

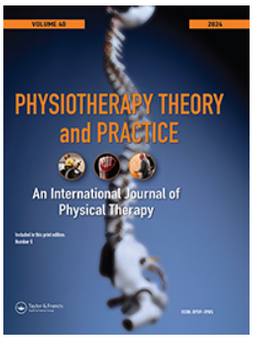
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**Sonti Pilusa; Hellen Myezwa; Kganetso Sekome; Douglas Maleka**

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DESCRIPTIVE REPORT

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# 'Response of a South African university physiotherapy curriculum to contemporary national health needs and decolonialization priorities: rationale, content and lessons learnt'

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**ABSTRACT**

**Background:** The undergraduate physiotherapy program at the University of the Witwatersrand, South Africa, aims to respond to global and national health needs across levels of care, with a focus on primary care. Ideally, contemporary health professionals' education focuses on a holistic approach that extends beyond addressing a patient's medical diagnosis. In South Africa, however, this approach also needs to address the country's colonial past by emphasizing decolonialization and social justice. Within this context, novel competencies are required to serve South Africans consistent with comprehensive health and disability frameworks based on the biopsychosocial approach such as the International Classification of Functioning, Disability and Health.

**Aim:** As physiotherapy educators at the University of the Witwatersrand, we describe the rationale for the current public health and community physiotherapy curriculum in the context of decolonialization and social justice and provide an overview of the curriculum.

**Method:** Narrative approach.

**Conclusion:** Our curriculum is an example of a response to the 21st-century health needs of the South African population and the specific global and universal policies, philosophies, and principles that influence healthcare professionals and their service delivery. This curriculum prepares physiotherapy students to practice holistically, be responsive to health needs and contribute to decolonialization initiatives. Other programs may benefit from our experience.

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Biopsychosocial; decolonialization; physiotherapy curricula; primary health care; holistic care

## Background

The university of the Witwatersrand, in South Africa, offers a competitive education and attracts a highly diverse and talented student body. The physiotherapy department is one of the five departments in the School of Therapeutic Sciences offering undergraduate and postgraduate training. The four-year undergraduate physiotherapy program at the University started in 1938 and it is recognized for excellence in physiotherapy research, education, and clinical skills that are locally responsive and internationally competitive. The physiotherapy department aims to graduate responsible professionals who can be responsive to local health needs through pedagogical practices that encourage critical thinking, innovation, and community engagement within the unique context of South Africa. Social justice, inter-professional engagement, decolonialization, community and patient empowerment underpin the chosen pedagogical approaches. These are important factors in any community project. To ensure that physiotherapy graduates can cater to all South African citizens at different levels of healthcare, and respond to the challenges of health access, as well as the national government goals, educators developed a comprehensive public health and community physiotherapy curriculum. The next section outlines the rationale applied in developing the curriculum.

### *The rationale for community physiotherapy curriculum development*

The first issue informing the curriculum is the healthcare challenges in the country. South Africa faces a quadruple burden of disease (Mayosi and Benatar, 2014) while tackling the COVID-19 pandemic (Naidu, 2020). The burden of diseases includes a cocktail of four colliding epidemics: maternal, newborn and child health; HIV/AIDS and tuberculosis; non-communicable diseases; and violence and injury, therefore putting a strain on an under-resourced healthcare system (Mayosi et al., 2015). The physiotherapy department at the

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University of the Witwatersrand continually reviews the burden of disease to ensure the relevance and appropriateness of the physiotherapy training program (Ntsiea et al., 2017).

Physiotherapy practice and training must be informed by patient needs often reflected by the epidemiological data of any society. The top ten leading causes of premature death and disability in South Africa are HIV/AIDS, cerebrovascular diseases, lower respiratory tract infections, ischemic heart diseases, tuberculosis, diabetes, hypertensive heart disease, interpersonal violence, road accident injuries and diarrheal diseases (Institute for Health Metrics and Evaluation, 2020). Chronic conditions contribute to morbidity, and where morbidity is high, rehabilitation and community physiotherapy interventions are needed (Cieza et al., 2020; Maredza, Bertram, Gómez-Olivé, and Tollman, 2016). A high level of chronic and lifestyle disease requires a shift from the current practice of curative care to holistic care that promotes prevention and support for the patient to self-manage (Hale, Oosman, and Stewart, 2022; Pilusa, Myezwa, and Potterton, 2022).

Several global and local public health policies influence physiotherapy training and practice. Promoting health is underscored within the national development plan 2030 and the Sustainable Developmental Goal number three (National Department of Health South Africa 2014; World Health Organization, 2017a). These health goals require a shift in the approach to health workforce training to ensure appropriate competencies in prevention care, promotion of well-being and chronic care. The global shift in healthcare focus has presented the physiotherapy profession with new demands that require a change in undergraduate student training pedagogy (Dean et al., 2016).

One key policy is the primary health care strategy, which emphasizes disease prevention and health promotion where people live, work and play (Gauld et al., 2012). South Africa adopted the At a declaration on primary health care in 1994 to counter the narrow curative approach (Ramklass, 2009; World Health Organization, 1978). Notwithstanding, the shift from more curative-focused care to prevention is slow (Ned, Cloete, and Mji, 2017; Sherry, 2015). One of the responses to this primary health care initiative was to allocate home-based physiotherapy services through community outreach which did not succeed due to a lack of a standardized framework and implementation guidelines as well as inadequate human resources among other factors (Sherry, 2015). In the education sector, one of the responses to the ill-prepared physiotherapy human resources at the primary care level was to train graduates with competencies to provide community-based and primary health care services.

Furthermore, the contextual realities of any setting demand added skills to respond to local needs (Mostert-Wentzel, Frantz, and Van Rooijen, 2013). In the South African setting, the post-apartheid era demanded increasing healthcare access, equity, patient participation, and empowerment (Ramklass, 2019). With increased access was the demand for more personnel to adequately cover an expanded population's healthcare needs. South Africa requires at least three times its current health workforce to adequately address its health needs (Mayosi and Benatar, 2014). Only 30% of the country's health professionals provide services to over 40 million public sector uninsured users, who constitute over 84% of South Africa's population (Mayosi and Benatar, 2014).

There is also a shortage of rehabilitation personnel in South Africa to manage people with disabilities and address the increasing demand for rehabilitation care (Tiwari, Ned, and Chikte, 2020). The ratio of rehabilitation personnel is 7.25 per 100 000 population (Tiwari, Ned, and Chikte, 2020). In addition, there is an unequal distribution of physiotherapists between the private and the public sector, and this is an area where transformation is required (Myezwa and Van Niekerk, 2013). Only 16.8% of the total physiotherapists registered with the Health Professions Council of South Africa (HPCSA) are employed in the public sector (Myezwa and Van Niekerk, 2013). Therefore, physiotherapy training should focus on population-based needs to counter the shortage and expose students to various service delivery models and concepts, such as task shifting, interdisciplinary and transdisciplinary which would help counter personnel shortages. Skills related to collaborative care and inter-professional education became paramount.

Human resource shortages and unequal distribution add another layer of knowledge, attitude and skills required by healthcare professionals and understanding of alternative service delivery models such as community-based rehabilitation and group therapy (Maleka, Franzsen, and Stewart, 2008). A counter-argument could be made that proposes the need to change the status quo as far as human resources are concerned. However, the intervention requires extensive developmental and governance changes that have financial implications and may take a long time. In the interim, one must take a pragmatic approach that equips physiotherapists with the skills, attitude, and knowledge to address contextual realities. An example, of additional skills included in the curriculum, is advocacy as a key pillar for health to sustain continued pressure on service delivery systems to effect change.

The second category of issues that informed the curriculum was the social challenges experienced in the country. South Africa faces massive socioeconomic inequalities in accessing basic resources and meeting the needs of a diverse population, ultimately contributing to ill health (Statistics South Africa, 2019). Before the development of this curriculum, the political environment was such that segregation, marginalization, and disparate health services were available to the population, with a large percentage of the country's resources invested in the minority white population (Coovadia et al., 2009). Physiotherapy as a discipline was not spared from the effects of the policies that resulted from segregative approaches and narratives (Cobbing, 2021). Physiotherapy service delivery and curricula were informed by western principles against the backdrop of the geopolitical milieu. The curriculum in most South African universities reflected a strong medical approach to care with minimal association to the needs of the country's diverse population.

In 2015 students protested and demanded that the government address rising university fees and emphasized the need for decolonializing the curriculum. This protest was dubbed "#Fees Must Fall." It put a spotlight on the need to address colonialization of the curriculum (Amosun, Maart, and Naidoo, 2018). In this paper, decolonialization is defined as a process and action to address colonization's consequences such as European supremacy, inequality, social injustice and forms of knowledge and from where knowledge is derived (Amosun, Maart, and Naidoo, 2018; Cobbing, 2021). The concept of decolonialization encompasses health and health delivery. Health delivery practices must be need-based, encourage community participation, inclusivity, respect, diversity and address equality and equity (Abimbola and Pai, 2020). Hence, epistemological and ontological changes that speak to decolonialization, context, content and learning process are key elements that must be considered and built into health professionals' curricula (Cobbing, 2021; World Health Organization, 2013b).

In response to the context and national challenges, physiotherapy educators at the University of the Witwatersrand developed a model of teaching and learning underpinned by the principles of primary health care, community-based rehabilitation, and a biopsychosocial approach. The design and implementation of the curriculum incorporated Bloom's educational theory and the Bronfenbrenner ecological theory which highlights systems thinking to care (Onwuegbuzie, Collins, and Frels, 2013). This paper describes how physiotherapy educators at the University of the Witwatersrand developed and refined the public health and community physiotherapy curriculum. We hope that our example of the development of the physiotherapy curriculum with a focus on social justice, equity and decolonialization, is useful to physiotherapy educators globally in revising their curricula consistent with 21st century demands. The principles that informed our curriculum decisions are relevant to the needs of physiotherapy programs in countries that are confronted with globalization and massive people migration across privileged and underprivileged countries.

## Community physiotherapy curriculum content

The process of developing the public health and community physiotherapy curriculum at the university of the Witwatersrand started in 2002. The primary purpose of developing this curriculum was to educate students and, eventually, health professionals who can provide health promotion, preventative, curative, and rehabilitation services within the South African healthcare system. In addition, the curriculum aims to develop the students' ability to evaluate physiotherapy services to improve the quality and standard of the services in South Africa. The designed curriculum enables students to identify physiotherapy roles, be agents of change, promote social justice and gain self-awareness within urban and rural communities.

The conceptual framework for the public health and community physiotherapy curriculum is illustrated in Figure 1. The development of the framework was informed by national and global policies, such as the primary health strategy and the International Classification of Functioning, Disability and Health (ICF), and the authors' community work experiences. All authors had extensive community experience working with preventive, curative, rehabilitation care, and policy implementation aspects of rehabilitation.

The curriculum comprises four domains: 1) needs assessment; 2) healthcare system; 3) health interventions; and 4) overarching concepts. Within each level of study, the students are required to illustrate the application of cross-cutting concepts such as adult learning, person-centered care, facilitation, diversity, language and empowerment. The definition, aim, importance, and the key focus of each of the concepts taught within the curriculum are outlined in this article. A demonstration of the curriculum content from 1$^{st}$ to 4$^{th}$ year of study, and the teaching and assessment format is outlined in Table 1. The following section will describe some of the concepts covered in the curriculum outlined in Table 1.

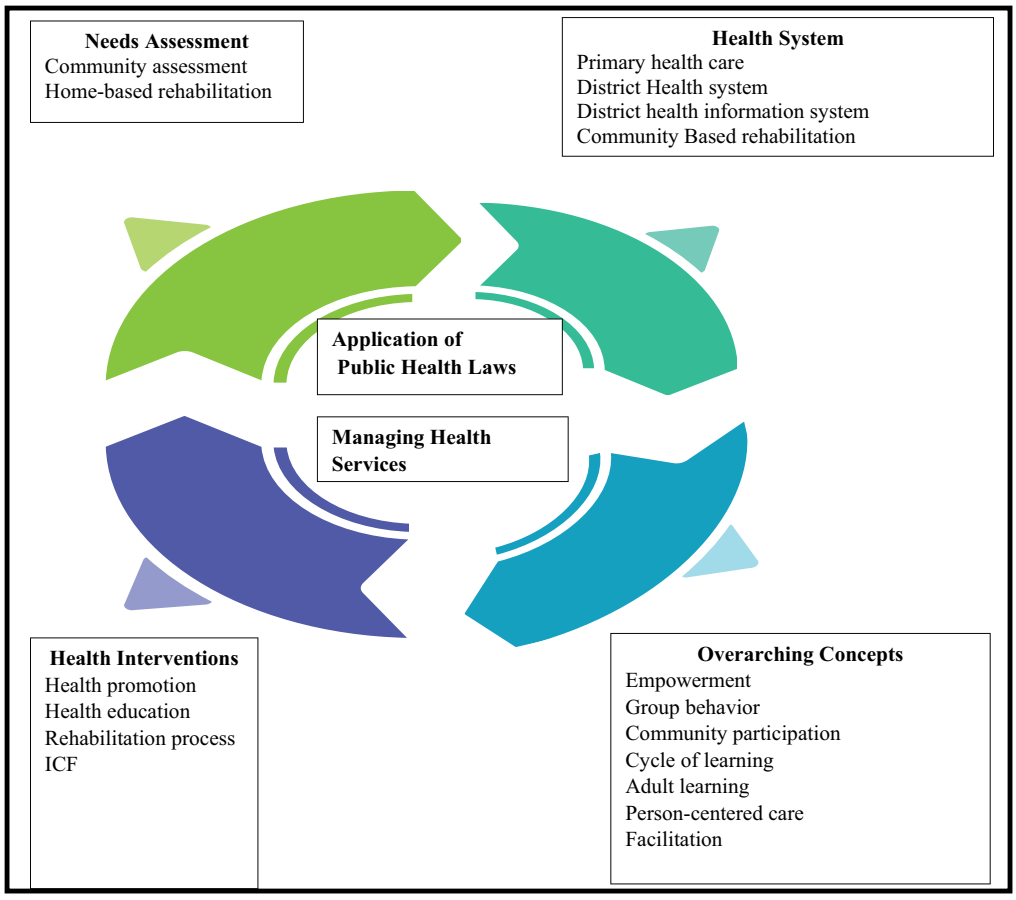



**Figure 1.** Conceptual framework of the public health and community physiotherapy curriculum at the University of the Witwatersrand.

## Needs assessment

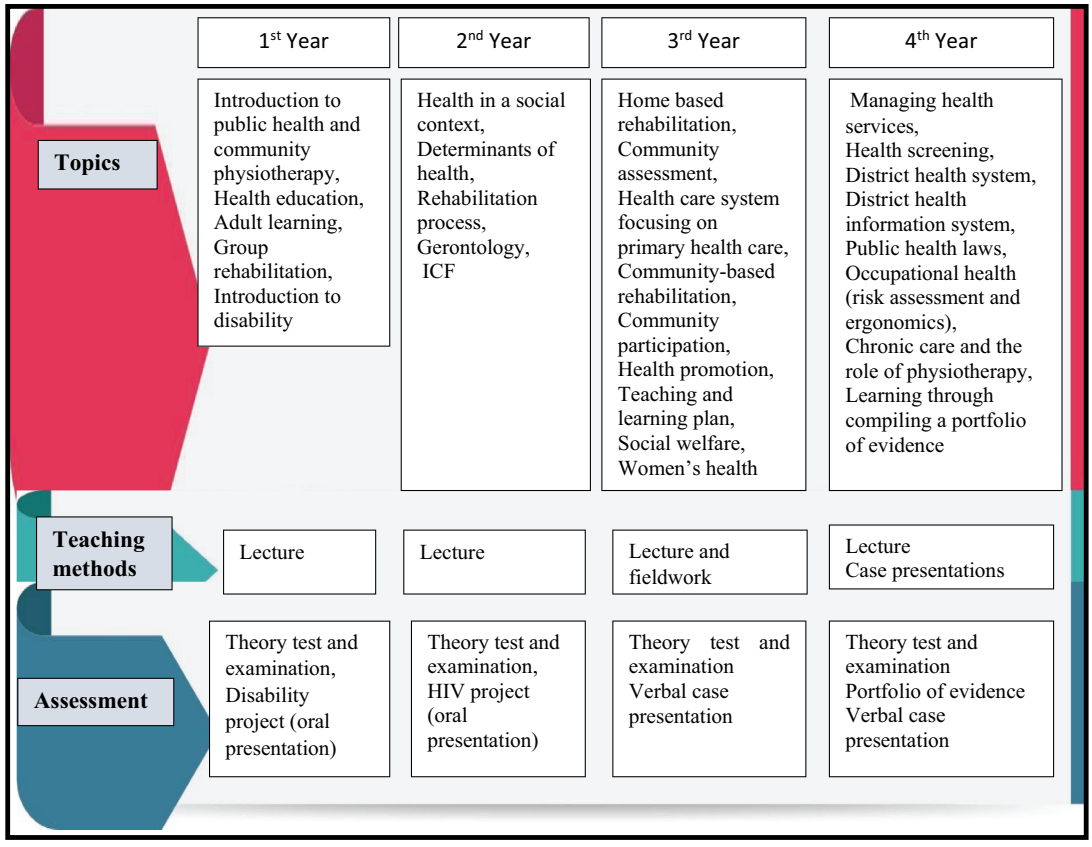
A thorough understanding of individual and community needs is imperative for the healthcare system to be effective, efficient, and responsive. Needs assessment is a collaborative process to diagnose and determine felt social and health needs, service delivery gaps, available resources, and strengths within a community setting such as a school, village, or workplace (Naidoo and Wills, 2016). At a community level, assessing community needs is an integral part of a planning cycle that can help students inform appropriate health interventions that foster collective action and ensure that the voices of the most vulnerable are heard. Skills developed in this concept include: communication skills (i.e. verbal and written); diversity; working across cultures; acknowledgment of indigenous knowledge and traditional remedies, and skills on how to shape health and rehabilitation (care) seeking behavior.

### *Community needs assessment*

The community assessment concepts are strongly emphasized from the first year of the student's training to ensure that the students develop targeted and appropriate interventions. Various topics are taught as outlined in Table 2 to prepare the students to practically assess the needs of the urban and rural communities in the third and fourth year of study. Students are expected to demonstrate an understanding of what a community consists of (i.e. a group of people with similar attributes such as age, gender, interest, or geography). Students are expected to master the process followed to identify the needs and subsequent solutions using appropriate participatory appraisal tools. They complete the task by compiling a community profile and a reflection on the challenges experienced.

Our undergraduate community physiotherapy and public health curriculum teach students concepts of community entry, community mapping, and Participatory Learning and Appraisal/Action (PLA) tools (Naidoo and Wills, 2016; Newton, 2016). During community entry as part of service learning, the physiotherapy students approach and gain entry into the community accompanied by preceptors and clinical supervisors. Once the student is in the community, they need to understand how the community is configured, and this is done through a process called situational analysis (Allen, 2016). It involves collecting data on the geography, demography, social information,

**Table 1.** Curriculum topics, teaching methods and assessment across years of study.




health status, health services, determinants of health and other relevant sector services to inform the community profile. An example is illustrated in Table 2 using community assessment as an example.

Participatory Learning and Appraisal/Action tools are used to understand the community's needs (Newton, 2016). Participatory learning appraisal tools facilitate engagement with the community when identifying needs and solutions and evaluating implemented programs (Newton, 2016). Such tools could include a problem tree, solution tree, transect walk (walking in the community to identify resources and strengths) to perform community mapping, listing and card sorting technique, and SWOT (i.e. strengths, weaknesses, opportunities, and threats) analysis. Once the need has been identified, the physiotherapy students work with the relevant stakeholders to design an appropriate intervention.

### *Home-based rehabilitation*

Home-based rehabilitation is an essential service delivery mode in South Africa to ensure continuity of care after hospital discharge and to bridge access barriers experienced by people with disabilities (Maart and Jelsma, 2014; Sherry, 2015). Home-based rehabilitation includes the assessment of an individual's functional capacity and level of participation within their home environment. The patient and the family members are actively involved in the rehabilitation process to improve the individual's function and social integration through rehabilitative interventions.

Students are expected to administer appropriate outcome measures, emphasizing the level of community integration of the patient and the caregiver's strain level. Frameworks such as the ICF and the rehabilitation process are crucial to enhance clinical decision-making (Bauer, 1989; World Health Organization, 2013a). Exposing students to the patient's home and community context helps the students understand facilitators and barriers to health. In addition, this situational learning opportunity can enhance cultural competence, adaptability, communication, and client-centered care within a healthcare system (Parris, Van Schalkwyk, and Ernstzen, 2016).

**Table 2.** Educational theory, content, teaching methods and assessment – the example of community assessment.

| Learning objective | Teaching method | Assessment approach | Assessment criterion |
|---|---|---|---|
| To conduct a community assessment within a geographically or functional community setting | 4hr Lecture: on community assessment<br><br>Paper-based simulation in group and plenary work in class using simulated community contexts e,g, scenario given of a community with childhood development problem.<br>6 hour Fieldwork | Written end of block tests (short answer and essay type questions) | Demonstration of knowledge on the components of community assessment, approaches to a situation analysis, the components of survey tools, and participatory learning and appraisal tools' benefits and processes. Describes the planning cycle and how the student would use it. |
| **Psychomotor –** ability to identify the community, engage key community players,<br>Plan and approach the community,<br>Organise and communicate the purpose<br>Implement the chosen appraisal tools, analyse the information gathered and produce a community appraisal report. | Clinical placement service (or workplace-based) learning, demonstration, and practice with guidance from facilitator.<br><br>Practised in community setting with facilitator feedback. | Practical community and workplace-based assessment<br>Verbal case presentation<br>Portfolio of evidence | The student independently (or in a group) conducts a community assessment that documents the identified community, the stakeholder engagement, the planning cycle, the process and the findings in the chosen community, the participatory and appraisal tools used, the data collected and the outcomes for the community. |

## Health care system

A healthcare system is defined as *"all organizations, people and actions whose primary intent is to promote, restore or maintain health in a responsive, financially fair and efficient manner"* (World Health Organization, 2007). The learning objectives under the healthcare system domain include increasing the student's ability to understand what a healthcare system is, the different levels of care, primary health care concepts, and the ability to identify the role of physiotherapy. The theoretical concepts covered under the healthcare system domain include primary health care, community-based rehabilitation, district health system, and the district health information system. In clinical practice, the students are exposed to rural and urban healthcare system environments to interact with the different levels of healthcare, and a diverse community to render appropriate services based on the needs identified.

### *Primary health care*

Primary health care (PHC) is a service delivery strategy to enhance health by incorporating the biopsychosocial approach to address health inadequacies (World Health

Organization, 1978). Primary health care should be comprehensive, cost-effective and accessible to individuals in the community (World Health Organization, 1978). This definition emphasizes healthcare delivery closer to where people live, work and play, and focuses on preventing disease and promoting health. The undergraduate community physiotherapy curriculum focuses on the roles of physiotherapy in primary health care settings: health promotion, prevention of diseases and reduce risk of injury, curative, rehabilitation, and research (Maleka, Franzsen, and Stewart, 2008). Third and fourth-year students are placed in urban and rural communities, respectively, to identify areas requiring the application of the roles of physiotherapy to maximize access to vulnerable and marginalized individuals and communities. The clinical and theoretical objectives guide the application of the profession of physiotherapy in these settings learnt from the first year of study.

### *Community-based rehabilitation*

Community-based rehabilitation (CBR) is defined as "a multi-sectoral approach working to improve the equalization of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability" (IInternational Labour Organization Scientific and Cultural Organization, World Health Organization, 2004). The main aim of CBR is to promote the rights of people with disabilities, including the right to health. With the increasing burden of disability globally due to the increasing aged population and chronic diseases' ill effects, training physiotherapy students on CBR implementation and evaluation is imperative (Cieza et al., 2020).

First-year students are introduced to disability concepts and the importance of applying the biopsychosocial models when addressing disability through a transformative approach (Heymani et al., 2020). The teaching format includes a project with scenarios where students address different issues that affect persons with disability. In the second year, the students conduct a project on HIV, long-term needs and the role of physiotherapy. In the third year of study, physiotherapy students are exposed to district-level healthcare and non-governmental organizations for people with disabilities, where they engage and apply the CBR matrix to strengthen CBR implementation. The exposure is done through activities that include needs assessments, home-based rehabilitation health promotion programs, community health workers and family training, and facilitation and formation of support groups to enhance patient well-being.

### *District health system and district health information system*

The district health system (DHS) is an essential component within the healthcare system, designed to deliver primary health care services at a community level in geographical sub-divisions (Coovadia et al., 2009). The district health information system provides the DHS with scientific data by collecting, analyzing, and evaluating community information and health to enable informed decision-making (Bongongo et al., 2019). The physiotherapy students are trained to understand the structure and function of the district health system, district health information system and the public health laws that guide the health system. Students in the third and fourth years of study are expected to gather information on the burden of disease and disability in a community and district health system to guide the planning and prioritization of physiotherapy and rehabilitation services.

## Managing health services

Management is a subject that outlines the art of getting things done (Koontz and Weihrich, 2010). Many qualified physiotherapists find themselves in leadership roles and they are expected to plan, implement services understand the basics of budgeting, communication and collaborating in health teams (Ramklass, 2009). However, they are not prepared to lead and manage rehabilitation services within a district health system. The need for a physiotherapist to implement services within a complex health system requires the basic tenets of management and application of systems thinking (Mostert-Wentzel, Frantz, and Van Rooijen, 2013).

In the public health and community physiotherapy curriculum, a management course is introduced in the fourth year of study and distinction is made between the context of a private setting and a rural or less resources setting as well as the service delivery system. Students are given paper case scenarios with management problems derived from real-life experiences and they are expected to illustrate their decision-making process, planning and the principles used to inform their solutions. Theory related to the management course is evaluated in theory assessments (i.e. tests and exams) and also in their portfolio of evidence.

## Health intervention strategies

Physiotherapy has a role to play in health promotion and disease prevention. Health promotion is a concept

from the Alma Ata strategy for primary health care and is integral to achieving sustainable development goals 2030 (World Health Organization, 2017b).The importance of equipping physiotherapy students with health promotion skills has been highlighted in numerous studies (Dean et al., 2014; Walkeden and Walker, 2015).

Under the health promotion theme, the following topics are covered throughout the physiotherapy training: health in a social context, determinants of health, levels of disease prevention, health promotion key tools and health education. Lastly, behavior change models are taught to help students understand the theories that guide human behavior, such as the stages of change, the health belief model and the diffusion of innovation theory (Dean et al., 2016; Naidoo and Wills, 2016).

Included within health promotion is the concept of health education. Health professionals often use the terms interchangeably; community physiotherapy and public health curriculum help students distinguish between the two. Health education is an activity that seeks to educate the individual on the nature and causes of health/illness and that individual's level of risk associated with their lifestyle-related behavior (Whitehead, 2004). Empowering patients and the community with health information is core to promoting health (Pilusa, Myezwa, and Potterton, 2022). Students are taught to develop a teaching and lesson plan, outlining the topics to be covered, the content and the teaching format (Milkova, 2005).

## Overarching concepts

Underlying public health principles are foundational ethos when working in the community. Principles and concepts taught include empowerment, facilitation, adult education, community participation, collaboration, group rehabilitation, equity, and sustainability. These principles underpin all areas taught throughout the physiotherapy training. By emphasizing these principles throughout the curriculum and the community projects, we believe we contribute to decolonializing the physiotherapy curriculum. The learning activities guided by the above mentioned principles contribute to the student's understanding, address power dynamics between health workers and communities, social justice, and raise self-awareness. We believe that a student who has the opportunity to experience the various learning opportunities expose them to essential tenets of decolonialization and social justice to "tell the story about their past, present and future" (Grumet, 1981). Among the myriad of principles taught, the following principles will be explained -empowerment, adult education and community participation.

### *Empowerment*

Empowerment is a principle derived from primary health care and health promotion definitions. It involves helping people or communities take ownership of their lives by involving them in identifying their needs and underlying determinants of health, prioritizing them, identifying practical solutions to address their needs, and evaluating implemented interventions (Koontz and Weihrich, 2010). Students need to understand that to make a difference in the community and ensure the sustainability of implemented programs, they must enhance the community's ability to take ownership of their health. In all service learning projects, the student ability to use participatory tools when identifying the community needs, partner with and empower the community is continuously underscored.

### *Adult education*

Empowering people through health education or involving the community to participate in any program recognizes how adults learn (Sanchez and Cooknell, 2017). Students are taught to plan their interventions by recognizing the innate characteristics of an adult learner, such as the importance of bringing life experiences to learning, setting clear goals, and ensuring what is taught is relevant and practical. The critical values of respect, promotion of independence, and self-direction are underscored. Adult education is included through a lecture and then tested for application through the various projects and interactions in the students' clinical block. Simple approaches such as ensuring they establish what the target group knows, building on what they know and using participatory appraisal tools are observed in assessing their psychomotor skills. Incorporating these elements into learning at the community level enhances the empowerment of the individual, acceptance, participation, and success of the intervention (Woodall, Raine, South, and Warwick-Booth, 2010). In effect, it lessens the expert-recipient relationship in health worker-patient engagement.

### *Community participation*

Community participation involves the community in identifying needs, resources, and solutions to increase ownership, success, and sustainability of implemented programs (Lindberg, Kreuter, Taft, and Person, 2013; World Health Organization, 2002). It is a foundational principle for primary health care, health promotion, community development and community-based rehabilitation. Community participation is taught to the students to ensure that

physiotherapy students understand the importance of partnership and ensure people's voices are heard.

## Lessons learned and recommendations

Developing and implementing the curriculum has taught us that curriculum development is an iterative process that requires constant review. Through this innovative curriculum, we have shifted how the profession of physiotherapy is viewed across communities and health facilities where we place our third and fourth-year students. Placing students in communities where they interact with community members and stakeholders, has demonstrated how physiotherapy can make a difference in individuals' lives. One recent example is a home visit conducted by 4$^{th}$-year students who advocated for a young girl with a spinal cord injury to return to school and involved the local business community in donating cement to build a ramp at the patient's house. Our graduates have received positive informal feedback through examiners' reviews and anecdotal accounts. In addition, our graduates have reported, albeit informally, they perceived being better prepared to practice in the public health sector and resource-challenged or unfamiliar areas. Future curricula evaluation research is required. The clinical platform and the clinical educators play a significant role in ensuring the clinical objectives are met and in developing the students' competence that is relevant to public health and community physiotherapy. Thus regular training on the curriculum is conducted for the clinical educators and onsite therapists. One of the challenges experienced in delivering this curriculum is finding suitable rural-based clinical placements. The broader plan of training an adequate number of health professionals needs to be linked to the availability and development of the healthcare training platform. Inadequate planning results in our students not finding adequate and suitable hospital accommodation for extended clinical placements.

There is a need to formally evaluate the curriculum (outcomes, alignment impact, and acceptability) while adding students' and graduates' voices. Future research must also explore how graduates use the concepts learned and identify physiotherapy practice needs or gaps related to public health and community physiotherapy to inform the curriculum. Additionally, a comparison of South Africa physiotherapy programs that include community projects will be useful and add to the body of knowledge about decolonializing the curriculum. We hope by sharing our experience we can open a dialogue on adaptive, responsive, innovative curriculum approaches.

### *Implications*

The public health and community physiotherapy curriculum showcases the initiative of a physiotherapy department in South Africa to reflect 21st-century and decolonialization priorities better. In addition, the curriculum augments the basic physiotherapy curricula and makes sure students can examine social determinants of health and respond to community needs. To date, much of the feedback on the curriculum has been informal. Formal evaluation of the students' sense of preparedness to respond to societal rehabilitation needs should be examined. Other universities can learn from this initiative, and ensure curricula are dynamic and respond to local, national, and international health priorities.

## Conclusion

At the University of the Witwatersrand in South Africa, the overall public health and community physiotherapy curriculum prepares the students to understand and be responsive to local issues such as decolonialization, social injustice, and being change agents. Tools for health promotion, community participation and engagement equip students to interact with the community and other stakeholders practically. A clear understanding of the broader approaches of healthcare and primary health care systems, community-based rehabilitation, home-based rehabilitation approaches and important underlying principles allows physiotherapy students to identify and locate their role in delivering rehabilitation services within a primary and health system in the South African context.

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