

IFOMPT 2016 – Report / Patrice Berque

I was awarded funding to attend two days at IFOMPT 2016, one day funded by the MACP, one day funded by NHS Greater Glasgow & Clyde. There was a very interesting trend of discussions relating to the research process, mentioned by several researchers, i.e. Gwen Jull, Joel Bialosky, Nadine Foster and Roger Kerry. This was a criticism linked to the difficulty to conduct research that includes heterogeneous subgroups. The current message was towards studying interventions by subgrouping participants into homogeneous subgroups; to use control groups and stop using single-arm studies due to the effects of natural history for many MSK conditions; to better understand the mechanisms underpinning manual therapy (biological responses, individual mechanisms, personal factors), and therefore to use outcome measures that do not only measure pain, but also function, psycho-social factors, fear avoidance and other barriers to improvement, patient satisfaction and global perceived effect. Furthermore, the way systematic reviews are presently conducted was also criticised, since they often do not account for subgrouping, and therefore often reveal small effect sizes or lack of evidence for many MSK conditions. This “washout” effect has already been described in low back pain studies, and attempts at systematic reviews that account for this already exist (Vibe Fersum on non-specific chronic low back pain).

Otherwise, the highlights of those two days for me were: an account of the CNS pathophysiology in chronic pain syndromes by Moseley, with interesting similarities with what occurs in focal dystonia (topic in which I have published research), i.e. cortical map disorganisation and loss of discrimination; new research in lateral hip pain with a stronger link made between the biochemical processes occurring in tendinopathy, EMG findings on gluteal muscles, and the interventions subsequently developed (Fearon, Scott, Grimaldi); a review of headaches, with strong evidence of manual therapy regarding the clinical testing and treatment for cervicogenic headaches (Hall, Fernadez de la Penas, Cleland, Courtney, Puentedura); a review of the mechanisms and assessment of proprioception, and its applications for neck-related disorders and following knee injuries or surgery (Treleaven, Roijezon, Clark).