IFOMPT 2016: Glasgow

After my efforts at promoting the 2016 IFOMPT conference at Therapy Expo last year and a bit of persuasion over a pint from Rob and Jack (Physio Matters) I decided to bite the bullet, submit my abstract and apply for MACP funding!

After having fractured my foot 2 weeks before the conference standing next to my poster for questions posed a bit of a challenge, but having braved the train journey and YHA on crutches I was rewarded with a fantastic two days of lectures and seminars, great company and thought provoking conversations.

The following are a couple of snippets from each talk that caught my attention:

Moving beyond exercises for the management of patellofemoral pain. Simon Lack, Brad Neal and Michael Rathleff.

A great start to my programme saw three knowledgeable and passionate researchers arguing the case for exercise, load management and gait retraining in the management of PFPS. Packed with high quality references and take home messages.

- PFPS is prevalent and NOT self-limiting. 65% of adolescents still have pain after 2 years and 71% have stopped exercising.
- Exercise should be individually tailored including neuromuscular activation, strength/endurance and strength training and progressed according to individual requirements of strength deficits and time under tension.
- Load vs capacity to handle must be balanced: sometimes the problem is primarily load management.
- Running is a skill and gait retraining can be very important in managing lower limb injuries.

Expanding our effectiveness in patient education. Prof Harriet Wittink.

Really great talk highlighting the importance of health literacy in the two way interaction between medical professionals and patients.

- Education was included in the patient bill of rights in 1996…it is only now that studies are showing support for pain education, why has it taken 12 years?!
- Stop talking at your patients, get to know them. Treatment won't be successful if your beliefs aren't the same as your patients.

Expanding our knowledge and skills in Cauda Equina syndrome. Sue Greenalgh and Emma Willis (expert patient)

Fascinating insight into the patient experience and tied in perfectly with the education and communication messages of the previous speaker. Fantastic research by Sue Greenalgh to highlight the importance of getting it right when CES is suspected.

- It is important to lower the threshold for investigations: imaging is normal in 90% of patients with suspected CES and that's OK!

- Communication with patients is key: they are worried anyway so tell them what to be worried about and use normal language!

First impressions of the consultation: expanding the power of communication. Lisa Roberts

Highlights some great work around first impressions, communication skills and shared decision making with real food for thought to improve practice…smile!

- It takes patients a max of 92 seconds to tell their story. Can you "shut up and listen?"
- Ask "do you have SOME questions?"
- Challenge: to make every patient feel valued and special.

The conundrum that is the shoulder: Expanding our ability to manage shoulder pain. Jeremy Lewis.

A barrage of high quality research to promote the effectiveness of exercise in the management of shoulder pain to take back to commissioners….fantastic talk!

- There is nothing special about special orthopaedic tests!
- There is no consistency between diagnostic imaging findings and shoulder symptoms.
- Studies have consistently shown that exercise is as effective as surgery and can reduce the need for surgery by up to 80% for SIS, partial and full thickness RC tears.
- Consider marginal gains theory: SSMP, exercises, nutrition, ergonomics, kinetic chain, education, health literacy, sleep and stress.

Groin injury- Time to move forward. Alison Grimaldi, Claire Small and Jackie Whittaker.

This lecture spent a lot of time discussing systematic reviews that were inconclusive due to lack of evidence. After which the management and exercise strategies were based on expert opinion but seemed quite simplistic and out dated…maybe there could be useful knowledge transfer from what is now known about "motor control" at the spine and shoulder girdle to help researchers move forward with the hip and groin?

- Poor quality studies highlighted in systematic reviews therefore lack of evidence around risk factors and movement quality in hip and groin pain.
- Consensus statement classification system for groin pain: Weiret et al BJSM, 2015.
- Exercise must be specific to individual deficits and focus on load transfer and muscle function across the pelvis. Incorporate open and closed chain exercises across multiple planes of movement: frontal plane, sagittal plane and axial plane.

Expanding our understanding of entrapment neuropathies and neural pathologies. AnninaSchmid.

This was my highlight of the conference! An amazingly presented lecture synthesizing clever science with pertinent clinical information that for me will be practice changing.

- Normal neurological examination and NCS are only testing thick, myelinated fibres (20%). In progressive, long term entrapment the small (thin, myelinated and

unmyelinated) are degenerative (80%). Do not ignore 80% of nerve fibres…test mechano and thermal sensitivity!
- Extra-teritorial symptoms come about due to proliferation of glial cells in DRG as a result of neural inflammation. Lower the firing threshlold of any nerves that converge in DRG of effected level.
- Cortisone, surgery, splints and exercise are all helpful to reduce compression and neural inflammation.

Individualised cognitive functional therapy compared with a combined exercise and pain education class for patients with NSCLBP. Mary O'Keefe.

A very insightful journey into May's PhD experience starting with systematic reviews that highlight the lack of clinically significant differences between current interventions and culminating in some really exciting preliminary results of her individualised approach.

- Listen to the patient's story and conceptualise pain and coping strategies in a way that is relevant to them.
- Expose people to their specific problems and help them to achieve mastery of activities.
- Strive to achieve change and not just manage chronic pain!

Expanding our assessment in manual therapy to include the vascular system. Roger Kerry.

Having heard Roger speak previously and a read a significant amount of his publications on this subject there was nothing new today to capture my attention (apart from a Murray mint and a large yellow duck!). I sensed some frustration from Roger throughout his usual quirky lecturing style that not a great deal has changed in clinical practice since Alan Taylor's first publication on vascular assessment in 2001. This highlights the disparity between research and clinical practice and again begs the question "why does dissemination take so long?"

- Vascular dysfunction may present as pain as only manifestation: initially somatic progressing to ischaemic.
- In exercise induced vascular dysfunction (external iliac artery endofibrosis in cyclists) a small degree of stenosis could be significant.
- Physios should be aware of CAD classification model, cardiovascular risk factors and take blood pressure readings.

My overall impression.

A very well organised conference with a fantastic variety of speakers. It's great to see IFOMPT embracing the questions around the mechanisms and value of manual therapy and entering into scientific debate and expert opinion in order to move our profession forward to the benefit of all involved.

After having some doubts about travelling up to Glasgow I reluctantly got on the train home Wednesday night gutted to be missing out on the final two days of the programme.

Thanks to the amazing social media team I have been glued to Facebook and Twitter for the last two days enjoying pertinent slides, great twitter chats, insightful interviews and was even treated to some video footage of the legend that is Brian Mulligan…his up beat enthusiasm and total conviction in his techniques are clearly very powerful tools!

References (from presentation slides).

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Todd (2015) CES

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