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
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.
Thank you very much for this opportunity
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, Supervisor, Prof. Pam Burnard

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

1. Identification and analysis of the problem
   - Clinical work and Audit
   - Preventable Injuries
   - 5 Risk factors for injury

2. Fact Finding
   - Literature review and early scoping

3. Conceptualisation
   - Need to find out what a variety of key stakeholders know, feel and think about risk factors for injury
   - Design a risk assessment tool

4. Planning Change
   - Planning Focus Group Meetings and Surveys

5. Implementation
   - Focus Group meetings aimed at helping design a risk assessment tool
SECOND CYCLE OF ACTION RESEARCH

1. Reflection on Findings
   - Very low awareness of, and knowledge about, risk factors for injury from all stakeholders
   - Low response rate from instrument teachers
   - Very low response rate from instrument teachers

2. Fact Finding
   - Further literature review
   - Discussions with colleagues

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

4. Planning Change
   - Use of assessment
     - Safeguarding
     - Health Promotion Activities

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

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

Parents: High response rate. Much more aware of risk factors
Instrument teachers and pupils: Low response rate. Low awareness of risk factors
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
MY FUNDING FROM PPEF

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
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)
Funding

Acupuncture Foundation Course

THANK YOU!

@saramaf
@InSyncT  @NEC_Clinic
Electrophysical Forum

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 ElectroPhysical modalities in therapy.
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

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.
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.
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.
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.
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 ≤ 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
References


philip.smith@mmu.ac.uk
Can reaching training early after stroke promote proximal arm recovery using the unaffected hemisphere?
Upper limb recovery after stroke is poor

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

Research question

Ipsilateral connections increased after stroke.

Can early training increase the contribution of ipsilateral connections?
Study Protocol

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

**Implication**
- Alternative recovery mechanism available for proximal control

**Implication**
1. Connectivity changes
   - ipsilateral
   - contralateral

2. Improved performance
   • Task related (reaching)
   • Non-related

**Proof of concept**

**Implication**

**Feasibility**

**Implication**
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 team:
Sarah Tyson Research Physiotherapist, University of Manchester
John Rothwell Neurophysiologist, University College London
Kris Hollands Biomechanist, University of Salford
Pippa Tyrrell Consultant Neurologist Salford Royal Hospital
Shaheen Hamdy Consultant Gastro-enterologist Salford Royal
Andy Vail Bio-statistician Salford Royal Hospital
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
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.
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.
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
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.
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)

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.
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.
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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