**Can you tell me about yourself and your profession?**

My name is Gail and I am an Orthotist working with the NHS Greater Glasgow & Clyde (GG&C) Health board. I am interested in public health; however my experience in this field is limited. I am keen to know how my profession can contribute to the public health efforts. Some of the public health explanations you gave relating to my profession ring bells, but I am unsure how my profession would get involved. Prosthetists and Orthotists do a lot of signposting to other practitioners, for example to smoking cessation or healthy weight programme, As an Orthotists my priority is to get people moving again, encouraging people to participate in sports and reduce the risk of falls. Keeping people mobile gives them better mental health, mental wellbeing and it allows them maybe to get out of the house rather than being confined to their own 4 walls. It allows them to walk up a hill rather than just walking around the block, it enable them continue to work or engage with education.

As an Orthotists, I design and prescribe orthoses to either reduce pressure areas or correct parts of the body to allow people to walk and maintain range of movements and joints where there are maybe external factors, like spasticity that are causing joints to be become very fixed”. I work with patients ranging from children to adults with neuromuscular problems, patients who have suffered from stroke, those who have cerebral palsy or have spinal injuries or rheumatoid type disease, MSK, diabetes and trauma patients. My Prosthetist colleagues focus on limb loss.

Orthotists in GG&C work predominantly within the acute setting and in the community. The profession is quite small and the distribution across Scotland is based on the population number, social demographic and level of needs. The level of social deprivation has an impact on the services provided by orthotics and in prosthetics because it's been shown that places of social deprivation have more incidences of diabetes, peripheral arterial disease, which then lead on to problems where patients need orthotics or ultimately needing prosthetics”.

**Do you think that the work you do fits into the wider public health agenda?**

I don’t believe that my profession has much to do or contribute towards health protection compared to other professions and we are not involved in screening programmes as most of the screening programmes take place within the community. The Orthotists and Prothestists incorporate the ‘making every contact count’ into their practice. New staff as part of their in-house training are taught how to, and where to signpost patients to, for example exercise classes, smoking cessation and the active living programs. When patients come in for their appointment, if they are ready to make the necessary changes, the staff member would speak to the patients about it (the issue) as it could have a big impact on the orthosis or prosthesis that would be recommended. For example, from a weight management point of view, if somebody is severely overweight, they might not get a limb or a leg because of the weight limit on the components of a leg is too small for the weight of that patient. Such patients would then be referred to weight management programmes and when the desired weight goal is achieved, a prosthesis can then be prescribed. We are able to talk to them from an Orthotist point of view, for instance, in any knee pain a patient might not be able to get an operation for a knee replacement and they are referred for a knee brace and we're able to talk to them about losing weight.

In terms of wider determinants, the Orthotist in prescribing a brace to a patient might enable them to return to work. This would give the patient the confidence that they're not going to fall or allow them to walk further without pain thus making them able to live life to the full.

In terms of the patient’s environment, especially those who have lost a limb, if they're not able to wear a limb they can go home and end up living in a single room within their home because their housing isn't suitable for them. The patient ends up having to use a commode beside their bed. If we're able to give them prosthesis, this would allow them to walk about their own home and access areas of their house that they won’t be able to access in a wheelchair.

**Are there opportunities for Prosthetist and Orthotists to engage in public health?**

There are limited opportunities for my profession to engage with public health and this is probably because of the size of the profession. I became involved in public health representing my profession and health board out of curiosity, it was something I was very unaware of, we don't do very much on it and it's just kind of opened up my eyes a little bit and what influence we have on public health and to be able to relate what we do to some of the public health strategies.

**What can be done to promote public health in your profession?**

I believe that public health “should be introduced at undergraduate level and should be part of our graduate program as well”. I have heard about AHP’s engaging more with the public health department within their hospital in the past few months and this is something I would quite like to try and implement within my department. I am not aware of anything that could support my profession with public health projects in the future.

**How has the pandemic affected your profession?**

The pandemic has had a variable impact on the services provided by Orthotists and Prosthetists across Scotland as this is dependent on the type of contract or service provision to the NHS. Some Orthotist employed by companies contracted to certain NHS boards were unable to access the hospital during the first lockdown and so the orthotics services just shut down. Orthotists directly employed by the NHS carried on seeing patients who urgently needed repairs or new items to keep them mobile. Others were redeployed to help out within the hospital or with the vaccination effort. As a profession as a whole, the pandemic affected us, but for now, I think we're doing as well as any other profession.