

At the moment I am close to submitting my PhD on the diagnosis and classification of sciatica, and I was very keen to have the opportunity to discuss some of my research findings with fellow clinicians and researchers at IFOMPT. I submitted an abstract, and received the great news that it was accepted for an oral presentation. The not so great news that I was the very last presenter in the last session of the week! It was a very stimulating session, with high quality presentations incorporating a diverse range of research methodologies. The themes included results from an RCT recently published in the BMJ evaluating the effectiveness of transcranial direct stimulation for chronic low back pain (K Leudtke), a prize-winning presentation by Michelle Kendall from Perth, Australia on the limited predictive ability of the StartBack screening tool; results from Colette Ridehalgh's doctoral studies on the relationship of neural tension tests to nerve palpation in patients with spinally referred leg pain and a protocol for a systematic review and meta analyses of the course of pain and disability following lumbar discectomy by Alison Rushton.

Other highlights from the two days that I attended included presentations by Brigette Tampin on her work differentiating nociceptive from neuropathic pain and Martin Rabey's work and reflections on whether to subgroup or not to subgroup patients. The theme of subgrouping or stratification of patients to treatment was covered in an afternoon plenary session by Professor Nadine Foster. The key message, which is such an important one, is we need to move away from poorly powered single group study designs that will not add to the evidence base. Time to pool our resources, skills and databases and think bigger with our research questions, designs and collaborations.

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