

Physiotherapy UK 2017 – MACP report

The opening key note speech by Sir Muir Gray, public health expert and former chief knowledge officer for NHS England set the scene for the Physiotherapy UK conference. His message suggested that physiotherapy is capable of offering value to the entire population in a time of rising need and demand. He highlighted that the use of medical imaging has risen at a rate of 12% per year. There is no disputing the question that imaging is a quality intervention but does the increase use add value to the patients' management or the health economy? A question for all clinicians when considering making recommendations for imaging.

Feedback from the conference:

Cauda Equina

The MACP led session 'cauda equina syndrome – multi shades of grey' was re-assuring and supported the pathway developed by Southern Health NHS Foundation Trust (SHFT) in the referral of suspected cauda equine to accident and emergency. The presentation endorsed the policy of an immediate and low threshold of referral for patients with suspected or incomplete CE syndrome. As a result of the data presented on litigation SHFT clinical records will be updated to ensure the time of advice and onward referral is recorded, as this may help mitigate the chance of potential litigation. In addition, up to date research on the relative greater sensitivity and specificity of saddle sensory testing versus PR examination was re-assuring for our local management pathway. SHFT are a primary-care Trust and clinicians frequently work in isolation without the opportunity for a chaperone and therefore the use of PR is deemed to be inappropriate. Plus, as there is the possibility of false negatives with both sensory and PR testing the patients clinical presentation and change in symptoms will continue to guide clinicians with CE syndrome management.

The lecture and post lecture discussion was also valuable and insightful and will be used to justify modifications to our current pathway and clinician education. Key areas being:

1. Which patients to 'safety net' with CE syndrome warning signs card, examples being:
 - Those referred to A&E, so the patient can use the card to help articulate their problem along with a referral letter.

- Those patients where the clinician's 'gut-feeling' causes them to pause and think 'this presentation may tip over into CE incomplete syndrome'.
 - For patients describing low back pain and associated leg symptoms with evidence of neural compression
2. Formalise the contact details for a network of senior clinicians to provide support with clinical reasoning around suspected CES presentations.
 3. Re-assurance that the literature supports a high negative finding on MRI of approximately 90%.
 4. Documentation of a careful neurological examination, clinical reasoning and actions with cases of suspected CES is critical to mitigate litigation
 5. Translation of the CE warning card for local ethnic groups
 6. Point clinicians to the 'CE a surgical emergency' utube presentation <https://www.youtube.com/watch?v=8rRq5QqpK3o>

Guideline review:

The following guidelines will be reviewed to update best patient management at SHFT:

1. NICE guidance on recognition and referral for spondyloarthritis.
2. Cervical artery dysfunction: updating the international federation of orthopaedic manipulative physical therapists (IFOMPT) consensus clinical reasoning framework for best practice.

Physiotherapy UK has influenced my rationale for imaging and highlighted the challenges that the health services faces in transforming services for patients with long-term conditions.

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