

## **IFOMPT 2016 – Tuesday 5<sup>th</sup> August 2016 – Karen Outram**

I was fortunate to receive funding from the MACP to attend one day of IFOMPT 2016 and I attended on the second day. I felt the overall trend of the day was the importance of communication and engaging the patient in the decisions and management.

I attended the following sessions:

### **No Pain, No Gain?**

Four researchers each gave a brief presentation on their research considering exercise within the chronic musculoskeletal pain population. Some very interesting points were raised, but due to the brevity of each presentation, only superficial details were provided. I felt that more would have been gained by focussing on one area, and covering this in more depth. However it did raise the awareness of the various research agendas that are currently ongoing within this area.

### **Expanding horizons in patient education**

Dr. Harriet Wittink discussed the importance of patient education, despite the lack of current research supporting this. She suggested that we need to consider different ways of educating with our patients to increase our effectiveness. She spoke about Health Literacy – which is the ‘is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions’. She suggested that current education was generally provided at higher than the average literacy level – which would limit the patient’s ability to engage with physiotherapy. She also spoke about the importance of exploring patient beliefs and addressing any unhelpful beliefs as part of the physiotherapy management.

### **Expanding Our Knowledge and Skills in Cauda Equina Syndrome**

This excellent joint presentation by Dr Sue Greenhalgh (Consultant Physio) and Mrs Emma Willis (Cauda Equina patient) provided a unique and refreshing reconsideration of Cauda Equina Syndrome.

The key clinical messages from this presentation were that early symptoms of CES are very variable, and can be subtle and vague. Therefore physiotherapists should have a low threshold to suspecting potential Cauda Equina Syndrome. Emma gave an interesting insight into her experiences as a Cauda Equina patient. This highlighted how differently CES can present. I was amazed at the lack of patient information she was given throughout her journey regarding her diagnosis and the condition. She spoke about the importance of language when screening for CES, and that questions should be clear and use ‘patient friendly language’ when asking about saddle/bladder/bowel symptoms. Further to this they recommended the use of written information using easy to understand, ‘patient friendly language’ to provide consistent and clear information.

### **First impressions in the consultation: Expanding the power of communication**

Dr Lisa Roberts discussed the importance of communication for optimising patient outcome. Her research had shown that it was very common for physios, especially senior physio’s, to interrupt their patients while taking their history. She also considered current use of shared

decision making, how to measure this by simple techniques in clinical practice and how to improve the use of shared decision making. This was interesting presentation which gave simple suggestions on how to improve patient consultation via improved communication strategies.

### **Expanding Our Ability to Manage Shoulder Pain and Pathology**

Dr Jeremy Lewis gave a thought provoking and entertaining lecture on the dilemma of diagnosing and managing shoulder pain. He demonstrated the diverse and extreme demands that are placed upon the shoulder during various tasks, and encouraged clinicians to considering the whole body when assessing shoulder pain, as the upper limb does not work independently. He discussed the lack of correlation between imaging findings and clinical features, inability to provide accurate patho-anatomical diagnoses and the need for further research.

### **Addressing Psychosocial Issues In Low Back Pain - Can Physiotherapists Do It?**

This symposium lead by Zara Hansen , Kieran O'Sullivan & Lorimer Moseley addressed the lack of clinical integration of psychosocial management strategies within physiotherapists' management of low back pain, despite the overwhelming research evidence that this is a key factor in determining prognosis. They suggested the need for a shift in clinicians and the populations understanding of the role of psychosocial issues in LBP. They considered why clinical practice is reluctant to integrate psychosocial approaches into our practice, and suggests that we must address these issues to full manage low back pain.