PT grows out of civil movement in Ukraine

Physical Therapy in Ukraine started as a civil society movement in response to the needs of the people, delegates heard today.

It emerged in the 1990s as people with spinal cord injuries and parents of children with disabilities lobbied government for their rights. The Ukrainian Association of Specialists of Physical Rehabilitation was born in 2007 and admitted to WCPT this year.

At a platform session, Oleksandra Kalandyak described how support from the Royal Dutch Society for Physical Therapy and WCPT had helped the association grow from small beginnings.

So what does advanced practice really mean?

Advanced practice in physical therapy could mean added value to patients and health service managers, delegates heard at a discussion panel yesterday.

But there is a lack of understanding by the public, and an international lack of consensus about what advanced practice really means.

Sue Greenhalgh is a consultant physical therapist for musculoskeletal services in Bolton, the UK. Her team of non-medical prescribers, which does not work under medical direction, was introduced to reduce orthopaedic surgery waiting times. There is now evidence that their interventions result in less surgery, more non-surgical management, and greater satisfaction from patients because of the time and care they receive.

But the speakers from Canada, Australia, Korea and the UK revealed that what constitutes advanced practice and “extended scope” in physical therapy varies greatly from country to country.

Session chair Jon Warren, ex-President of the New Zealand Society of Physiotherapists, said: “If you think we’re confused about the nomenclature, then I don’t know what the public are thinking.”

“When people are told they are going to see an extended scope practitioner, they think they are going to have something stuck down their throats.”

Delegates also discussed the potential greater use of assistants in the future, as physical therapists became more specialised.
Practice makes perfect in stroke rehabilitation

There is considerable evidence that the amount of time spent practising tasks after stroke is directly related to rehabilitation outcome.

In a focused symposium on increasing practice after stroke to optimise rehabilitation, delegates heard that what was important was not so much the amount of time a person spent practising tasks with affected limbs, but the number of repetitions they achieved.

This means that devices that aid repetition in shorter periods, such as robots, can be of genuine value.

Catherine Dean, Director and Head of Physiotherapy Program at Macquarie University in Sydney, Australia, said that reviews had indicated the value of constrained movement. But it was practice, not just the constraint, that was important.

 Devices like treadmills enabled constrained movements of the lower limbs to be repeated again and again, especially if they provided body weight support. Walking with a patient up and down and gym was unlikely to be as effective, and it was too labour intensive for the physical therapist.

People’s workstations could be adapted so that they could also perform repetitions. “There’s noting magic about this,” she said.

“It’s just to do with practice, and it is far more likely to give people independence in walking.”

“There isn’t any magic apparatus: it’s just that it facilitates our practice.” Doing exercises in groups had the advantage of providing competition and co-operation.

The speakers also discussed robotic rehabilitation devices on the market. Gert Kwakkel, Chair of Neurorehabilitation at the VU University Medical Centre in Amsterdam, said that an analysis of randomised controlled trials on rehabilitation of upper limbs using robotics showed 7% gains in arm scores.

“This suggests that they are very effective,” he said. “However, it may not the type of robotics but the intensity that is in favour of these robotics.”

“It’s the dose that is important, not the type, so I would always get the cheapest type of robotics you can find on the market.”

He pointed out that although it was clear that more practice meant better results, there was no good protocol available for dose-response trials.

“The key message from randomised controlled trials is that everyone improves with practice, so can we influence this pattern by speeding up the improvement?”

Counselling from PTs is effective in changing unhealthy behaviours

New research indicates that physical therapists should extend their role further into counselling patients/clients about exercise and diet. Eva Kaltenbacher from Germany described a research study investigating whether physical therapists could effectively counsel patients into making health behaviour changes.

This was in the context of growing concern about the rise of lifestyle-related conditions such as diabetes and cardiovascular disease – now the biggest cause of disability and premature death.

Eva Kaltenbacher and fellow BSc students at the Hanze University of Applied Science in Groningen, Holland, carried out a systematic review analysing papers on the subject. The literature indicated that physical therapists’ counselling role was mainly confined to exercise counselling, but some had an extended role into nutrition.

“Conclusively our research says the most effective approach to modifying behaviour,” she said. “Physical activity counselling is the best.”

“Physical activity counselling is the best,” she said. “This demonstrates that we need to have enough time with people to build rapport and trust, and allow for follow up.” She said that the area should also be included in physical therapy curricula.
Scattered around the world after qualification, WCPT congresses have brought a group of South African physiotherapists back together every four years. And they’re here to meet again in Amsterdam.

The 12 physiotherapists graduated from the University of the Witwatersrand in Johannesburg, in 1969. Today, they work all over the world, with three of them in Australia, two in Canada, four in the USA and two still in South Africa. Sadly, one of their classmates died in 2006.

“Over the years most of us have met up four times at WCPT congresses... in Washington, Barcelona, in Vancouver and now we are meeting in Amsterdam,” says one of their number, Sue Keays from Australia. She presented a paper on knee osteoarthritis and cruciate ligament repair yesterday, and will present another on anterior cruciate deficiency tomorrow.

Not only do the classmates reconnect with each other, but also with teacher and mentor, Joan Walker – the educator and researcher who won WCPT’s Mildred Elson award in 1999.

“Seven of us are in Amsterdam and we are meeting Joan again,” says Sue Keays. “When we heard of our classmates death just after WCPT in Vancouver we set up a award in her name, the Barbara Machol Award, which is now presented to a third year physiotherapy student at the University of the Witwatersrand every year.”

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Education standards need some flexibility

Standards in post-professional education need to maintain a balance between consistency and flexibility, to ensure they are responsive to individual needs.

This was the message of Alison Rushton, Senior Lecturer at the University of Birmingham in the UK, in a symposium examining the educational standards of the International Federation of Orthopaedic Manipulative Therapists (IFOMPT), and how they can operate internationally. IFOMPT memberships requires educational programmes in the country to meet the standards.

“We let member organisations individualise, recognising the resource and geographical differences,” she said.

However, monitoring its standards in 22 member organisations from around the world presented challenges she said – not least international differences in terminology.
A healthy snack for you

In case you haven’t already found them, look out for the baskets of fresh apples distributed around the RAI and dig in. The healthy snack has been generously supplied by our hosts the Royal Dutch Society for Physical Therapy (KNGF).

The KNGF is also hosting a Dutch Village at the entry to the exhibition area. Visit to buy a gift, check your emails, play a game or just put your feet up!

Congress represents a big step for PTs in Montenegro

Tomorrow delegates can witness the first ever presentation by a speaker from Montenegro made at a WCPT Congress. Ana Dimovska will present a poster on a client-centred rehabilitation approach with people with disabilities.

And, as President of the Physiotherapists’ Association of Montenegro, she is proud that her presentation is a mark of what her profession has achieved in her country over the past decade.

Just five years ago, Montenegro gained its independence as a country. And only four years ago, in Vancouver, a Montenegro physical therapists association was accepted as a member of WCPT for the first time.

As International Affairs Secretary of the association at the time, Ana represented her country at the WCPT General Meeting (see photograph).

“Physiotherapy in Montenegro has gained momentum since joining WCPT,” she says. “After 20 years of stagnation due to political developments in our region, we finally gained access to information, documents and recommendations crucial for our profession’s advancement.”

Ana Dimovska bears the flag for her nation at the WCPT General Meeting in Vancouver in 2007.

“We were able to start educating our members about standards to be observed in both practice and education, as well as to initiate and deepen collaborations. We also managed to set up an office with funds donated by the Royal Dutch Society for Physical Therapy (KNGF) donated in 2008.”

Ana was elected President of the Physiotherapists’ Association of Montenegro in 2007, at 28 the youngest leader of a WCPT member organisation. She served as a member of the EU Matters Working Group of WCPT’s European Region, and last year became the first physiotherapist in Montenegro holding an MSc degree.

“I hope to inspire young physical therapists to continue investing in improving the overall quality of physiotherapy in our country,” she says.
World report calls for more rehabilitation resources

The newly-published World Report on Disability from the World Health Organization says there need to be more human resources for rehabilitation around the world. But many countries are currently inadequately monitor their current workforce, and sometimes it is inappropriately trained.

“Rehabilitation personnel working in low-resource settings require extensive knowledge on pathology, and good diagnostic, problem-solving, clinical decision-making, and communication skills,” says the long-awaited report, which was launched in New York on 10th June. “Physiotherapy services are the ones most often available, often in small hospitals.”

The report draws attention to unmet need, quoting a 2006 study in Tonga, that found that although 20% of people with disabilities needed physiotherapy, only 6% received it. It also points to examples of good practice, such as rehabilitation service strengthening and improvement of physiotherapy infrastructure in Gujarat, India, following the 2001 earthquake.

The report recommends improving the human resources available for rehabilitation by establishing strategies to build training capacity and, in countries where specialist rehabilitation personnel are in short supply, develop training for different types of rehabilitation personnel.

It also recommends a wider adoption of the ICF (the International Classification of Functioning and Health) and improvements in national disability statistics.

In the field of educating children with disabilities, the report recommends making available speech and language therapy, occupational therapy, and physiotherapy to learners with moderate or significant disabilities.

WCPT will be considering the report and its implications in full. In the meantime, copies are being made available at today’s WCPT seminar on the relationship between WCPT and the World Health Organization in RAI G104 at 13:45.

The seminar will be facilitated by Alana Officer, Co-ordinator on Disability and Rehabilitation at the World Health Organization.

The seminar will look at some of the projects that the two organisations have been involved with in recent years and consider the implications for physical therapy practice.

“In official relations” with the World Health Organization: what does this mean for WCPT and its member organisations? is at 13:45 today in RAI: G104

Don’t forget to pick up your copy!

This is the second of three issues of WCPT Congress News, so don’t forget to pick up the final issue on Thursday.

Congress News is also published online if you missed an issue, or you want to share it with your friends. Go to http://www.wcpt.org/congress/news

You can keep up to date with international physical therapy news at www.wcpt.org/news

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We can take the lead on HIV and disability

Physical therapists are leading the way in advancing HIV and disability research, practice and education – and a focused symposium today will aim to spread the word about what can be achieved, and provide insights on how to do it.

Physical therapists from South Africa, Brazil and Canada will provide examples of the profession’s leadership.

One of the speakers is Hellen Myezwa from South Africa. She used the ICF (International Classification of Functioning, Disability and Health) framework to explore rates of disability among adults living with HIV. Southern Africa remains the epicentre of HIV worldwide, and the challenge to physiotherapy leadership in Africa is how to influence policy and intervention strategies.

Gabriela Abbud will talk on practice leadership in Brazil, where government, community groups and NGOs have been acting collaboratively to control the epidemic and provide care for those living with HIV.

Speakers will also describe experiences in Canada, where research indicated high levels of disability as a result of HIV. However, few rehabilitation professionals were working with this group, and new initiatives were put in place to rectify this.

The theme of HIV and physical therapy is reflected elsewhere in today’s congress programme. A platform abstracts session on HIV today includes a presentation by David Tumusiime from Rwanda on the prevalence of peripheral neuropathy among people with HIV who are having antiretroviral therapy.

There is a need, he says, to put the issue on the global health agenda.

“HIV is still a threatening pandemic in sub-Saharan Africa,” he says. “The introduction of combination antiretroviral therapy (cART) has dramatically reduced mortality rates but the toxicity of some cART regimens may now be the most common cause of threatening chronic complications, including peripheral neuropathy.”

“However, the existing data on this is poor and this might limit the management of the problem. My study identified the prevalence of peripheral neuropathy and associated functional limitations of the lower extremity, related to HIV and cART in Kigali, Rwanda.”

“The prevalence of peripheral neuropathy and associated disability and dependency among this population will keep increasing. Physiotherapy should move forward and put this problem on the global health agenda.”

The symposium on “Physical therapy leadership in disability and HIV” is from 8.30am to 10am in RAI Elicium 1. The platform abstracts on HIV and AIDS are at 4pm in RA1 104-105.

Hellen Myezwa from South Africa is one of the speakers at today’s symposium on leadership in HIV.
Clinical practice has failed to keep up with dramatic changes in understanding of the biology of pain and therapeutic approaches. That is the proposition of today’s focused symposium on “Teaching people about pain”. The four main speakers will discuss the fact that, while pain is ubiquitous and one of the most common reasons to visit a physical therapist, the profession has not been sufficiently knowledgeable about a revolution in pain-related knowledge.

This new knowledge is of fundamental importance to physical therapists’ practice around the world, according to one of the speakers, Lorimer Moseley, a research physical therapist from Australia who presented the keynote speech at the opening ceremony of this congress. PTs are perfectly placed to bring clinical practice into line with these new ideas. The challenge is how these new ideas can be taught to physical therapists, and how they, in turn, can convey them to their patients.

“The objective of this session is to provide people with an appreciation of the large amount of research that has been done into how people learn new conceptualisations,” he says.

“The dominant conceptualisation of pain is based on Rene Descarte’s model of the 17th century. The terrific advances in pain sciences over the last few decades leaves us simply having to reconceptualise pain.”

“We need to teach patients this, but also clinicians. The symposium looks at ways in which several researchers are doing this – educating patients, physical therapy students, medical students, people before surgery, clinicians. We will, hopefully, give people an understanding of why a new conceptualisation is needed, and the methods that can be used to bring this about, using data from research.”

“I think physical therapists should be taking their role of educators very seriously. We should be getting better at it and using our professional resources, which are better suited to the task than any other profession.”

The “Teaching people about pain” symposium is at 1.45pm today in the RAI Elicium 2. Delegates interested in the subject of pain can also go to a range of other presentations on the subject today.

There is a poster discussion session on pain management at 10.45am in Rai G102-103 (Topaz). There is also a platform abstracts session on pain management at 4pm in the RAI Elicium 2. Speakers will be presenting research on transcranial direct current stimulation, transcutaneous electrical nerve stimulation, and patient-physical therapist interactions during treatment sessions for low back pain.
Physical therapy research needs to put more emphasis on the ways that the growth of non-communicable diseases are affecting practice.

That will be the message of Elizabeth Dean, one of the panel members in this morning’s discussion panel on “Investigating what matters: how to meet the challenges of research in the 21st century”.

The five panel members, from the Netherlands, Canada, Sweden, Taiwan, South Africa and Colombia, will consider trends in global health and the future priorities for physical therapy research. They will consider the factors affecting physical therapy research, how to build research capacity and the role of WCPT and its member organisations in promoting research.

Elizabeth Dean, who is on faculty in the Department of Physical Therapy at the University of British Columbia, Canada, has been a longtime promoter of health promotion practice in physical therapy. She convened the Second Physical Therapy Summit on Global Health, held as part of the congress yesterday.

“Given the need for health promotion, I believe that physical therapy research priorities need to reflect practice informed by epidemiological priorities. These priorities relate to lifestyle-related risk factors and conditions such as smoking-related conditions, heart disease, hypertension, stroke, type 2 diabetes and cancers.”

“Such priorities will help augment physical therapy health outcomes overall irrespective of the patient’s primary problem.”

The “Investigating what matters” discussion panel on 21st century research will be held at 8.30 to 10am today in the RAI Forum.
Doing the right thing

Tomorrow’s focused symposium on moral action will raise the question of whether professional codes of ethics are too limited, given the complexity of issues that physical therapists now encounter. One of the speakers, Clare Delany, here introduces the topic.

The moral landscape of clinical physical therapy practice is changing. Tomorrow’s symposium will provide a forum for ideas, debate and discussion relevant to all physical therapists and physical therapy educators. What does it mean, in the 21st century, to act in a person’s best interests.

Ethical practice concerns how to act in a person’s best interests. Physical therapists around the world refer to codes of ethics for guidance on defining the meaning and practical implementation of patients’ “best interests”.

Codes of ethics provide guiding principles and help to define moral boundaries for physical therapists in clinical practice and educators who teach ethics to physical therapy students. They also establish ethical expectations of practice for those who seek physical therapy services.

As physical therapists manage the health, rehabilitation and wellbeing of individuals and global communities, there is a need for their codes of ethics to be relevant to the realities of clinical practice. Codes of ethics in physical therapy rely predominantly on the interpretation and implementation of four prima facie moral principles: respect for autonomy, beneficence, non-maleficence, and justice. These principles, although universally accepted as relevant for framing ethical decisions in clinical practice, have traditionally been interpreted and applied from their western ethical foundations. They are about enhancing the health of the individual patient.

But, we now know much more about the needs of the individual patient. We know that their health and disability are intimately bound to social determinants such as culture, socio-economic background, family support and structure, societal influences and educational level. The means the boundaries and the dimensions of ethical practice and ethics education must expand beyond individual needs.

If physical therapists are to include the social, the cultural, the family, and the society in ethical decisions for the individual, their codes of ethics and underpinning ethical theories must keep up, and be relevant to the moral dimensions and boundaries of everyday clinical practice.

Clare Delany is Senior Lecturer in Law and Ethics at the University of Melbourne, Australia.

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Almost half of patients self-refer to physical therapists in the Netherlands

What are the main achievements of the profession in our host country, and what are the challenges? The Royal Dutch Society for Physical Therapy tells Simon Crompton that it is pushing ahead with professional autonomy.

The introduction of direct access to physical therapy services in the Netherlands in 1996 has proved so successful that, five years on, almost half of patients come to physical therapists without referral. Before 2006, evaluation and treatment by a physical therapist in the Netherlands were only possible following referral by a physician. It is WCPT’s official view that all patients should have direct access, without referral, to physical therapists, and the Netherlands is one of the most recent countries to introduce this policy.

Now, following the successful introduction of direct access (also known as self-referral), the Royal Dutch Society for Physical Therapy (KNGF) says it is seeking to further extend professional autonomy by making it possible for physiotherapists to refer patients on to medical and other specialists, and prescribe medications. It has begun talks with government on these issues.

“The government here, as elsewhere in the world, is very concerned about rising health care costs,” says Victorine de Graaf, KNGF’s Senior Professional Advisor.

“We’re trying to demonstrate to them that giving physical therapists power to refer on will save money. Studies in Scandinavia, where this policy has already been introduced, show a decrease in costs, because people are referred to consultants only when they really need it.”

The KNGF believes there are other aspects of Dutch physical therapy that are progressive, and make it of great interest to congress visitors. Hans Redeker, Manager of Strategy and Development at KNGF, says the society is very proud of the number of high quality clinical guidelines available to support physical therapists in the Netherlands.

Because these are multidisciplinary in outlook, they firmly establish the place and status of physical therapists within the team. They also provide a firm basis on which the government can decide which services to fund, and which not.

One of the big current professional issues in the Netherlands is the introduction of new performance indicators for professionals working in general practice, in private clinics. “We have developed and tested them in cooperation with government and the insurance companies, and now we are trying to implement them,” says Hans Redeker.

“It’s the moment of truth. Implementing them for the whole nation isn’t easy, and there are some technical and logistical issues.”

He says that Dutch physical therapists at the congress will enjoy meeting international colleagues, and discussing some of these issues with them. “You are visiting a nice country with kind people, and we are looking forward to meeting everyone.”

There are platform sessions on self-referral and direct access today at 4pm in the RAI Elicium, first floor.

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Delegates to World Physical Therapy 2011 are following in a long professional tradition. The first WCPT Congress took place in London in 1953, when there were physical therapists from just 12 national physical therapy organisations taking part.

Since then, there have been 15 world physical therapy congresses held by WCPT all over the globe, and this year around 105 countries will be represented. Their impact on the profession has been profound, according to some of the profession’s most senior figures.

This year’s event is the second WCPT Congress to be held in Amsterdam. The first, opened by HRH Princess Margriet of the Netherlands, was held in 1970, the year in which Doreen Moore-Wheelwright from Australia, became WCPT President.

She observes today: “WCPT congresses have evolved over time, and have always allowed physical therapists to participate, share knowledge and appreciate the contribution of their global colleagues. The congress is stimulating, educational and enjoyable and gives participants a sense of pride in their profession.”

David Teager, WCPT President from 1995 to 1999 was a second year student physiotherapist at the time of the first congress in London.

“It appeared to take place largely under the patronage of the medical profession – perhaps a necessary step in the emergence of a legitimate and independent health care profession,” he observes.

Things were very different 38 years later, when WCPT held its congress in 1991 in London for the second time. Around 3,000 people attended.

“How things had moved on!” says David Teager. “The congress was marked by the range of nationalities attending, and a growing awareness of the relevance of physical therapy in global health care.”

World Physical Therapy 2011 in Amsterdam is likely to prove influential in setting a professional agenda for individual physical therapists and their organisations over the next decade.
Physical therapists from around the world are using World Physical Therapy Day on 8th September every year as an opportunity to promote the work of the profession and its value to communities and countries.

At a congress discussion session on World PT Day and how it might evolve, Simon Crompton, who produces WCPT's publicity, said that at least a third of WCPT's member organisations had organised activities annually since the confederation started producing support materials on its website since 2008.

Chris Okafor from the Nigeria Society of Physiotherapy described how activities have been organised every year since 2005 in all 37 state chapters of the society. Physical therapists have organised roadwalks, meetings and printed teeshirts.

“Knowledge of physiotherapy is so much higher as a result,” he said. “Journalists are so much more aware.” Getting doctors and politicians to understand the profession was more of a challenge, he said.

Delegates at the meeting discussed ways in which World PT Day might be developed in the future. It was suggested that WCPT might target its support and resources to countries where the profession was especially struggling for recognition, and help coordinate delegations from better resourced nations.

Physical therapists with specialist expertise in orthopaedics could have a greater role the assessment of knee MRI scans.

In a top-rated poster display, Elizabeth Shakinovsky a physiotherapist from London, assessed the current baseline expertise of NHS physiotherapist extended scope practitioners (ESPs) at interpreting knee MRI scans. She found that, working in collaboration with other health professionals such as radiologists, they provided extra insight into anterior cruciate ligament injuries, that could have an important impact on management.

“This study indicates that ESPs are good at recognising ACL disruption on a knee MRI scan,” she said.