IFOMPT 2016 - Alan Krawczyk MCSP MMACP

Firstly thank you to the MACP for funding 2 of my 3 days at the IFOMPT conference. It was a shame work commitments would not allow me to attend for all 5 days.

It is clear to see that we are in a consistently self-evaluating profession and I am happy that IFOMPT take a leading role in this. This was clear from the start of the conference with Professor Jull's history lesson and from something as simple as the change in the title of Grieves Manual Therapy to Musuloskeletal Physiotherapy.

I feel the organisation and the MACP for that matter sometimes get the reputation for being too exclusive and focused on the guru lead manual therapy approach. This is not my experience. It was great to have self confessed non manual therapists invited to speak and challenge perceptions. Day 1 highlighted the importance of the communication with the patient and I would hope it reinforced rather than revolutionised my practice. A key point that I took away from the day was to try really hard to interrupt patients less. On reflection I always thought I was helping and empathising with a patient when maybe they just need to be allowed to talk for longer than 60 seconds. I feel that my patients have already benefited from this space to talk and to get their point across.

The debate on manual therapy was interesting. There are certainly some strong opinions either way. It is so important for an organisation to challenge some of its ideal's like this and although manual therapy won out (according to the result of the debate) it can be clearly seen that its use is going to have to withstand some rigorous questioning if we can continue to use it as an ethical treatment that benefits a patient rather than create a patient/therapist dependency. We should not be afraid to go through this process as uncomfortable as it may be.

I thoroughly enjoyed the Brian Mulligan show; it was great to see a legend of physiotherapy in person. He was entertaining, humorous and charming and fixed someone's elbow right up there on the stage. How did he fix it? With a mobilisation with movement of course. Or was it his engaging personality, confidence and reassuring hands on skills plus the lifetime achievement award he had just received? I hope everyone else watching was questioning what the mechanisms were too. This gentleman has done so much for putting physiotherapy on the map and just because the landscape is changing somewhat does not mean that his drive and passion for what we do should be forgotten (I don't think there is any fear of that). I am glad he has been recognised. A truly deserved award.

Finally as an Advance Physiotherapy Practitioner in the Emergency Department I have been able to put much of Sue Greenhalgh's discussion on CES into practice. It was excellent to have a patient's perspective on the condition too. I have been fortunate not to have any patients presenting that have then gone on to be diagnosed with CES since but I feel far more competent in dealing with patients that present with potentially concerning symptoms.

I have gone way over the 300 words that were asked of me and I haven't even touched much of what I have learned from the event but I have had plenty of food for thought. Having only attended courses before and never a conference the format I feel allowed me to sample a lot of different ideas which I have then been able to go and read into in more depth and appraise myself.

All in all it was a very fulfilling conference for me with some learning points for the longer term and some instant knowledge that I have already been able to put into practice.