

## **IFOMPT 2016 CONFERENCE REPORT**

With excitement and a little trepidation, I boarded the train to Glasgow to attend IFOMPT 2016, my first ever venture to an international conference. As it was on my doorstep, I committed to attending the whole week, a significant undertaking both financially and mentally – was I ready for a week's worth of CPD and learning at this level? Only time would tell.

Once on the train, I was going through the day's timetable using the IFOMPT 2016 app, a brilliant way to organise my schedule. But as there were so many fantastic speakers, I was in grave danger of having IFOMPT overload!

### Highlights of day 1:

- Lorimer Moseley's pelvic tilt whilst on the move (check out YouTube, I'm sure it's there!), but on a more educational note, the use of vibrotactile stimulus to treat hyperalgesia and allodynia shows the possible route that pain biology and neuroscience are going to take us.
- A review of the inflammatory process and healing by Tim Watson, somewhat gentler on the cortex prior to lunch.
- A quick dip into knee OA. This was the first time I had to choose between the sessions and it was a bit of pot luck deciding between the abstracts presented on the app. interestingly, the speakers were looking at pain neuroscience and the chronicity of pain rather than the pathological process with a nod to the first speaker, a theme that recurred throughout IFOMPT.
- Mechanotherapy in tendinopathy finished the day with lots of podcasts, websites and articles to check out.

### Highlights of day 2:

- Wonderful presentation on PFP with emphasis on the difference between adolescents and adults, education and exercise compliance. The added bonus was that Michael Rathleff made it immediately available to download. This was the one major criticism I had of IFOMPT, the lack of material made available to the attendees - could we have had more than just the session abstracts and our hastily scribbled notes for referencing?
- A powerful presentation on CES from the patient's perspective – this was probably the most memorable part of IFOMPT for me. Many thanks to Emma Willis for her courage in sharing her experience with us.
- Jeremy Lewis made us aware of the misplaced importance that we place on posture in shoulder complaints.
- Some nice tips and hints for exercise management of groin pain.

### Highlights of day3:

- The amazing Annina Schmid for exposing us to the depressing knowledge that we only test 20% with "hard neuro" testing and 2/3 of radiculopathy have non-dermatomal symptoms. So, a rethink of how we assess and treat entrapment neuropathies is required (check her 2013 masterclass in Manual Therapy).
- Roger Kerry provided an insight into the vascular system and asked the question "should we be assessing this more in manual therapy?" This talk emphasised the overlap between MSK and vascular signs and symptoms, an important consideration in differential diagnosis.
- Only a half day and a well-deserved rest!

### Highlights of day 4:

- Synapses bombarded again first thing by Lorimer Moseley, this time looking at tactile, auditory, and visual problems and the loss of neurotag precision in chronic pain.
- Excellent talk on lateral hip pain – may the clam rest in peace!
- Headaches – TTH is the most prevalent headache in the world with C2 being the most likely culprit in occipital headaches. Knowing the anatomy of the upper cervical spine and the understanding the overlap between joint and myofascial referred pain in the management of headaches was emphasised.
- Use of the StarT as a stratification tool in ensuring patients were matched to the right treatment package and its effect on socio-economics was discussed by Nadine Foster.

Highlights of day 5:

- “One size does not fit all” and the importance of specificity in the treatment of LBP was introduced by Joel Bialosky. This talk also focused on the washout effect in large RCTs. He also raised the point that manual therapy may not necessarily be working in a biomechanical way, which nicely brought us full circle back to pain modulation and pain neuroscience that Lorimer had introduced on day 1.
- Proprioception in MSK rehabilitation combined nicely between the theory and assessment/ treatment strategies for the cervical spine (neck pain, WAD and vestibular patients), and the lower limb. Take home message – a balance test is not a test of proprioception, it's a test of balance!

So, did I get IFOMPT overload? Yes. Do I regret it? No. A wonderful, eye-opening conference – the world of musculoskeletal physiotherapy certainly does not stand still and it's an exciting time to be a manual therapist. Where will we be in Melbourne in 4 years' time at IFOMPT 2020 and will I be there.....?

**Morag Lunn**