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HELPING PHYSIOTHERAPY MAKE A DIFFERENCE





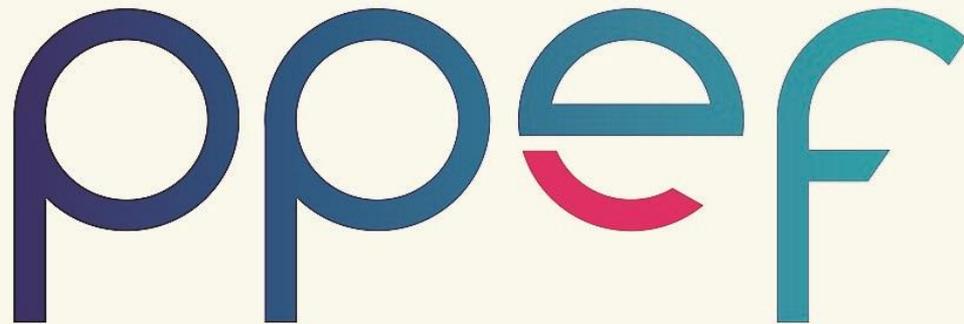
# The Private Physiotherapy Educational Foundation

## 2017 Awards



# How a Private Physiotherapy Educational Foundation Award has supported me.

Hannah Young  
Senior Physiotherapist



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The award enabled me to attend the **World Congress of Physiotherapy – European Region Conference 2016** in Liverpool.

The conference:

- brings together clinicians of all grades, from all sectors, fostering **networking and collaboration**.
- focuses on **developing the Physiotherapy** profession to meet changing **patient care needs**, **promote research** and innovative ways of working.



# Ways the award has benefitted me:

## Networking and collaboration:

- Met another Renal Physiotherapist– sharing of best practice around activity monitoring, which will enhance my own project.
- Met and discussed rehabilitation strategies for frail and falling patients with international experts, which will benefit my work. I also became a member of AGILE - the clinical speciality group for physiotherapists working with older people.
- Met Senior researchers within Physiotherapy - discussed ideas for a undergraduate student research placement. I hope this will inspire Physiotherapists of the future to take an active role in research.



## **Personal and professional development:**

- Active participation in poster discussions has helped me learn from my peers across a number of specialities.
- Learnt about the fundamentals of health economics which will be beneficial to future projects I am working on.
- Attended presentations from world renowned researchers and clinicians specialising in frailty and falls.
- Participated in the CSP 'professional speed dating' and got some excellent advice about negotiating with others and developing services for patients.



## Opportunity to promote my research

- Enable me to present my own research investigating if practice tests are required for haemodialysis patients across a range of physical function measures.
- This work demonstrated there were significant differences between tests and that practice physical function tests are strongly advocated, as omission may lead to the overestimation of improvement in research and clinical settings.
- This helped me develop my presentation skills and gain further experience of public speaking, which will benefit my ongoing career.
- Shared and explained my work to other delegates. Renal rehabilitation is an emerging speciality and this opportunity has hopefully raised the profile of this new and developing role.
- I was also fortunate enough to win Best Abstract in the Research category for this work.





# PREVENTION OF PLAYING RELATED INJURIES IN A SPECIALIST MUSIC SCHOOL: USING ACTION RESEARCH TO CHANGE POLICY AND PRACTICE.

**Sarah Upjohn MA MCSP**

Specialist Physiotherapist - Performing Arts Medicine

Doctorate of Education Candidate, University of Cambridge

Contact [spu21@cam.ac.uk](mailto:spu21@cam.ac.uk),  
Burnard

Supervisor, Prof. Pam

Funded by: The Purcell School for Young Musicians, the CSP, the Private Physiotherapy Education Fund and Wolfson College, Cambridge.



# CONTEXT

## **Me:**

Clinical Physiotherapist  
in Performing Arts Medicine  
Musician  
Parent  
Education Researcher.

## **The Setting:**

Specialist Boarding School  
for Young Musicians  
186 Pupils (aged 9 -18)  
International and 'Home'

## **Doctorate of Education (EdD):**

5 year, part time Professional Doctorate  
for practitioners working within an  
Education setting.

- To understand something in greater depth.
- To solve a work based problem

## **Playing Related Injuries in the pupils:**

Audit of Physiotherapy records  
revealed 5 Risk factors  
for playing related injuries at the  
school

**Might be preventable**



# ACTION RESEARCH

- ▶ Qualitative research strategy
- ▶ Always carried out by researchers working within an organisation: 'insider researchers'
- ▶ Uses flexible cycles of enquiry, intervention and evaluation
- ▶ Reflective and reflexive
- ▶ Recognised as being successful at implementing change



# FIRST CYCLE OF ACTION RESEARCH



# SECOND CYCLE OF ACTION RESEARCH

1  
Reflection on  
Findings

Very low awareness of, and knowledge about, risk factors for injury from all stakeholders  
Very low response rate from instrument teachers

2  
**Fact Finding**  
Further literature review  
Discussions with colleagues

3  
**6. Re-evaluation**  
Via surveys to Key Stakeholders: Pupils, Instrument Teachers, Heads of Departments and Parents  
**Parents:** High response rate. Much more aware of risk factors  
**Instrument teachers and pupils:** Low response rate. Low awareness of risk factors

4  
**3 Conceptualisation**  
Need to increase awareness of risk factors for injury amongst key stakeholders.  
Desirable to increase engagement with the issue amongst key stakeholders

5  
**Implementation**  
Include within Instrument Assessment  
Include in Safeguarding Policy  
Health Promotion Activities

4  
**Planning Change**  
Use of assessment  
Safeguarding  
Health Promotion Activities



## Change:

long, slow, **hard**, ongoing process

## Impact:

- ▶ Injury Prevention now Included within the School safeguarding policy
- ▶ Increase In parents awareness
- ▶ Regularly asked to give regional and national talks about this for the Musicians Union (MU) and for the Music Masters and Mistresses Association (MMA)
- ▶ So Awareness OUT-Side of the School is Increasing

## CONCLUSION





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# MY FUNDING FROM PPEF

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Sara Mather BSc (Hons)

Physiotherapist, On Medical Ltd.

Physiotherapist / Owner - InSync Physiotherapy & Sports Injury Clinic



# Who I am & why I applied:

- I am a physiotherapist in Newcastle within private practice and own a mobile Physiotherapy clinic
- I applied to fund a local Acupuncture Course to offer additional services to my clients.
- I wanted to enhance my skills in private practice.
- I also wanted to provide treatments that enhance a clients experience in physiotherapy and limit time they are required at physiotherapy services

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# What I achieved:

Awarded £935 from the Private Physiotherapy Educational Foundation, which helped achieve the following:

1. Course attendance taught by a physiotherapist with an Acupuncture PhD, with MSc credits attached
2. Networking with local physiotherapists
3. Develop new evidence based skills
4. Different treatment approaches
5. New Clinical Skills
6. Confidence with treatments
7. Enhanced and developed professionally

# How have I changed my practice?

- Decreased clients time spent in physiotherapy
- Able to work with wide range of chronic conditions
- Decreased workload on referring to seniors and specialists within my practice
- Increased confidence in treating headaches, Fibromyalgia, osteoarthritis, chronic lower back pain.
- Tailored acupuncture to the individual clients needs

# What next?

- I am collaborating with Dr Sam Stuart & Dr Rosie Morris (Physiotherapy researchers) from Newcastle University institute of neuroscience/aging.
- Project: 'Acupuncture for whiplash: a physiotherapy service evaluation'
- Aim to publish a journal article in 'Acupuncture in medicine' (BMJ)



Institute for  
Ageing



# Funding

## Acupuncture Foundation Course



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@saramaf  
@InSyncT @NEC\_Clinic



# Electrophysical Forum

[www.electrophysicalforum.org](http://www.electrophysicalforum.org)



**Prof Tim Watson**

**School of Health & Social Work**

**University of Hertfordshire**



# Aim of the Forum

The **Electrophysical Forum** aims to provide an interactive platform for questions, comments, discussion and opinion related to the use of Electro Physical modalities in therapy.



Electrophysical  
forum



# PPEF Forum Support

- The Forum is a **FREE** to use, open access platform
- It is **openly accessible** to the whole therapy community
- Students, Clinicians, Educators, Researchers . . . . .
- It is a **MODERATED** forum so that offensive or overt advertising messages can be managed
- The **DEVELOPMENT** and initial HOSTING of the Forum has been supported by a grant from PPEF



# The Forum has been running since November 2016

[Home](#) [Sign Up](#) [Log In](#) [Questions](#) [Ask the forum](#) [Academics](#) [FAQs](#) [About](#) [Contact Us](#)



Welc

The **Electrophysical Forum** aims to provide an interactive platform for questions, comments, discussion and opinion related to the use of Electro Physical modalities in therapy. It is supported by an Internationally renowned expert panel and a broad sphere of clinicians, researchers, educators and students. Active participation is welcomed.

ASK

Ask a question and get it answered by your peers and respected experts



# The Panel : A panel of 20 **INTERNATIONAL EXPERTS** have been recruited to support the Forum



Dr Marqam Almandil



Assoc Prof Emeritus Gad Alon



Prof David Baxter



Prof James Bellew



Prof Gladys Cheing



Prof Lucy Chipchase



Mr Cliff Eaton



Prof Ah Cheng Goh



Clin Prof Alison Hoens



Prof Emeritus Luther Kloth



Assoc Prof Liisa Laakso



Prof Richard Liebano



Dr Ethne Nussbaum



Dr Sandy Rennie



Prof Oscar Ronzio



Assoc Prof David Selkowitz



Prof Nora Shields



Dr Melrose Stewart



Dr Carol Vance



Mr Dinesh Verma



Prof Tim Watson

# Use and Uptake

- Almost 10,000 therapists (of one kind or another) have used the site since the launch
- Almost 150 different responses have been posted to the questions posed thus far
- The questions range from issues over **metal implants related to electrical stimulation**, through to **the differences between types of laser**
- The Forum has successfully provided the intended OPEN PLATFORM for FREE and FRANK discussion, with NON-COMMERCIAL EXPERT answers
- Our expressed gratitude to PPEF for making such a facility possible

# Blood-flow Restriction Training [BfRT]

Using Physical Size and Thigh-cuff Pressure to Predict the Amount of Blood-flow Restriction Being Delivered.

Smith, P., Azzawi, M., Stirling, B., Stockley, R., Goodwin, P.



Manchester  
Metropolitan  
University

[philip.smith@mmu.ac.uk](mailto:philip.smith@mmu.ac.uk)



# Blood-flow Restriction Training

- ▶ Blood-flow Restriction Training [BfRT] involves the temporary, artificial reduction of blood flow through an arm or leg, often during low-intensity exercise.
- ▶ Evidence suggests that lower-limb BfRT may be useful during injury rehabilitation, to maintain or recover thigh muscle size and strength during periods of impaired weight bearing. (Cook et al, 2010; Kubota et al, 2008; Tennent et al, 2016).
- ▶ More research is needed to understand if the amount of blood-flow that occurs within a limb differs between individuals. If so, this might be due to differences in their physical characteristics, like their thigh circumference or their body weight.

[philip.smith@mmu.ac.uk](mailto:philip.smith@mmu.ac.uk)



## Methods

- ▶ 61 healthy adults underwent a Dual X-ray Absorptiometry [DXA] scan and various tape measurements of their lower limbs.
- ▶ Each participant also had five cuff pressures (0-120mmHg) applied to one lower-limb via a thigh blood pressure cuff (pictured).
- ▶ Ultrasound imaging was used to measure the amount of lower-limb blood-flow restriction caused by each cuff pressure.
- ▶ Results were analysed to look for associations between physical characteristics and the amounts of blood-flow restriction that occurred.

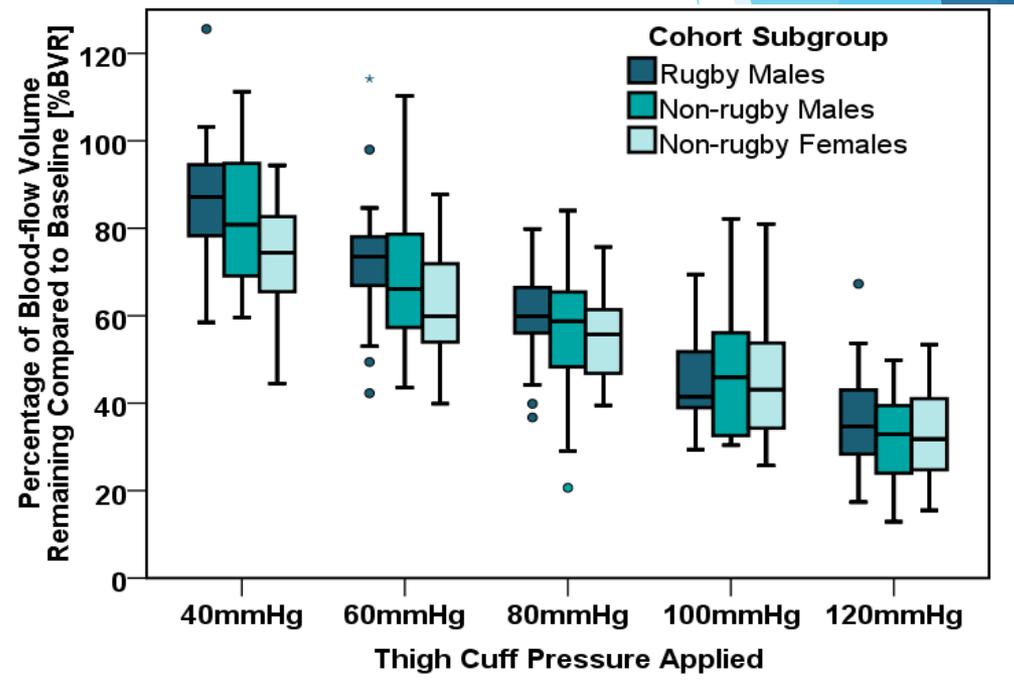


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# Results

- ▶ The participants could be split into three subgroups. Each subgroup was significantly different to the others in twelve physical characteristics.
- ▶ Despite these differences, each subgroup experienced a broadly similar amount of lower-limb blood flow restriction at each of the five cuff pressures (pictured).
- ▶ There were no strong relationships between any physical characteristic and the amount of blood-flow restriction that occurred (Pearson  $r \leq 0.15$ ).



## Conclusions & Dissemination

- ▶ Using a thigh blood-pressure cuff, healthy adults appear to experience a broadly similar amount of lower-limb blood flow restriction at cuff pressures up to 120mmHg.
- ▶ Results from this study (and a wider PhD project) should assist clinicians in justifying their use of BfRT within injury rehabilitation and in the cuff pressures that they select.
- ▶ An individual scholarship award was granted to the primary researcher by the Private Physiotherapy Educational Foundation [PPEF]. This allowed the results of this study to be presented at the 2016 European Congress of the World Confederation of Physical Therapy.



[philip.smith@mmu.ac.uk](mailto:philip.smith@mmu.ac.uk)



## References

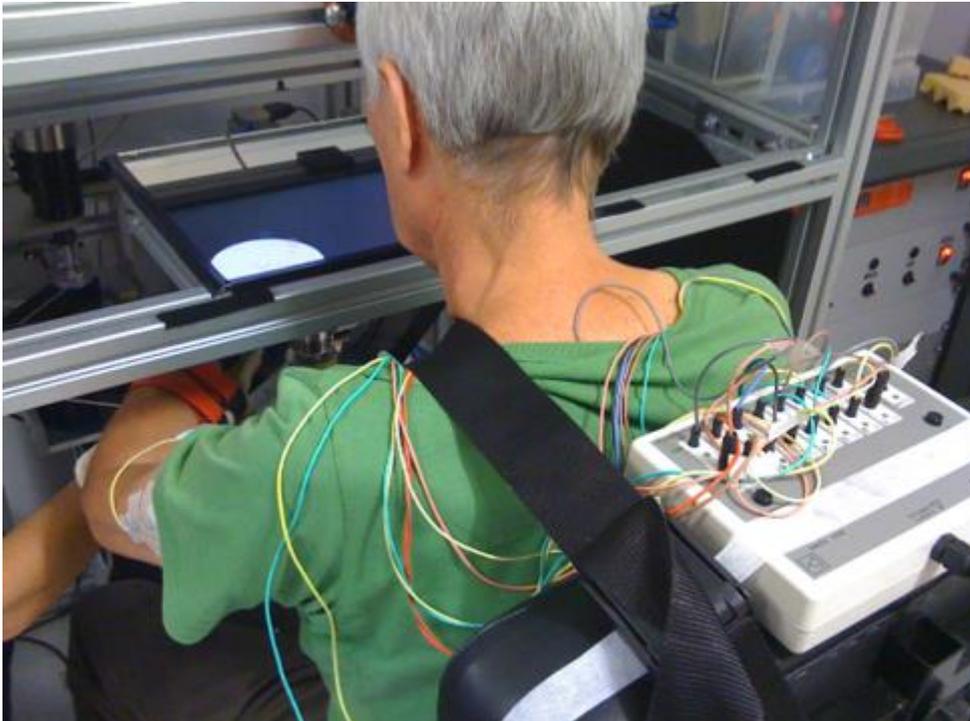
- ▶ Kubota, A, Sakuraba, K., Sawaki, K., Sumide, T., Tamura, Y. (2008) 'Prevention of Disuse Muscular Weakness by Restriction of Blood Flow.' *Medicine & Science in Sports & Exercise*, 40(3), pp.529-534
- ▶ Ohta, H., Kurosawa, H., Ikeda, H., Iwase, Y., Satou, N., Nakamura, S. (2003) 'Low-load Resistance Muscular Training with Moderate Restriction of Blood Flow after Anterior Cruciate Ligament Reconstruction.' *Acta Orthopaedica*, 74(1), pp.62-68
- ▶ Smith, P., Azzawi, M., Stirling, B., Stockley, R., Goodwin, P. (2016) 'Lower-limb Blood-flow Restriction Training: using physical size and thigh cuff pressure to predict the amount of restriction being delivered'. *Physiotherapy*, 102, pp.e135-e136.
- ▶ Tennent, D.J., Hylden, C.M., Johnson, A.E., Burns, T.C., Wilken, J.M., Owens, J.G. (2016) 'Blood Flow Restriction Training After Knee Arthroscopy: A Randomized Controlled Pilot Study'. *Clinical Journal of Sport Medicine: official journal of the Canadian Academy of Sport Medicine*.

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# Can reaching training early after stroke promote proximal arm recovery using the unaffected hemisphere?

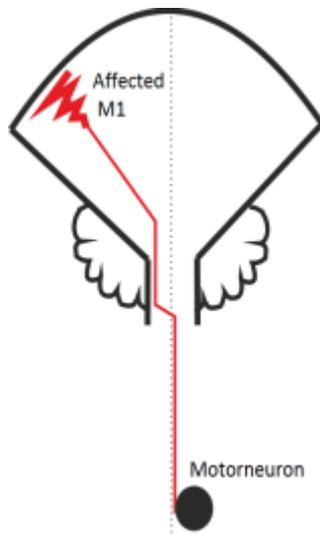
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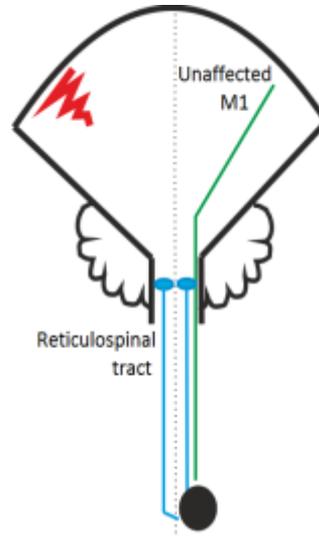
## Upper limb recovery after stroke is poor

- Limited interventions available for proximal weakness
- Pathways for proximal control

Contra-lateral

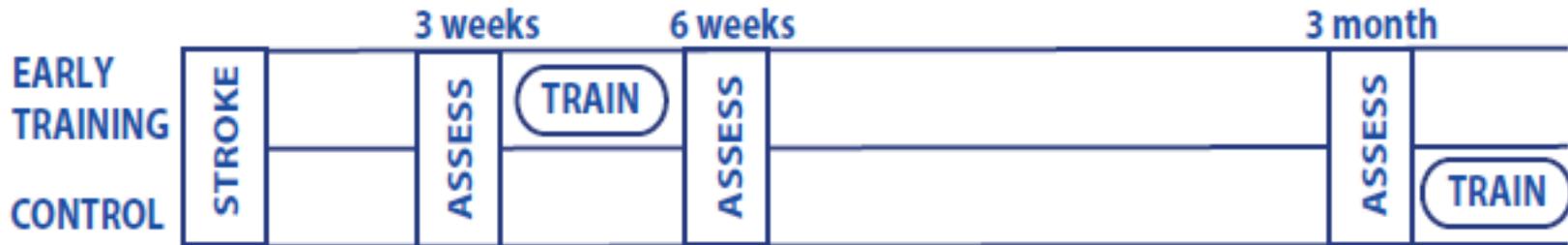


Ipsilateral



Ipsilateral connections increased after stroke.

**Can early training increase the contribution of ipsilateral connections?**



**Participants:** Acute Stroke n=40

**Inclusion criteria:**

- First stroke
- Upper limb weakness
- 15cm supported reach
- Engaging with therapy

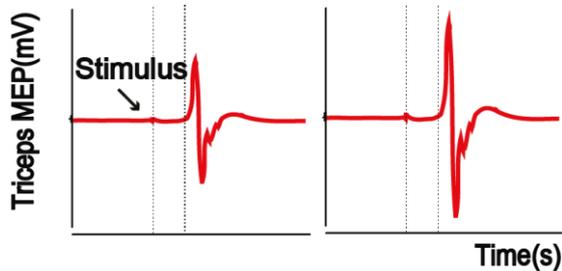
**Exclusion criteria**

- Visual-spatial neglect
- Severe sensory loss
- Contra-indications to TMS
- Cerebellar lesion

# Expected outcomes of study

## Proof of concept

1. Connectivity changes
  - ipsilateral
  - contralateral



2. Improved performance

- Task related (reaching)
- Non-related

## Feasibility

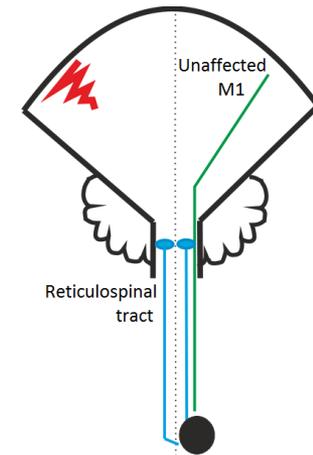
- Trial protocol
- Recruitment/retention
- Acceptability



- Inform design of future studies

## Implication

- Alternative recovery mechanism available for proximal control



- Further research

## Aspirations:

Improve outcome and increase evidence

## Development:

### Exciting collaboration

Sarah Tyson, John Rothwell, Kris Hollands

Steering Committee

**Skills** Trial Management, courses, presenting at conferences

### Career Development

Fellowship Academy at University of Manchester

## Embed in Manchester Research Community



The University of Manchester



## The team:

Sarah Tyson	Research Physiotherapist, <b>University of Manchester</b>
John Rothwell	Neurophysiologist, <b>University College London</b>
Kris Hollands	Biomechanist, <b>University of Salford</b>
Pippa Tyrrell	Consultant Neurologist Salford Royal Hospital
Shaheen Hamdy	Consultant Gastro-enterologist Salford Royal
Andy Vail	Bio-statistician Salford Royal Hospital







**PHYSIO**<sup>TM</sup>  
**EST. FIRST 1952**

## CHAMPIONING PRIVATE PHYSIOTHERAPY

Our Organisation's strategy is to provide a conference that meets the following criteria:

- Is designed to attract both Physio First members and non-members through excellent content and modest pricing
- Provides a unique opportunity to hear speakers on subjects that are not generally available
- Provides an event that offers a unique opportunity to discuss, debate and share information, and above all for the advancement of education in the field of physiotherapy for the benefit of the public at large, physiotherapy patients and to professionally qualified individuals

Physio First, with the support of PPEF, are able to sponsor eminent international lecturers

# PPEF Sponsored Lectures at Physio First conference 2017

01-02 April 2017, EMCC, Nottingham

Igor is joining us from the Netherlands. He has written his PhD on hip and groin pain in athletes and has recently submitted a review on hip motion and groin pain: a case control series on sport specific hip range of motion (new developed test, practical physiotherapy attributes), femoroacetabular impingement (in AJSM). He has also submitted work on femoroacetabular impingement and loading in youth (in BJSM) and two papers on kicking biomechanics within the past year.



Physio First would like to thank PPEF for their continued support. Their funding allows us to provide international speakers who present evidence based management and cutting edge research, all of which can be implemented into clinical practice



# PPEF Sponsored Lectures at Physio First conference 2017

01-02 April 2017, EMCC, Nottingham



Professor Paul Hodges is a NHMRC Senior Principal Research Fellow and the Director of the NHMRC Centre for Clinical Research Excellence in Spinal Pain, Injury and Health (CCRE SPINE) at the University of Queensland, Australia  
Paul has three doctorates; one in Physiotherapy, two in Neuroscience. His research blends these skills to understand pain, control of movement, and the interaction between multiple functions of the trunk muscles including spine control, continence, respiration and balance.

Physio First would like to thank PPEF for their continued support. Their funding allows us to provide international speakers who present evidence based management and cutting edge research, all of which can be implemented into clinical practice

CHAMPIONING PRIVATE PHYSIOTHERAPY

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# PPEF Sponsored Lectures at Physio First conference 2017

01-02 April 2017, EMCC, Nottingham

Dr Tania Pizzari, Lecturer and Researcher at La Trobe University Department of Physiotherapy, Melbourne, Australia regularly conducts lectures and practical sessions for the Australian Physiotherapy Association on shoulder, knee and hamstring injuries.

Tania's lectures are:  
Unravelling the deep hip muscles: it's not the size that counts but how you use them, and

Principle-based approach to managing rotator cuff tendinopathy



Physio First would like to thank PPEF for their continued support. Their funding allows us to provide international speakers who present evidence based management and cutting edge research, all of which can be implemented into clinical practice



# InTouch

## Post Conference Edition

Physio First, thanks to the support of PPEF, are able to publish articles by the speakers who have appeared at our conference in the 2016 summer edition of In Touch

The objective of printing articles by our speakers is to give those members unable to attend our conference access to the content and assist in the development and maintenance of their ongoing CPD

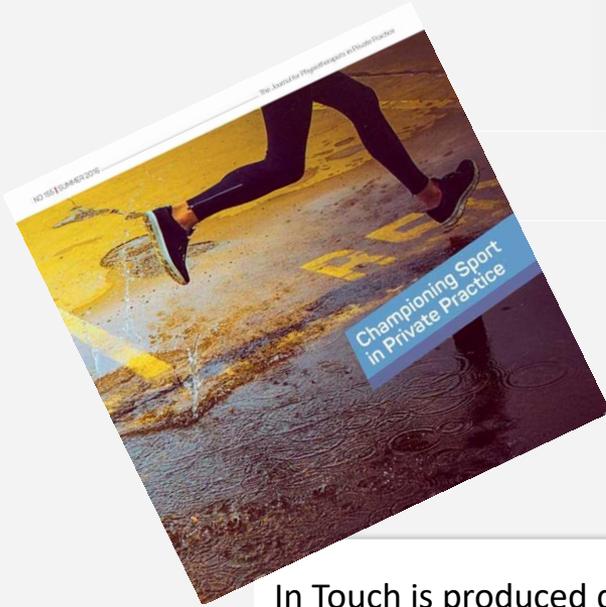
In Touch is produced quarterly with our post conference edition themed specifically around the lectures and presentations given at that year's annual conference.

For more information about In Touch or to submit any material for publication please contact the Editor, Paul Johnson  
[editor@physiofirst.org.uk](mailto:editor@physiofirst.org.uk)



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# Supporting education day 2017 Friday 31 March, EMCC Nottingham

Education day is held before our annual conference to enable members to attend both events, thereby maximising CPD opportunities as well as their networking and trade exhibition opportunities.



Our education committee always strive to bring fresh, innovative ways to underpin members' clinical competency and business skills with the aim of increase our members' capability and capacity to delivery cost-effective physiotherapy which is supported by evidence that demonstrates good patient experiences and outcomes. In doing so, we uphold professional standing and ensure that we, as private practitioners, are chosen by external stakeholders for that recognised quality assurance.

Physio First would like to thank PPEF for their continued support. Their funding enables us to deliver quality educational opportunities which showcases new courses before they are integrated into our centrally-run programme.

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# Physio First Data for Impact

Data collection is crucial for us as individuals to demonstrate the efficacy of private physiotherapy, to benchmark our clinics against others, and to demonstrate our clinical effectiveness.

The **more** members participate, the **more** data sets we will have, and the **more** influence we can have in the healthcare marketplace.

Data for Impact is also the engine to our Quality Assured Practitioner scheme and enables members to prove they are Quality Assured.



Physio First would like to thank PPEF for the continued support of our Data for Impact project which is undertaken in collaboration with the University of Brighton. We have developed a shortened web-based Standardised Data Collection Tool, especially for quick, easy, convenient and ongoing data collection within your private practice.



# The European Region of the World Confederation for Physical Therapy (ER-WCPT)

## Impact of using an online standardised data collection system in private physiotherapy practices in the UK: practitioners' views

University of Brighton

Bryant E<sup>1</sup>, Murtagh S<sup>1</sup>, Olivier G<sup>1</sup>, Lewis S<sup>2</sup>, Winrow K<sup>2</sup> & Moore A<sup>1</sup>  
<sup>1</sup>University of Brighton (UK), <sup>2</sup>Physio First (UK)



### Aims

Clinicians are becoming increasingly aware of the need to be able to demonstrate and account for the delivery and quality of their clinical services.

Since November 2014 Physio First (the Organisation for Chartered Physiotherapists in Private Practice in the UK) has offered all its members the opportunity to participate in an online standardised data collection study in order to gain fuller information about current practice, patient demographics and outcome of care within physiotherapy private practices in the UK.

Physio First members participating in the study were asked for feedback on their experience of using the online system.



### Method

237 practitioners were recruited to the study. Practitioners were asked to input data for new MSK patients who entered their practice (whom they treated). Data included - patient details, diagnosis, body site, referral information, treatment details and discharge information.

Practitioners who input patient data onto the online system were contacted via email and asked to provide feedback on their experience of using the online system and any impact of participation in the study.

This was an online survey questionnaire design. The survey (via Survey Monkey) comprised of five open ended questions to enable qualitatively driven analysis. Data were managed and analysed thematically.

Ethical approval for the study was provided by the Faculty of Health and Social Science Research Ethics and Governance Committee at the University of Brighton.

### Results

The survey response rate was 25%.

Four themes emerged from the data relating to: the individual practitioner, the business, the patient focus and the practicalities of data collection.

The individual practitioner

The business

Practicalities of data collection

The patient

### Results (continued)

#### The individual practitioner

This theme was multifaceted and included personal and practice development (i.e. stimulating reflective practice, awareness of the importance of data and improvements in day to day practice), professional development (i.e. identifying CPD needs and facilitating treatment evaluation) and supporting the profession (i.e. commitment to contributing to the knowledge base).

"It has helped me develop clear patient goals and outcomes"

"It has guided me to where I need to increase my future study/training"

"It has made me much more aware of the value of collected and analysed data as part of the evidence for efficacy of physiotherapy"

#### The business

The theme comprised two categories, new knowledge (i.e. increased awareness of patient profiles and the importance of benchmarking), and use of data in informing practice (i.e. for business management, marketing, education and practitioner development).

"I have statistics to show where/how many referrals come from and, more importantly, who pays"

"It is hugely relevant with regards to my marketing strategies"

"The individual reports are beginning to make me question some aspects of my practice when benchmarking against the national average"

#### The patient

This theme related to the patient's perceptions and included quality assurance and time scale issues.

"Patients like the fact that I am happy to be benchmarked against others to ensure quality of care"

"Even though I did not allow the data collection to impact on their treatment time, for a few patients, it was still perceived as too much"

#### Practicalities of data collection

The key issue identified was the increased workload (i.e. time limitations and software compatibility).

"It takes me longer to deal with a patient as I need to do this as well"

"If this could be incorporated into the practice software it might help practitioners improve their own skills and continue to provide data for Physio First"

"Time limitation is a factor"

#### Conclusion

Practitioners feedback varied following use of the online standardised data collection system. Some were entirely positive in terms of the impact it had had on their development (personal, practice and professional) and their business, whilst others had more mixed feelings. The negative impact reported was the increased workload, specifically the extra time commitment the data collection entailed.

Whilst there is an issue concerning the time required to collect this data, the benefit of being able to show how efficient, timely and equitable their services are will provide valuable support to them in the ever changing healthcare market.

#### Acknowledgements

This project was funded by the Private Physiotherapy Educational Foundation (PPEF)



This poster was presented at



Physio First with the support of PPEF were able to attend and exhibit at the ER-WCPT conference where we showcased our Physio First private practitioner data collection project.

Our objectives were to:

- Showcase our Data for Impact project to members and non-members.
- To undertake a presentation at ER-WCPT to "Champion" our Data for Impact project.
- To support our Research & Development Co-Opt who in addition to leading our Data for Impact project.

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# Physio First attendance at World Confederation of Physical Therapists Congress (WCPT) and International Private Physical Therapy Association (IPPTA). in Cape Town July 2017



Physio First, thanks PPEF for the supporting :

- 3 representatives from our Physio First executive officers at the WCPT in Cape Town
- 2 representatives from our Physio First executive officers to attend and participate in the meeting of the International Private Physical Therapy Association (IPPTA)

Our attendance assists Physio First in benchmarking our educational strategy against a host of other physiotherapy organisations from around the world.





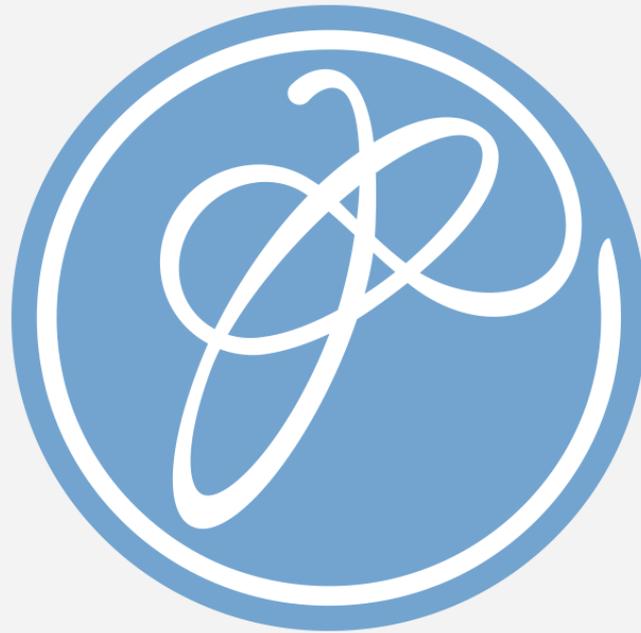
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For further information on the PPEF please visit their stand or go to [www.PPEF.org.uk](http://www.PPEF.org.uk)

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[physiofirst.org.uk](http://physiofirst.org.uk)







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