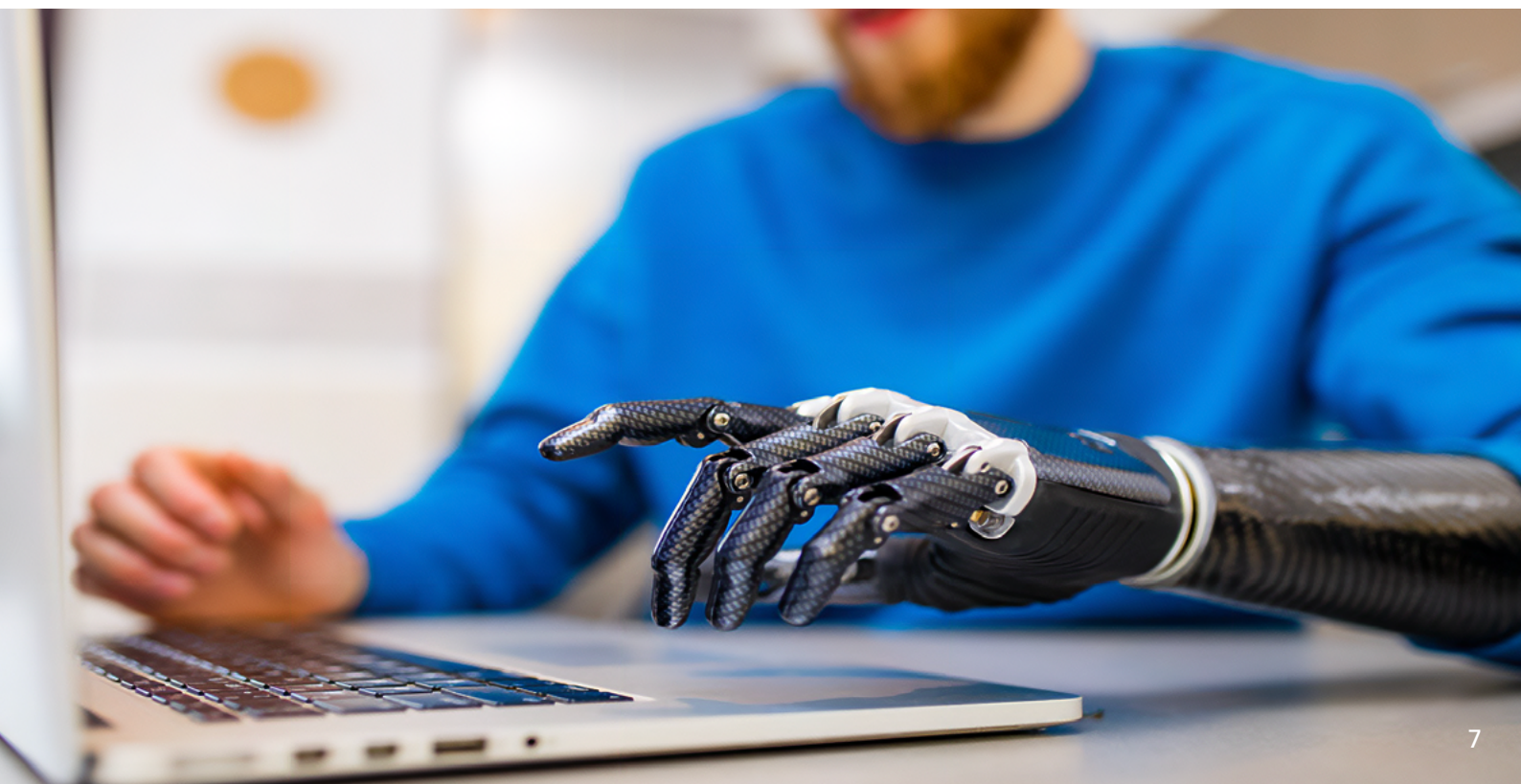
Public health is essential for several critical reasons. First, it addresses the root causes of illness and premature death. While clinical care is vital for treating disease once it occurs, many of the leading causes of death and disability, including cardiovascular disease, type 2 diabetes, respiratory disease, and many cancers, are largely preventable through public health interventions. Prevention not only saves lives but improves quality of life by helping people avoid years of illness and disability.

Second, public health is fundamentally about equity and social justice. Health inequalities, systematic differences in health between different population groups, are one of the most pressing challenges facing modern societies. People in the most deprived areas can expect to live up to 10 years less than those in the most affluent areas, and the gap in healthy life expectancy (years lived in good health) is even wider.³ Public health seeks to reduce these unfair and avoidable differences by addressing both barriers to healthcare and the underlying social and economic factors that drive health inequalities.

Third, public health represents excellent value for money. Prevention is consistently more cost-effective than treatment.⁴ Every pound invested in public health can generate substantial returns through reduced healthcare costs, increased productivity, and improved quality of life. For example, smoking cessation services, childhood immunisation programmes, and falls prevention initiatives have all been shown to save far more than they cost while improving population health outcomes.⁴

Fourth, public health builds resilient and sustainable health systems. As populations age and the burden of long-term conditions increases, health services face growing pressure. A strong public health approach helps manage demand by keeping people healthier for longer, reducing the need for intensive healthcare interventions. This is particularly important in the context of climate change and environmental sustainability; public health interventions often have co-benefits for both human health and planetary health.

Finally, public health creates the conditions for people to thrive, not just survive. Good health is foundational to human flourishing. It enables people to work, learn, care for others, participate in their communities, and pursue their goals and aspirations. Public health takes a holistic view of wellbeing that encompasses physical health, mental health, and social connectedness. By working to create healthier communities and address the factors that limit people's potential, public health contributes to individual and collective wellbeing, social cohesion, and economic prosperity.



The public health challenge

Despite significant advances in public health over the past century, including improvements in sanitation, housing, nutrition, immunisation, and health and safety, substantial challenges remain. The UK faces widening health inequalities, an ageing population with increasing prevalence of long-term conditions, rising levels of obesity and mental health problems, and the growing impact of climate change on health. These challenges cannot be solved by healthcare services alone; they require coordinated public health action across all sectors and at all levels of society.

Allied Health Professionals are uniquely positioned to contribute to public health, working across sectors and throughout the life course. They have direct contact with individuals, families, and communities. They understand the complex interplay between physical, mental, and social wellbeing. They have skills in assessment, intervention, education, and empowerment. Most importantly, they see firsthand the impact of social and environmental factors on people's health and have opportunities every day to prevent ill health, reduce inequalities, and promote wellbeing.

This Allied Health Professions (AHP) UK Public Health Strategic Framework 2025-2030¹ recognises that public health is not just the responsibility of specialists; it is everyone's business. It sets out a vision in which all Allied Health Professionals understand their public health role and are equipped, supported, and empowered to make public health a core part of their practice. For prosthetists and orthotists specifically, this means recognising and expanding on the significant public health contributions the profession already makes while developing new opportunities to improve population health, reduce inequalities, and ensure sustainability.



1 Introduction and context

1.1 Framework overview

The Allied Health Professions UK Public Health Strategic Framework 2025-2030¹ is the second UK-wide strategic framework for AHPs, building on the foundations laid by the 2019-2024 framework.⁵ It has been developed collaboratively by the Office for Health Improvement and Disparities, Scottish Government, Welsh Government, Department of Health Northern Ireland, and professional bodies representing 15 AHP professions.

1.2 The 15 AHP professions

The framework applies to all AHP professions represented by Chief AHP Officers across the four UK nations:

- Art therapists
- Dietitians
- Music therapists
- Operating department practitioners
- Osteopaths
- Physiotherapists
- Practitioner psychologists
- Speech and language therapists
- Diagnostic and therapeutic radiographers
- Drama therapists
- Occupational therapists
- Orthoptists
- Paramedics
- Podiatrists
- Prosthetists and orthotists

1.3 Vision statement

“Public health is a core part of all AHP roles and the positive impact on public health by AHPs is recognised and valued.”

This will be achieved through AHPs developing and delivering health and care services, with communities, that are based on promoting wellbeing, preventing ill health, reducing health inequalities, and ensuring sustainability.

1.4 Key challenges addressed

Population Change and Health Inequalities: The UK has an ageing population with increasing numbers living with preventable diseases and long-term conditions. Persistent and widening inequalities affect life expectancy and healthcare access for many groups.

Climate Change and Sustainability: Climate change represents one of the biggest threats to planetary and population health. The health and care sector must reduce its environmental impact while maintaining quality services.

2 Key strategic elements

2.1 AHP contributions across the three domains

The framework defines AHP contributions across three core public health domains:

Health protection

- Screening and immunisations
- Infection prevention and control
- Protecting against health hazards including radiation protection and antimicrobial resistance

Health improvement

- Supporting healthy behaviours and behaviour change
- Promoting healthy environments and communities
- Influencing strategy and policy

Healthcare public health

- Preventative healthcare
- Early diagnosis and interventions
- Rehabilitation, recovery, and enablement
- Supporting management of long-term conditions including mental health

2.2 Cross-cutting themes

Two themes run throughout all strategic goals:

- **Addressing health inequalities:** Ensuring equitable access, experience, and outcomes for all population groups
- **Delivering sustainable healthcare:** Ensuring services are economically and environmentally sustainable



The five strategic goals

The framework establishes five interconnected strategic goals with specific priority actions for each:

Goal 1: Developing the AHP workforce

The current and future AHP workforce will have the skills, knowledge, competence, and behaviours to promote, improve and protect the health and wellbeing of individuals, communities, and populations.

Priority actions:

- Work with AHP educators to ensure learners understand public health relevance to their practice
- Include public health principles in career development programmes at all levels
- Promote pre-registration placements across wider health and care landscape
- Support AHP leaders to optimise public health contribution
- Develop career pathways in public health for AHPs
- Include public health expectations in service plans and job descriptions

Goal 2: Addressing health inequalities

AHPs will ensure individuals and communities have equitable access to health and care services without discrimination and prejudice. They will co-produce services with people and work collaboratively to empower choice and control.

Priority actions:

- Increase awareness of social justice, health inequalities, and inclusion across AHPs
- Articulate benefits of workforce diversity and inclusive practice
- Enable teams to understand population demographics and wider determinants
- Develop and promote examples of good practice in reducing inequalities

Goal 3: Deliver sustainable healthcare

AHPs will deliver services that are economically and environmentally sustainable, minimising negative environmental impacts and making effective use of resources for current and future generations.

Priority actions:

- Amplify links between public health, climate change, and environmental sustainability
- Develop self-assessment tool for teams to assess sustainable healthcare position
- Share examples of contributing to environmental and economic sustainability

Goal 4: Promoting evidence, innovation, and improvement

AHPs will demonstrate their contribution to improved outcomes through evidence-based practice and use data, evaluation, and research to guide decision-making and design new models of care.

Priority actions:

- Work with research agencies to increase focus on population-level outcomes
- Review research priorities for AHP public health research
- Develop collection of evidence-based, high-impact interventions
- Maintain and develop AHP public health hub
- Continue collecting and publishing case studies

Goal 5: Leading and influencing in public health

AHPs will be empowered to lead and influence across the health and care landscape to improve outcomes for individuals, communities, and populations through developing leadership at every career stage.

Priority actions:

- Increase visibility of AHP leadership in public health and prevention
- Develop network of AHP public health leaders
- Articulate AHP role in major public health priorities
- Increase connections between public health leaders and AHP counterparts
- Champion workforce wellbeing

4 The role of prosthetists and orthotists in public health

4.1 Professional recognition

Prosthetists and orthotists are explicitly recognised as one of the 15 AHP professions covered by this framework. The British Association of Prosthetics and Orthotics (BAPO) was a collaborating partner in developing the framework, ensuring that the unique contributions of the profession are reflected in the strategic priorities.

4.2 Current practice context

Prosthetists and orthotists work across all sectors related to health and wellbeing, including:

- NHS and social care settings
- Private practice and businesses
- Academia and research
- Leadership, management, and commissioning roles
- Community and voluntary sector

The profession works with people across the entire life course, from paediatric services through to end-of-life care, contributing to physical, mental, and social wellbeing.

4.3 Public health contributions across the three domains

Health protection

The prosthetics and orthotics profession's contribution to health protection is more circumscribed than its role in health improvement and healthcare public health, reflecting the specialist clinical focus of the profession. Nevertheless, prosthetists and orthotists make meaningful contributions to health protection in specific areas:

- Infection Prevention and Control: Implementing rigorous hygiene protocols in device fabrication and fitting, preventing skin complications and infections through proper device design and patient education, and adhering to decontamination standards for reusable equipment and materials
- Health Hazard Protection: Preventing secondary complications arising from mobility limitations, including pressure injuries, falls, and musculoskeletal deterioration; reducing fall risk through appropriate prosthetic and orthotic provision; and contributing to safeguarding through the identification of unexplained injuries or signs of neglect during clinical assessment

Health improvement

- Behaviour Change: Supporting individuals to adopt healthy behaviours in device care, adherence to wearing schedules, and appropriate physical activity levels
- Healthy Environments: Advocating for accessible built environments, participating in community programmes to promote mobility and independence
- Strategy and Policy: Influencing service design, contributing expertise to disability policy, accessibility standards

Healthcare public health

- Preventative Healthcare: Early orthotic intervention in paediatrics to prevent deformity progression, fall prevention strategies for adults at risk of falls, preventive bracing to avoid surgical intervention
- Early Diagnosis and Intervention: Identifying gait abnormalities and biomechanical issues early, timely prosthetic rehabilitation post-amputation
- Rehabilitation and Recovery: Core rehabilitation role for amputees and individuals with mobility limitations, enabling return to work, education, and community participation
- Long-term Condition Management: Supporting individuals with diabetes, cerebral palsy, stroke, multiple sclerosis, rheumatoid arthritis, and other chronic conditions to maintain mobility and independence
- Prosthetic and orthotic rehabilitation also enables participation in education, employment, and community life. By improving functional mobility and reducing physical limitations, these interventions support individuals to remain economically active, which is increasingly recognised as an important public health outcome.
- Mental Health and Psychological Wellbeing: Recognising the psychological impact of limb loss and limb difference, chronic pain, and long-term device use; supporting positive adjustment through person-centred care; identifying signs of psychological distress and facilitating timely referral to mental health services.⁶

Salma Benyahia

Senior Orthotist



“When the AHP public health framework was published in 2025, it really resonated with something we’d been thinking about in our orthotics department at the Royal Wolverhampton NHS Trust. We knew we weren’t doing enough to support the whole person.

We started to explore social prescribing, connecting patients with community groups, activities, and services to improve their health and wellbeing.

Clinicians might occasionally suggest yoga or a support group, but there was no consistent approach, no proper framework. And when we looked around, we couldn’t find any other AHP service in our Trust that had embedded social prescribing into their service.

So we set out to change that. Our goal was to get social prescribing properly integrated into our orthotic pathways, because we believe in holistic, person-centred care, not just treating the condition in front of us.

We focused on two things: implementing active signposting within the department, and developing a clear referral pathway to a link worker. We’ve been working with Wolverhampton Voluntary & Community Action, a charity with deep roots in the local community and an established social prescribing service. After doing our research, they were the obvious partners for this. Right now, we’re completing a Data Protection Impact Assessment so we can share patient information appropriately with a link worker.

Once the pathway is up and running, our hope is that it becomes a model other orthotic services and AHP groups can adopt too. It feels like a small step, but I think it could make a real difference to how we support our patients.”

5 Public health opportunities for prosthetics and orthotics

5.1 Addressing health inequalities

Prosthetists and orthotists are uniquely positioned to address multiple dimensions of health inequality:

Access inequalities

- Geographic disparities in service availability, particularly in rural and remote areas
- Long waiting times affecting timely intervention and outcomes
- Transportation barriers for individuals with mobility limitations
- Cost barriers for those requiring device accessories or accessories outside of NHS provision

Experience inequalities

- Cultural competency in device design and service delivery
- Communication barriers for non-English speakers or those with learning disabilities
- Gender and cultural considerations in device aesthetics and functionality

Outcome inequalities

- Higher amputation rates in socioeconomically deprived populations⁸
- Poorer prosthetic rehabilitation outcomes linked to social determinants
- Differential access to advanced technologies and materials

Mobility impairment and limb loss can also contribute to inequalities in employment and economic participation. Individuals living with physical disabilities or long-term mobility limitations may face barriers to entering or sustaining work. Prosthetic and orthotic interventions can help reduce these inequalities by improving functional ability, enabling participation in daily activities, and supporting individuals to remain active within their communities and workplaces.

5.2 Sustainable healthcare delivery

The prosthetics and orthotics profession has significant opportunities to contribute to environmental and economic sustainability:

Environmental sustainability

- **Materials Innovation:** Transitioning to recyclable, biodegradable, or lower-carbon materials; establishing device recycling and refurbishment programmes
- **Manufacturing Processes:** Adopting energy-efficient fabrication methods, reducing waste through digital design and 3D printing technologies
- **Service Delivery Models:** Expanding telemedicine and remote consultations, optimising clinic schedules to reduce the burden of treatment for service users with chronic and complex conditions
- **Packaging and Consumables:** Minimising single-use items, sustainable packaging for devices and components

Economic sustainability

- **Prevention Focus:** Early orthotic intervention preventing costly surgical procedures, diabetic foot care programmes reducing amputation rates
- **Device Longevity:** Designing for durability and repairability, establishing maintenance programmes
- **Workforce Efficiency:** Optimising skill mix with technicians and support workers, streamlining referral and care pathways
- **Technology Utilisation:** Digital scanning reducing material waste, AI-assisted design improving first-fit success

5.3 Prevention as core practice

The framework emphasises shifting towards an ‘upstream’ prevention model. For prosthetics and orthotics, this includes:

Primary prevention

- Preventing initial amputation through diabetic foot care programmes
- Early childhood intervention preventing deformity development
- Fall prevention programmes for older adults
- Workplace ergonomic assessments and injury prevention

Secondary prevention

- Early detection and intervention for gait abnormalities
- Preventing progression of spinal deformities
- Timely orthotic management avoiding surgical intervention
- Screening programmes in high-risk populations

Tertiary prevention

- Preventing secondary complications post-amputation
- Managing long-term conditions to prevent exacerbations
- Preventing deconditioning and loss of independence
- Reducing re-admission rates through effective device provision and education

Preventive prosthetic and orthotic interventions can also support individuals to maintain functional independence and remain active in education, work, and community life, helping to reduce the wider social and economic impacts of disability.

5.4 Population health impact

Prosthetists and orthotists can contribute to population-level health improvements through:

Life course approach

- **Infancy and Childhood:** Early intervention services, paediatric screening programmes, developmental monitoring
- **Adolescence:** Supporting transition to adult services, promoting independence and participation
- **Working Age:** Enabling workforce participation, injury prevention, rehabilitation back to work
- **Older Age:** Supporting healthy ageing, fall prevention, maintaining independence and quality of life

Community-based interventions

- Participating in community health programmes and health promotion initiatives
- Collaborating with local authorities on accessibility and disability inclusion
- Supporting peer support networks and patient organisations
- Delivering public education on mobility, falls prevention, and healthy ageing

Wider determinants of health

- **Employment:** Supporting return to work and workplace adaptations
- **Education:** Enabling school participation for children with mobility needs
- **Social Connections:** Reducing isolation through improved mobility and independence
- **Built Environment:** Advocating for accessible infrastructure and inclusive design

5.5 Supporting mental health and psychological wellbeing

Limb loss, chronic pain, and long-term mobility limitation can have a profound impact on mental health and psychological wellbeing. Depression, anxiety, altered body image, grief, and social withdrawal are commonly reported among individuals living with amputation, limb difference, or progressive musculoskeletal and neurological conditions.^{6,9,10} These psychological effects can in turn affect rehabilitation outcomes, device adherence, physical activity levels, and social participation, creating a cycle in which physical and mental health challenges reinforce one another.

Prosthetists and orthotists are often among the health professionals with whom individuals have the longest and most sustained clinical relationships. This continuity of care creates opportunities to identify changes in mood, motivation, or engagement that may signal deteriorating mental wellbeing. While psychological assessment and treatment fall outside the professional scope of prosthetic and orthotic practice, practitioners can play an important role in recognising signs of psychological distress, providing empathetic and person-centred care, and ensuring timely onward referral to appropriate mental health or psychological support services.

The psychosocial dimensions of prosthetics and orthotic device use also warrant attention. For many individuals, the appearance, comfort, and functionality of a prosthesis or orthosis are closely linked to self-confidence, identity, and willingness to participate in social and occupational activities.⁷ Person-centred approaches to device prescription and design, including attention to cosmetic preferences and lifestyle goals, can support positive psychological adjustment and improve quality of life.

There is also growing recognition of the mental health impact of the wider care experience, including the effects of long waiting times, fragmented care pathways, and repeated hospital attendance on psychological wellbeing. Service design that reduces unnecessary burden, offers flexibility, and supports continuity of care can contribute to improved mental health outcomes for people using prosthetic and orthotic services.

By recognising the interconnection between physical function and mental wellbeing, prosthetists and orthotists can contribute to a more holistic model of care that aligns with the framework's emphasis on supporting both physical and mental health across the life course.



5.6 Supporting work and economic participation

Good work is widely recognised as an important determinant of health. Secure, meaningful employment is associated with improved physical and mental wellbeing, greater financial stability, stronger social participation, and reduced health inequalities.^{11,12} Conversely, unemployment and worklessness are linked to poorer health outcomes, increased risk of long-term illness, and wider social disadvantage. Allied Health Professionals therefore play an important role in supporting people to access, remain in, and return to work as part of a broader public health approach.

Prosthetists and orthotists contribute significantly to this agenda by improving functional mobility, reducing pain, and supporting participation in everyday activities, including employment. For individuals living with limb loss, musculoskeletal conditions, neurological disorders, or long-term health conditions, mobility limitations can present major barriers to entering or sustaining work. Prosthetic and orthotic interventions help address these barriers by enabling safe and efficient movement, improving endurance and stability, and reducing the physical demands associated with daily activities.

Prosthetic rehabilitation following amputation can play a critical role in enabling individuals to return to employment and maintain independence. Similarly, orthotic interventions can support people with conditions such as stroke, multiple sclerosis, rheumatoid arthritis, and musculoskeletal disorders to remain active and continue working. Devices such as ankle-foot orthoses, spinal orthoses, and specialised footwear can reduce fatigue, improve gait efficiency, prevent falls, and enable individuals to safely undertake occupational tasks.

In addition to supporting individuals directly, prosthetists and orthotists may contribute to wider workplace health by advising on functional capabilities, device use in occupational settings, and environmental adaptations that support safe mobility. These contributions form part of a broader vocational rehabilitation approach, in which health professionals work collaboratively with employers, rehabilitation teams, and community services to support sustainable return to work.

By enabling individuals to participate in employment, prosthetics and orthotics services contribute not only to individual wellbeing but also to wider public health goals. Supporting people to remain economically active helps reduce health inequalities, strengthens community participation, and contributes to healthier and more inclusive societies.



Dr Laura Barr

Advanced Practice Orthotist



"Those of us working in prosthetics and orthotics services play a vital role in public health by supporting mobility, independence, and long-term condition management, while also demonstrating adaptability within wider healthcare systems. The contribution of P&O professionals extends beyond traditional rehabilitation, positioning the workforce as an important asset in responding to population health needs and system pressures.

For example, during the COVID-19 pandemic, prosthetists and orthotists were able to expand their clinical roles to support the delivery of vaccination programmes. Working alongside other nursing, midwifery and allied health professions colleagues, prosthetics and orthotics teams contributed to vaccination clinics for both inpatients and the wider public, administering COVID-19 and influenza vaccines.

This highlights one small example of the flexibility and transferability of prosthetists and orthotists' clinical skills, as well as our ability to contribute meaningfully to urgent public health interventions".



6 Implementation considerations for prosthetics and orthotics

6.1 Workforce development

Education and training

- Pre-registration Education: Integrate public health principles into undergraduate curricula, include population health and health inequalities content, provide placement experiences across community settings
- Continuing Professional Development: Develop CPD modules on public health for prosthetists and orthotists, create leadership development programmes with public health focus
- Support Workforce: Include public health awareness in technician and assistant training programmes

Career Pathways

- Develop consultant practitioner roles with public health leadership focus
- Create specialist posts in prevention and health promotion
- Support prosthetists and orthotists to pursue public health training and qualifications

6.2 Service design and delivery

Embedding prevention

- Include preventive assessment in all clinical pathways
- Develop early intervention services and screening programmes
- Create community-based prevention programmes

Co-production and personalisation

- Involve service users in service design and improvement
- Develop personalised care plans addressing individual circumstances
- Ensure meaningful choice and control in device selection and care pathways

Cross-sector working

- Strengthen partnerships with public health teams and local authorities
- Collaborate with voluntary sector organisations
- Integrate with wider rehabilitation and social care services

6.3 Evidence and research

Research priorities

- Population-level outcomes research
- Health inequalities in prosthetics and orthotics access and outcomes
- Cost-effectiveness of preventive interventions
- Environmental impact and sustainable practice models
- Digital health and remote service delivery effectiveness

Evidence dissemination

- Contribute case studies to the AHP public health hub
- Publish outcomes demonstrating public health impact
- Share innovation and good practice across the profession

6.4 Leadership and influence

Professional leadership

- BAPO to champion public health priorities within the profession
- Develop public health leads network within prosthetics and orthotics
- Increase representation in public health forums and policy development

Clinical leadership

- Empower every prosthetist and orthotist to be a public health leader in their setting
- Support local service transformation towards prevention
- Advocate for patient and community needs in service planning

Policy influence

- Contribute expertise to disability, accessibility, and health policy development
- Influence commissioning frameworks to support public health approaches
- Advocate for equitable access to services and technologies

Chiazoku Ezeuzo

Orthotist, BAPO's public Health Lead, currently completing a Fellowship in Public Health



“Prosthetics and orthotics has always been seen through a technical lens, device provision, biomechanical correction. But through my work as BAPO's public health lead and my public health fellowship, I've come to see our profession very differently. What we do is a public health intervention.

When we improve someone's mobility, we're not just addressing a clinical problem. We're influencing whether that person can stay in work, stay connected to their community, and maintain their independence. The 2025 AHP guidance rightly highlights employment as a key determinant of health, and we should be embedding those conversations into every clinical assessment. Are we asking patients about their work? Their workplace challenges? Whether anything outside their health makes using their prosthetic/orthotic device or attending appointments difficult?

The NHS 10-Year Health Plan's shift toward prevention and community-based care is exactly where P&O should be positioning itself. We already prevent falls, reduce diabetic ulceration risk, and keep people independent, we just need to recognise and articulate that as preventative public health work.

What excites me most is the potential to move from a device-focused model to a population health model. That means using data to ask harder questions: which patient groups are we not reaching? Where are inequalities driving demand? Which amputations or mobility declines could have been prevented?

It doesn't require a revolution. It starts with small, consistent changes, asking one extra question in an assessment, linking with social prescribers, simplifying how we communicate, offering flexible appointments for working-age patients. These things transform the patient experience.

The future of our profession lies not just in technical and clinical excellence, but in leadership, recognising that every intervention has the potential to improve health, reduce inequalities, support employment, and contribute to a sustainable healthcare system.”

7 Conclusions and recommendations

7.1 Summary of key points

- **Comprehensive framework:** The 2025-2030 strategic framework provides a clear, ambitious vision for AHP public health contribution across the UK
- **Inclusive approach:** Prosthetists and orthotists are recognised as integral to achieving the framework's goals
- **Multiple domains:** The profession contributes across health protection, health improvement, and healthcare public health
- **Cross-cutting themes:** Health inequalities and sustainability must underpin all implementation efforts
- **Prevention focus:** Shifting towards upstream prevention represents the greatest opportunity for population health impact

7.2 Opportunities for prosthetics and orthotics

The strategic framework presents significant opportunities for the prosthetics and orthotics profession:

- Enhanced professional recognition and visibility in the public health landscape
- Development of leadership roles and career pathways in public health
- Expansion of preventive services and early intervention programmes
- Innovation in sustainable practice and service delivery models
- Strengthened evidence base demonstrating population health impact
- Greater influence on policy affecting disabled people and wider population health

7.3 Recommendations for action

For the professional body (BAPO)

- Establish public health leadership network within the profession
- Create public health resources and guidance for members
- Support research priorities around population health outcomes
- Advocate for public health focus in commissioning and workforce planning
- Develop education offerings with a public health focus

For educational institutions

- Integrate public health principles throughout curricula
- Include health inequalities and sustainability as core topics
- Provide diverse placement experiences including community settings
- Develop research capacity in public health and population outcomes

For service providers and employers

- Include public health objectives in service specifications and job descriptions
- Support CPD in public health topics
- Invest in prevention and early intervention services
- Implement sustainable practice policies and monitor environmental impact
- Collect and report data on health inequalities and population outcomes

For individual practitioners

- Reflect on public health opportunities in current practice
- Engage with CPD on public health topics
- Advocate for preventive approaches and equity in service delivery
- Participate in public health networks and initiatives
- Contribute to evidence base through case studies and research participation

7.4 Measuring success

Success for prosthetics and orthotics within this framework will be demonstrated through:

- Increased awareness and understanding of public health role among practitioners
- Growth in prevention and early intervention services
- Evidence of reduced inequalities in access, experience, and outcomes
- Measurable improvements in environmental sustainability
- Published research demonstrating population health impact in prosthetics and orthotics
- Increased representation in public health leadership and policy roles
- Recognition of prosthetics and orthotics contribution by public health partners

7.5 Final reflection

The Allied Health Professions UK Public Health Strategic Framework 2025-2030¹ represents an important milestone in recognising and strengthening the public health role of all AHPs, including prosthetists and orthotists. The framework provides clear direction while allowing flexibility for nation-specific and profession-specific implementation.

For prosthetists and orthotists, the framework validates the important public health contribution the profession already makes and creates opportunities to expand this contribution through workforce development, service innovation, research, and leadership. By embracing the vision and working towards the five strategic goals, the profession can enhance its impact on population health while addressing the critical challenges of health inequalities, climate change, and healthcare sustainability.

The success of this framework will depend on collaborative action by the professional body, educators, service providers, and individual practitioners.

With commitment to the shared vision and implementation of the priority actions, prosthetists and orthotists can play a leading role in creating a healthier, more equitable, and sustainable future for the populations they serve.



Colette Dickson

Orthotist, Greater Glasgow & Clyde (GGC)



"I believe Orthotists have an important role to play in Public Health. When we are able to see patients at the right time we can have a significant impact on lives. We can keep people mobile, allow participation in activities, reduce pain, and prevent diabetic ulcers.

In GGC Orthotics we introduced Advanced Clinical Referral Triage during the Covid-19 pandemic. This service has developed from emergency triage to making sure patients are seen in the right place, at the right time, and improving equity of access to our service. This takes many forms, using video appointments which supports those who find travel difficult, or have work commitments, and also those who find the hospital setting overwhelming. We also contact patients directly to assist in booking appointments when we know that there are barriers to opting in. We assist with navigating the medical administration which can be overwhelming for some patients.

As a department we have long been aware there are patients that we struggle to reach. After hearing Professor Andrea Williamson speak about 'missingness' I reached out to a podiatry colleague Emma Barlow. Emma works in podiatric outreach as a rough sleeper and vulnerable person podiatrist. We started a very small joint outreach programme. Beginning with patients who are well known to Emma and in need of orthotic intervention. We have had some early success in building trust, raising awareness of orthotics, and fitting appropriate orthoses. The next steps are to establish greater links with the Simon Community in Glasgow where Emma runs a regular podiatry clinic on a drop-in basis with visiting specialists also attending so patients can be seen in a safe and supportive environment."

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Appendix:

Nation-Specific Policy Context

Wales

[Well-being of Future Generations \(Wales\) Act 2015](#)

Requires public bodies to prioritise wellbeing and long-term thinking

[The Well-being of Future Generations](#)

Learn more about the seven connected well-being goals for Wales

[A Healthier Wales](#)

Sets vision for whole system approach focused on health, wellbeing, and prevention

[Looking Forward Together](#)

AHP framework with renewed focus on population health and prevention

Northern Ireland

[Making Life Better 2013-2023](#)

Current public health strategic framework focusing on broader determinants

[Programme for Government 2024-2027](#)

Priorities include addressing health inequalities and improving long-term health

England

[10-Year Health Plan](#)

Government commitment to transform system with emphasis on prevention

[AHPs Deliver 2022-27](#)

National AHP strategy with commitment to social justice, sustainability, and prevention

Scotland

[Programme for Government 2024-25](#)

Focus on population health, prevention, and early intervention

[Scottish AHP Public Health Strategic Framework Implementation Plan 2022-2027](#)

Established oversight group ensuring collaboration

[Scotland's Population Health Framework](#)

Vision for collective wellbeing with many outcomes linked to population health



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