



Ref: CP/ IFOMPT2016

Carol Payne DipPhys, MSc, MPhil
Physiotherapy Department
Level 2, Out-patients East
Norfolk & Norwich University Hospital
Norwich
NR4 7UY

Direct dial: 01603 286990

Direct Fax: 01603 287369

Email: carol.payne@nnuh.nhs.uk

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Dear colleagues

Re: MACP IFOMPT Presentation Award

Please find enclosed a report detailing my experiences of attending the International Federation of Manipulative Physical Therapists Conference.

Monday was about finding my place in the world order; Gwen Jull's use of Modern Manual Therapy (1986-2015) as a device charts my own career progression from a "hands-on" manipulative therapist to a shoulder specialist who recognises the importance of identifying at an early stage those patients who are likely to benefit/engage with physiotherapy and those with complex psychosocial disorders who would benefit from an MDT approach.

On Tuesday I presented my paper on the shoulder or upper extremity region-specific PROMs that should be used for the assessment of musculoskeletal shoulder problems, from the patient's perspective. It ran to time, was well received and there were no tricky questions. That over I felt was then able to relax and enjoy the scientific debate, meeting and sharing experiences and socialising with some of the other 1,320 delegates.

By Wednesday I was more at home navigating my way around the IFOMPT App. I liked being able to download abstracts and make notes or jot down those "little gems" before they escaped. I'm used to following conference proceedings on Twitter and

thought the blogs on keynote speakers and podcasts were excellent. We are in the process of putting together an on-line resource for the folks back home in MSK outpatients.

Thursday's stand out address for me was Nadine Foster. It pressed all the right buttons in terms providing a blueprint for the use of clinical prediction rules drawn from the Start Back tool with other MSK problems – in my case to redesign our shoulder service. I also enjoyed one of the interactive poster walks with expert commentary; so often at other conferences the posters have just gathered dust.

By Friday my thoughts were less coherent. I will revisit the information presented at the hypermobility symposium as we are looking to manage people with heritable joint hypermobility syndromes with complex health problems more effectively across services to better manage patients' expectations. The proprioception symposium confirmed my view that in addition to contemporary evidence and experiences there should always be an element of interactive/clinical content.

In my application I wrote "I want to be challenged and inspired, and want to come away with some clinical gems, ideas for service redesign based on shared experiences, and on the best way to take my research forward" and I achieved this in spades.

However I also wrote that "I want to regain my sense of professional identity" and I'm not sure that I will recognise the MSK physiotherapists of the future if we lose the "hands-on" debate and the pendulum swings too far the other way.

A thoroughly enjoyable and unique experience. Many congratulations to the organising committee for pulling off such a gargantuan feat, and thank you for supporting my CPD.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Carol Payne', written in a cursive style.

Carol Payne DipPhys, MSc, MPhil

Specialist Shoulder Physiotherapist and Advanced MSK Practitioner



KEY OUTCOMES FOR SHOULDER PROBLEMS An ICF-based study to determine how well patient reported measures reflect patients' perspectives Carol Payne¹, Christina Jerosch-Herold², Rosemarie Mason²

¹Physiotherapy Department, Norfolk & Norwich University Hospital, Norwich UK

²School of Health Sciences, University of East Anglia, Norwich, UK



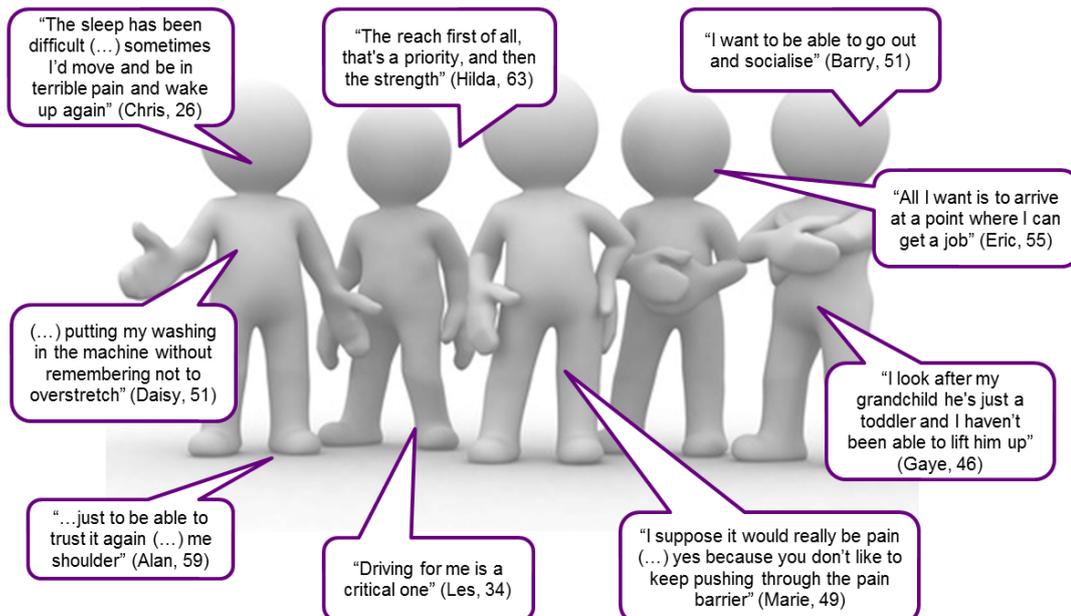
✉: carol.payne@nnuh.nhs.uk 🐦: @physcp

Norfolk and Norwich University Hospitals 
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How well do we measure the things that matter to patients?

Outcomes that patients with shoulder problems identified as important in one-to-one interviews

✉: carol.payne@nnuh.nhs.uk 🐦: @physcp



*Names have been changed.