MACP Conference Report: IFOMPT 2016

Without a shadow of doubt, the IFOMPT conference was a resounding success. Approximately 1,300 delegates descended into Glasgow from all over the world for a memorable week of engaging keynotes, presentations and personalities. This (over) 300 word report cannot convey how well organised and well run the conference was, let alone the sheer volume of clinical and academic gold dust that the week provided. Huge congratulations to IFOMPT, Mindy Cairns and the scientific committee, the MACP and all who contributed to the event.

Opening session:
The opening session was led from the front by Chris Mercer followed by the Baylor of Glasgow, Emma Stokes and Chris McCarthy who all welcomed the delegates and set the scene for expanding the horizons of physiotherapy practice and manual therapy.

Gwen Jull outlined the history of modern manual therapy from the early years through to today. Gwen raised serious questions by asking why there appears to be differences between the management of spinal and extremity regions. She went on to conclude with her thoughts on the future aims for the profession and that we should apply them to *both* spinal and extremity conditions: a) prevent re-occurrence b) prevent transition to chronicity and c) aim to slow condition progression. Ann Moore followed by discussing the history of the IFOMPT conferences to date alongside the transition of manual therapy's evolution from 'art' to 'science' with a greater focus on multi-modality management as well a growth in qualitative research.

I shall focus the feedback report on two presentations that were given in the conference.

Lorimer Moseley:

Lorimer Mosely entertained the audience with a fantastic keynote session on expanding our understanding of pain biology into patient care. Lorimer started the session by discussing the real mechanistic effect of placebo and how personal influences such as appearance, eloquence and verbal skills can enhance treatment effects. He then went on to discuss the *imprecision hypothesis* model of pain in detail. As usual, Lorimer conveys these complex ideas and models seamlessly to the audience. For more information with regards to the imprecision hypothesis please follow this link for the full online pdf.
http://www.bodyinmind.org/wp-content/uploads/Moseley-Vlaeyen-Beyond_nociception-PAIN-2015-2.pdf

I have also added key references from the keynote presentation below which have free online access.

Key References with online access:

When touch predicts pain: predictive tactile cues modulate perceived intensity of painful stimulation independent of expectancy (Harvie et al, 2016)
http://www.bodyinmind.org/wp-content/uploads/Harvie-et-al-2015-SCAND-J-PAIN-touch-predicts-pain.pdf
Bogus Visual Feedback Alters Onset of Movement-Evoked Pain in People With Neck Pain (Harvie et al, 2015)
http://www.bodyinmind.org/wp-content/uploads/Psychological-Science-2015-Harvie-0956797614563339.pdf
Can Pain or Hyperalgesia Be a Classically Conditioned Response in Humans? A Systematic Review and Meta-Analysis (Madden et al, 2015)
https://www.researchgate.net/publication/291387446_Can_Pain_or_Hyperalgesia_Be_a_Classically_Conditioned_Response_in_Humans_A_Systematic_Review_and_Meta-Analysis
Toll-Like Receptors in Chronic Pain (Nicotra et al, 2012)
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3303935/pdf/nihms335230.pdf
Why is Neuroimmunopharmacology crucial for the future of addiction research? (Hutchinson and Watkins, 2014)
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3858520/pdf/nihms501659.pdf
Glia as the "bad guys": Implications for improving clinical pain control and the clinical utility of opioids (Watkins et al, 2007)
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1857294/pdf/nihms-16688.pdf

Harriet Wittink

Health literacy and education is a well-recognised clinical aspect of practice however, how much do we know and do about it?
Dr Harriet Wittink from Utrecht University in the Netherlands bombarded the audience with thought provoking and challenging findings. Providing information to people regarding their health is often not discussed in detail within clinical education as other aspects of practice, such as clinical reasoning. Health literacy entails people's knowledge, motivation, and competences to access, understand, appraise and apply healthy information in order to make judgements and take decisions in everyday life concerning health care. Failure to address health literacy may create an environment for maladaptive health beliefs that are associated with poor outcome. Dr Wittink highlighted the use of 'Kleinman's 9 questions' to bring out patients health beliefs and gently challenge them if required using a Socratic dialogue. In concluding, Dr Wittink suggested that patients should be able to answer three questions and be able to feedback the information, namely.
1) What is my main problem? 2) What do I need to do? 3) Why is it important for me to do this?

There were many highlights from the conference that I am slowly writing up in detail. Once complete, I will share them on the MACP blog as well as my own.

With Glasgow 2016 setting the bar high, here's looking forward to Melbourne 2020!!!