Abstract

Centre of Precision Rehabilitation for Spinal Pain, University of Birmingham, UK.

Precision manual therapy - driving transformation of practice for the future

Using a focus to musculoskeletal and in particular to spinal pain, this session will analyse how we continue to transform our practice to achieve precision manual therapy. Precision manual therapy will be defined and evaluated through integration of research findings with our clinical reasoning. A positive starting point for the analysis is articulated but a key question of why clinical trial results do not reflect our perceptions of manual therapy treatment effectiveness will be explored.

The session will integrate development of clinical reasoning through research findings into an analysis of how we need to develop our practice to meet the needs of individual patients. It recognises that patients are all different and that this is a challenge for practice and research, to afford pragmatic ways in which we can develop to further improve our effectiveness.

The session will enable a musculoskeletal physical therapist to analyse what they do well already and what aspects of their practice can be developed further. An understanding of the evidence is crucial to this development but the critical application of the evidence to our individual practice is not always easy. Some frameworks e.g. IFOMPT’s Cervical Artery Dysfunction framework and the British Athletic Muscle Injury Classification assist this and will be discussed. Our current research from the Centre of Precision Rehabilitation for Spinal Pain will be integrated throughout. The session will finish by exploring how well we are driving transformation, to end with some key take-home clinical messages. Useful resources will be included throughout.
Abstract

Cervical Arterial Dysfunction (CAD) in patients presenting with neck complaints is a rare event. It is however, a critical consideration as part of a comprehensive musculoskeletal assessment of the cervical region. Vascular pathologies, such as arterial dissection, are generally recognisable if appropriate questions are asked, data are appropriately interpreted during the patient history, and if the physical examination is adapted to test a potential vasculogenic diagnostic hypothesis. A consensus clinical reasoning framework for best practice for the examination of the cervical spine region was developed through an iterative consultative process with international experts and manual physical therapy organisations. It was agreed by 22 countries in 2012. This workshop will review the impact and currency of the cervical framework using evaluation data as part of the process of updating the framework.

The process of updating the framework includes:
- Simplify key messages
- Clarity at start re the range of potential pathologies that CAD encompasses
- Clarity re two components to the framework 1] examination to identify vascular event in situ or risk of vascular event 2] decision making regarding treatment in situation where there is no vascular event in situ
- Remove craniovertebral ligament testing
- Update consent section
- Clarity re recommendations for students acting as models
- Consider establishment of adverse event data collection through IFOMPT for students / patients
- Include a dissemination strategy to ensure, in particular, that undergraduate programmes are targeted
- Multi-professional authorship as goes across all manual therapy professions

CAD is an area of increasing interest and the evidence base continues to develop. Evaluation data is informing the update of the framework, implementation plan and strategic analysis of priorities for research.