

**Helen Skehan – Level 1 CPD Education Award - 2023**

My thanks to the MACP for awarding me a Level 1 CPD/Education Award consisting of £750 to contribute to and fund my professional development. My application had been to help me fund my attendance at the 11<sup>th</sup> interdisciplinary World Congress on Low Back and Pelvic Girdle Pain which took place in Melbourne, Australia on the 1<sup>st</sup> – 4<sup>th</sup> November 2023.



The MACP started me on my liking for international conferences. As a new member, further back than I care to have committed to print, I applied for, and won an educational award to the IFOMPT conference in Lillehammer, Norway. What still sticks in my mind from that trip (as well as the astronomical price of G&T's!) was the early sharing of research results, literally just completed and in many cases prior to publication. This conference was no exception, it came up as a recurring theme that the conference must be lucky as so many presenters had just heard that their work had been accepted for publication in prestigious journals. In retrospect, I think that it was less a case of luck and more down to the efforts of the organising team to gather

together such an accomplished group of researchers and speakers.

The Interdisciplinary World Congress on Low Back and Pelvic Girdle Pain has been established since 1992 and brings together a unique collection of professionals including Scientists, Clinicians, Academics and Policymakers sharing an interest in the lumbar spine and pelvis. This was the 2<sup>nd</sup> time that Melbourne had hosted this Congress, the previous time being 19 years ago back in 2004. Having attended the 10<sup>th</sup> Congress in Antwerp in 2019 and greatly enjoyed the event's multidisciplinary and international aspects, I determined then to try to get to Melbourne to catch up on the latest reports on our most common clinical presentation as well as to explore that fascinating city that I was always being told was the most European of Australian cities.

The internationally accredited, educational programme was chaired by Paul Hodges of Australia and Andry Vleeming of the Netherlands/Belgium with a strong scientific committee including many names well-known here in the UK such as Peter O'Sullivan and Lorimer Moseley.

As expected, given the distances involved, the majority of the delegates were from Australia, many of them therapists or students attending for one or more of the days. There were just 9 delegates from the UK (there were 41 delegates from the UK in Antwerp back in 2019). The UK was ably represented

in the presentations however by Dr Liba Sheeran and her PhD researcher, Akushla Rathnayake from Cardiff University who presented their research on the development and evaluation of digital health technology interventions for people with LBP over several talks. The programme was also expanded from previous programmes to include a session on Advances in Technology; Motor Control was added to the Biomechanics and Anatomy session; Education and Behavioural therapies had their own session as did Fascia. There was a good focus on Pelvic Girdle Pain, Self-management, and Lifestyle Intervention, all having their own sessions.



Early on Day 1, Paul Hodges presented his research (with great slides) looking at the role of specific versus general muscle rehabilitation in patients with LBP. His animal research studies examined the influence of the immune system in promoting a short-term response of fibrosis in the lumbar tissues that he postulated wasn't so helpful in the longer term causing stiffness and reduced movement. He proposed that the role of exercise or muscle activation might be the key to restoring muscle structure, and that there was a role for both specific and generalised muscle activation depending on the timepoint in the inflammatory and recovery cycles. Day 1 also saw a major discussion on the role of Clinical Guidelines with the question being: are the guidelines themselves subject to rigorous enough i.e. gold standard, investigations with placebos and double-blind studies? The answer for me was to have a careful look at where the guidelines were coming from and how they had been tested.

As a manual therapist, it was great to see Jon Ford from La Trobe University, Australia advocating evidence-based Manual Therapy. His large research team are revisiting some of the earlier systematic reviews on the effectiveness of conservative treatment including manual therapies such as McKenzie directional therapy. His presentations highlighted recent significant, systematic review evidence showing clinically important effects at short to intermediate term especially if the manual therapy (MT) approach is individualised. He highlighted the use of MT in 'specific' versus 'non-specific LBP' and advocated it as a first line option to try for patients with mechanical LBP that you think will respond.

The Education and Behavioural Therapies session moderated by Peter O'Sullivan and Lorimer Moseley focussed on the importance of changing pain beliefs and what is the best way to help an individual reconceptualise their back pain. Lorimer Moseley gave a very interesting talk on New Wave

Pain Education and in a later parallel session, Peter O' Sullivan expanded further on his most recent work involving training therapists to deliver Cognitive Functional Training in a very supervised, mentored and evaluated way to deliver an effective biopsychosocial approach to pain education and behavioural change. There was a great discussion following this session on the importance of precise language from the Therapist in relation to the patient's pain and validating the patient's experience and not the injury to the tissues, the latter reinforcing to them that they have a 'damaged spine' rather than in many cases (although not all), an over-protective system and/or sensitised structures. Providing access to reliable self-management information including on the nature of pain and encouragement to continue activities was also highlighted as an important aspect of comprehensive care.

The use of technology session saw amongst others, presentations looking at the role of wearable tech in providing real-time information contributing to the possible causes of pain flare-ups. Also, the use of telehealth and apps for more hard-to-reach rural populations that could equally be applied to an older population that had more limited means of accessing face-to-face therapies.



Robert Schleip and Carla Stecco presented new insights on the function of fascia speaking about the impact of hormonal and mechanical inputs and interactions between the fascia, the autonomic nervous system and immune regulation. Findings that fascia can contract but at a very slow rate in the region of 1cm a month was most interesting and could shed light on some chronic fibrotic conditions. Diane Lee also presented her latest work in this session looking at the best way to assess outcomes for Diastasis Rectus Abdominus. The session on Pelvic Girdle Pain was very useful with the message that Pregnancy-related pelvic girdle pain was very common affecting more than 50% of pregnant women leading many women to seek help. The group was very varied in

its requirements with women needing individualised help and support. Evidence-based treatment focussing on encouragement of exercise continuation, providing advice on exercise modification in cases of pain, such as sitting rather than standing exercise and avoiding terminology such as 'relaxin causing the pelvis to weaken to allow the baby to come through'. From studies it has emerged that

pregnant women have selective hearing and just get the message that their backs are weaker than before and less capable of exercise and normal activities and this message is not helpful for them in the longer term.

The importance of a comprehensive approach to the complexities of LBP was highlighted in many talks. Management or acknowledgement of overlapping issues such as insomnia (cited as experienced by 59% of people with LBP) and mental health issues such as stress, anxiety and depression were discussed. Abby Chang from the Washington University School of Medicine, St. Louis, Missouri, USA presented her team's findings from a qualitative investigation of orthopaedic patients and clinical team members regarding addressing mental health issues (see link). They found that patients wanted at least acknowledgement of their mental well-being but avoiding using stigmatising words such as 'depression' and 'mental health'. The greatest barriers from the clinical side included perceived lack of appropriate training, lack of time and lack of available resources to refer patients to. The opportunity to provide more rounded care even by having pamphlets and education leaflets in the waiting room, training staff to have these conversations and becoming aware of what resources were generally available to be able to direct patients to where necessary was highlighted.

The final day's programme included a session on self-management and lifestyle interventions in chronic LBP. It was emphasised that self-management wasn't abandonment of the individual by the therapist rather than the patient being facilitated to take control of their life with effective pain education and healthy lifestyle information, using exercise to develop confidence in movement and help with problem-solving skills, manual therapy to help with symptom management if valued by the patient and helpful for achieving patient-valued goals, and strategies for managing flare-ups. The therapist thus becomes more like a Coach with the patient retaining control and self-reliance.

Overall, this was a very intensive but hugely interesting conference. These large research teams having the capacity to revisit older studies and affect the direction of future research in collaboration with clinicians looks very positive for the consolidation of the evidence-base of musculoskeletal physiotherapy going forward. The competition, seemingly friendly for the most part, between the varying universities also probably raises the bar for research.

Our recruitment issues in the UK were highlighted by some of the delegates who taught courses in both Australia and Europe reporting that the number one question they are now being asked on UK and Irish courses is on the work situation in, and how to re-locate to Australia and New Zealand. From a different perspective, I met an overseas-trained physiotherapist who was working as a barista in Melbourne while she tried to get onto a Masters programme of her choice – the competition for these places is intense.

Melbourne is a fabulous, fun city full of characterful small shops and wonderful food choices. The European connections were so interesting with pockets of areas and shop-owners highlighting and being proud of their European heritage. There were lots of things to see in the surrounding areas such as the Yarra Valley wine region located very close to the city and easy access to coastal trips.

The 12<sup>th</sup> interdisciplinary World Congress on Low Back and Pelvic Girdle Pain is going to be held closer to home, in Porto in Portugal in early November 2026. I recommend marking the dates in your diary now.

Further information:

<https://www.worldcongresslbp.com>

<https://profiles.cardiff.ac.uk/staff/sheeranl>

What Are Orthopaedic Patients' and Clinical Team Members' Perspectives Regarding Whether and How to Address Mental Health in the Orthopaedic Care Setting? A Qualitative Investigation of Patients With Neck or Back Pain - PubMed

<https://pubmed.ncbi.nlm.nih.gov/36480637/>

<https://www.rbf-bjpt.org.br/en-self-management-at-core-back-pain-articulo-S141335521000538?referer=buscador> useful references