WWW.MUSKULOSKELETAL.DK

MUSKULOSKELETAL FYSIOTERAPI

4. ÅRGANG
FEBRUAR 2011
/1

MEDLEMSBLAD FOR MUSKULOSKELETALE FYSIOTERAPEUTER I DANMARK

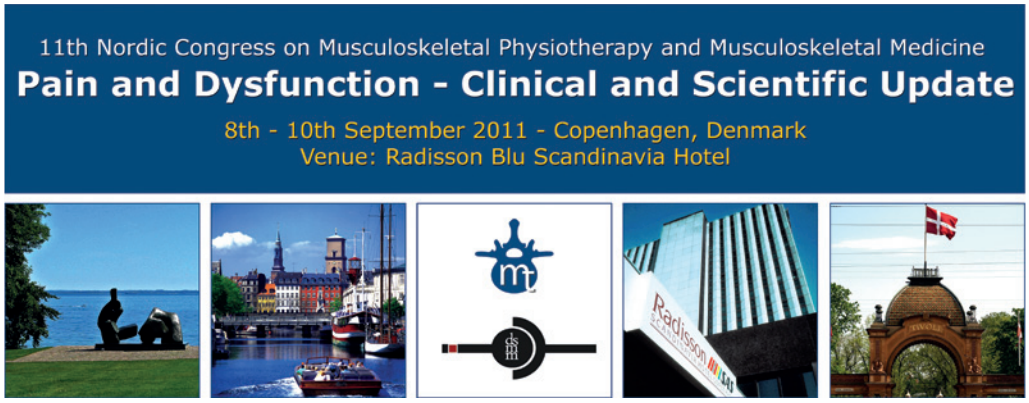
MUSKULOSKELETAL FYSIOTERAPI er et speciale i fysioterapi, som omhandler diagnostik, forebyggelse og behandling af lidelser i ryg og bevægeapparat.
Danske Fysioterapeuters Fagforum for Muskuloskeletal Fysioterapi

- Uddanner
- Afholder kurser
- Indhenter, implementerer og formidler viden
- Kvalitetsudvikler
- Akkrediterer og kvalitetssikrer
- Er Danmarks medlemsorganisation (MO) af det internationale forbund IFOMPT under WCPT

INDHOLDFORTEGNELSE

Folder vedlagt

11th Nordic Congress in MT & MM – www.nordic2011.eu



11. Nordiske Kongres i Muskuloskeletal Fysioterapi og Medicin 8.-10. september

Martin B. Josefsen, Muskuloskeletal Fysioterapeut, DipMT

Muskuloskeletal Fagfestival i Danmark

Det er med stor glæde vi kan invitere til Nordisk Kongres i MT/MM i Danmark. For muskuloskeletalt interesserede er det en oplagt mulighed for at blive opdateret med nyeste viden og opleve en kongres på højt niveau – netop indenfor dette felt.

Den nordiske kongres afholdes på skift i de nordiske lande i et samarbejde mellem de fysioterapeutiske og medicinske muskuloskeletale faggrupper. Frekvensen er hvert 2. eller 3. år afhængigt af den tidsmæssigt bedste placering. Forrige gang blev kongressen afholdt i Göteborg, Sverige 2009.

Pain and Dysfunction – Clinical and Scientific Update

Kongres kommitteen har arbejdet intenst for at skabe et solidt, bredt og internationalt program. På 3 dage præsenterer forskere og eksperter grene af fagfeltet med det fælles omdrejningspunkt – Smerte og Dysfunktion - ud fra en klinisk samt evidensbaseret tilgang. Temaer, forskningsresultater og kliniske tilgange bliver præsenteret og diskuteret.

Flere keynotes danner introduktion til dagene, som også indeholder op mod 6 parallelsessioner. Nogle præsentationer fremføres først som teoretiske oplæg og opfølges senere med en klinisk betragtning f.eks. i relation til patienthåndtering. Andre oplæg omhandler forskningsresultater, specifikke tilgange eller teknologier.

Venue

København og Radisson BLU på Amager skaber rammerne for selve kongressen. En kongres er en faglig oplevelse, men i høj grad også en social og for nogle kulturel oplevelse. Kongres udvalget har derfor prioriteret at både danske og udenlandske deltagere har mulighed for sådanne oplevelser tæt på kongresstedet.

Festmiddag

Et fælles samlingspunkt til netop den sociale del er festmiddagen fredag aften. Vi håber at mange deltagere ønsker at tage del i denne og hilse på kolleger og fagfæller i festlige omgivelser.

Pre- og Post kongres aktiviteter

Der vil være flere aktiviteter før, under og efter kongressen.

Den 5.-7. september afholder IAMMM (International Association of Manual/Musculoskeletal Medicine) et fælles møde med eget fagligt program.

FORTSÆTTES ›

REDAKTIONEN
Martin B. Josefsen, redaktør (ansv.). Muskuloskeletal Fysioterapeut, DipMT, mbj@rygfys.dk.
Jeppe Thue Andersen, faglig medredaktør. Specialist i Muskuloskeletal Fysioterapi, MaMT.
Arne Elkjær, PR. Muskuloskeletal Fysioterapeut, DipMT.

ANNONCEINFORMATION
Se web eller mail til mbj@rygfys.dk

BLADET MF ONLINE
www.muskuloskeletal.dk/fagblad

ISSN tryk: 1902-9977
ISSN web: 1902-9985

MT-NYT (ONLINE NYHEDER)
www.muskuloskeletal.dk (Fag og forskning / MT-Nyt)

Leder

Fagligt festfyrværkeri

Kære medlem, kære kollega. Den 8.-10. september løber den 11. nordiske kongres i MT/MM af stablen. Vi håber at så mange som muligt kommer til kongressen, der denne gang afholdes i Danmark. Der ligger en høj grad af »medlemsservice« bag motivationen for at arbejde intensivt med at skabe en sådan kongres.

DFFMF og DSMM har nu samarbejdet i knap et år på at skabe rammerne og det foreløbige program, der kan ses på www.nordic2011.eu og delvist i dette blad. Vi kan med glæde kigge på et allerede meget spændende program. Det er glædeligt, at så mange kapaciteter ønsker at bidrage til en succesfuld kongres for alle medlemmer og muskuloskeletalt interesserede.

En succesfuld kongres er en kongres med mange glade deltagere. Vi håber derfor du vil udnytte denne unikke chance for at dyrke netop dit fagfelt og dine fagfæller i et fælles internationalt event – der ligger lige om hjørnet i det danske land.

Early birdie pris inden 1/5 samt medlemspris

Husk Early Birdie pris der løber indtil 1. maj; herefter stiger kongresgebyret. Som medlem opnår du yderligere reduktion i kongresgebyret.

Kontinuerlig professionel udvikling

Kontinuerlig professionel udvikling er et »hot« emne for nutidens sundhedsprofessionelle. Nogle sundhedsfaglige selskaber opstiller deciderede akkrediteringskrav, som bl.a. indbefatter kongresdeltagelse, kursusaktivitet og evt. supervision og workshops. Emnet diskuteres mere og mere i fysioterapifaget samt i fagfora og faggrupper.

Ud over at udbyde et egentligt uddannelsesforløb samt faglige temadage og kongresser udbyder DFFMF fordybelseskurser samt supervision og workshops som tilbud til fysioterapeuter. Der er endnu ikke nogen formelle krav til kontinuerlig udvikling eller akkreditering. Heldigvis er rigtig mange fysioterapeuter motiverede for at følge med og dygtiggøre sig. Også når man er fuldt uddannet MT'er er der brug for kontinuerlig udvikling.

En faglig kongres udgør en naturlig del af fortløbende faglig opdatering. Verden er i bevægelse – og vi må alle bevæge os med. Vi vil gerne bevæge dig og bevæges af dig; vi håber at se dig til den 11. nordiske kongres i København.

Martin B. Josefsen

FORTSAT ›

Indtil nu er to workshops under planlægning efter kongressen. MyoFascial Manipulation Technique med Carla Stecco samt Billeddiagnostisk Ultralyd med Palle Holck og Niels Honoré. Nordisk Kontakt Kommitté er et samarbejde mellem alle nordiske muskuloskeletale faggrupper i fysioterapi og medicin – og der afholdes møde under kongressen.

Priser og registrering

For medlemmer er der reduktion på kr 500,- i kongresgebyret. Samtidig er der skabt mulighed for tidlig tilmelding "Early Birdie" inden 1/5. Udnytter man denne er der yderligere reduktion i kongresgebyret på kr 850,-. Det er, trods programmets fyldighed, lykkedes at holde dagsprisen på kongressen på et rimeligt niveau sammenlignet med andre kurser og temadages dagpriser.

Early Birdie pris inden 1. maj 2011:
Medl.*: DKK 4.950,- Ikke-medl.: DKK 5.450,-

Pris efter 1. Maj 2011
Medl.*: DKK 5.800,- Ikke-medl.: DKK 6.300,-

*Medlemspris gælder: DFFMF / DSMM (og IFOMPT / FIMM medlemslande).
Flg. er også velkomne til medlemspris: DIMS / FFI / Mulligan DK (MWM) / McKenzie DK (MDT DK) og SMOF

Festmiddag fredag aften: DKK 400,-

Tilmelding foretages via www.nordic2011.eu

11th Nordic Con

FÆLLES ÅRSMØDE OG GENERALFORSAMLING 25. MARTS
Afholdes sammen med PF og IMDT på Comwell, Middelfart. Generalforsamling starter kl. 09.30.

Årsberetning for 2010 kan findes på hjemmesiden sammen med program for dagen.

Vedr. information og tilmelding kan man også gå direkte til www.conferencemanager.dk/fys11

Socialt program for ledsagere

For ledsagere er der skabt et socialt program. F. eks. familie kan vælge at deltage i forskellige aktiviteter under kongressen. Herunder er der mulighed for kanalrundfart og besøg på Louisiana kunstmuseum.

Det sociale program for deltagere kan ses på www.nordic2011.eu (Social Programme).

Kongres udvalget

Det faglige og planlægningsmæssige udvalg består af følgende medlemmer af DFFMF og DSMM

Martin B. Josefsen, President DFFMF, Chairman NCC (Nordic Contact Committee)
Palle Holck, President FIMM and President DSMM
Vibeke Laumann, DFFMF
Niels Jensen, DSMM
Henrik Christoffersen, DFFMF

Vi ser alle frem til store faglige og sociale oplevelser og håber at så mange medlemmer og kolleger som muligt deltager på kongressen.

Vel mødt i København den 8.-10. september.

Kongresudvalget

Kongres hjemmeside: www.nordic2011.eu

DFFMF: www.muskuloskeletal.dk
DSMM: www.dsmm.org

PRE-CONGRESS

– IAMMM 6th Annual Academy Meeting 5th-7th of September 2011 http://www.iammm.net

– NCC (NKK) Meeting Nordic Contact Committee in Musculoskeletal Physioterapy / Medicine .

POST-CONGRESS

– MyoFascial Manipulation Technique – Workshop; Carla Stecco. September 11th.

– UltraSound Imaging in diagnosis and rehabilitation – Workshop; Palle Holck & Niels Honoré.

11th Nordic Congres on Musculoskeletal Physiotherapy and Musculoskeletal Medicine

Time Frame September 8-10

THURSDAY 8th OF SEPTEMBER

09.30-10.00 Arrival – Coffee

PLENARY

10.00-11.00 Keynote
11.00-12.00 Keynote
12.00-13.30 Lunch

PARALLEL SESSIONS

13.30-14.30 Keynote
14.30-14.45 Break
14.45-15.45 Session 1 / 2 / 3 / 4 / 5 / 6
15.45-16.15 Coffee Break
16.15-17.00 Session 1 / 2 / 3 / 4 / 5 / 6

SOCIAL PROGRAM

17.00-19.00 Get-together networking and »Tivoli on your own«

FRIDAY 9th OF SEPTEMBER

PLENARY

09.00-10.00 Keynote
10.00-11.00 Keynote
11.00-11.30 Coffee Break

PARALLEL SESSIONS

11.30-12.30 Session 1 / 2
12.30-14.00 Lunch
14.00-15.00 Session 1 / 2 / 3 / 4 / 5 / 6
15.00-15.30 Coffee Break
15.30-16.30 Session 1 / 2 / 3 / 4 / 5 / 6

SOCIAL PROGRAM

18.30- Dinner

SATURDAY 10th OF SEPTEMBER

PLENARY

09.00-10.00 Keynote
10.00-11.00 Keynote
11.00-11.30 Coffee Break
11.30-12.15 Plenary
12.15-13.00 Last session
13.00-14.00 Goodbye and lunch

More about the program
- Pre- and Post Congress activities
- Gala dinner
- Social programme
- Accommodations

Please see the website

www.nordic2011.eu

Confirmed Speakers 11th Nordic Congress 2011

KEYNOTE SPEAKERS

Michael Kuchera, Professor, DO (USA)	• Pain and Dysfunction – State of the art; Knowledge and Evidence. • Manipulation and mobilization – techniques and effect.
Johan Vlaeyen, Professor (Netherlands)	• A Bio-Psycho-Social Approach in Musculoskeletal Healthcare • Reducing pain-related fear chronic low back pain: a clinical case
Lars Ahrendt-Nielsen, Professor, Dr.Med.Sci., PhD (Denmark)	• Peripheral and central pain mechanisms – Current evidence
Hermann Locher, Dr.Med., DipMM (Germany)	• Neuroscience; including mechanisms of motor control, inhibitory mechanisms and chronification.
Carla Stecco, MD, Orthopaedic Surgeon (Italy)	• The human fascial system and its implication in the clinical practice
Hans van Helvoirt, PT, MA, DipMDT, DipMT (Netherlands)	• Empowerment and promoted self-care in patients
Henning Langberg, Ass Prof, PT, MSc, Dr.Med.Sci., PhD (Denmark)	• Connective tissue, fibroblasts and myofibroblasts – structure, function and responses to mechanical and physiological stimuli

INVITED SPEAKERS

Maxim Bakhtadze, MD, DipMM (Russia)	• Cerebral perfusion in patients with craniocervikal syndrome before and after manual intervention
Palle Holck, MD, Rheum, DipMM (Denmark)	• Diagnostic Ultrasound Imaging
Per Kjær, Ass. Prof, PT, DipMT, MSc, PhD (Denmark)	• Classification systems for people with Low Back Pain – a matter of preference rather than evidence
Tom Petersen, PT, PhD (Denmark)	• Multimodal approaches in Low Back Pain – A National Health Technology Report
Benny Dahl, MD, Orthopaedic Surgeon (Denmark)	• Disc Prosthesis in spinal surgery
Niels Honoré, PT, ExamMT (Denmark)	• Ultrasound Imaging used as Biofeedback in specific excercises
Bertel Rune Kaale, PT, MaMT, PhD (Norway)	• Clinical aspects in the late stage of whiplash injury – fMRI and clinical testing
Morten Leirgul, PT **Arne Nesgård**, PT	• Clinical tests for upper cervical ligament injuries • MultiCervical Unit for neuromuscular test and rehabilitation of the cervical spine
David W. Evans, DO, PhD (England)	• Spinal Manipulation; why do they take the form they do? Towards a general model.
Deborah Falla, Professor, PT, PhD (Germany)	• The role of motor learning and neuroplasticity in musculoskeletal pain disorders
Morten Høgh, PT, DipMT (Denmark)	• Explain Pain
Lars Remvig, DrMed (Denmark)	• Hypermobility Research and Diagnosis
Josef M. Andersen, PT, MaMT, CMP, MCTA (Denmark)	• MWM – Mulligans Mobilizations with Movement, Update and Clinical perspectives.

Abstracts received for early presentation

More abstracts on www.nordic2011.eu (under Speakers)

JOHAN W.S. VLAEYEN


Johan W.S. Vlaeyen

Name and title:
Johan W.S. Vlaeyen, Professor

Curriculum vitae:
Professor Johan Vlaeyen is professor Behavioural Medicine at the Universities of Leuven, Belgium and Maastricht, Netherlands. His main interests are the cognitive and behavioral mechanisms of chronic disability due to somatic complaints and the development and evaluation of customized cognitive-behavioral management strategies for chronic pain, and more recently tinnitus. His experimental work includes research on the acquisition of pain-related fear through direct experience and observational learning, the role of safety behaviors in the extinction of fear, the role of unpredictability on generalization and pain sensitivity, and the relation of pain-related fear in the context of the pursuit of multiple goals. He and his team have developed fear-reduction treatments and utilized replicated single-case experimental designs to evaluate the effects of behavioral interventions for patients with chronic pain. Johan Vlaeyen is on the editorial board of journal Pain, European Journal of Pain, Clinical Journal of pain, Cognitive Behaviour Therapy, and Translational Behavioural Medicine. He co-edited the book Understanding and treating Fear of pain, received the Pain award of the Dutch Chapter of IASP, and obtained an honorary doctorate at the University of Örebro (Sweden) for his scientific contributions in the area of pain psychology.

1: A Bio-Psycho-Social Approach in Musculoskeletal Healthcare

Pain is a biologically relevant and vital signal of bodily threat, which urges the individual to protect him/herself (Eccleston and Crombez, 1999). Immediate protective responses to pain include increased arousal, attention to the sources of threat, and various safety-seeking behaviors including avoidance and escape. Despite this biologically hard-wired system, there are individual differences in how pain is interpreted as threat, and the expression of pain usually is dependent on social context variables and current goals (e.g. Vlaeyen et al., 2009). Also, learning takes place rapidly. In order to reduce the impact of pain, and to facilitate early and effective protection against bodily threat, previously neutral stimuli (interoceptive, proprioceptive or exteroceptieve) that somehow are causally related to the threat of pain can receive the propensity to elicit similar defensive responses as well (e.g. De Peuter et al., 2009). For example, a previously benign movement that was followed by severe shooting pain will now be avoided (Leeuw et al., 2007; Vlaeyen and Linton, 2000).

Chronic disability may develop when the individual subsequently overgeneralizes the 'movement threat' knowledge, and starts to avoid various movements and activities, despite medical reassurance about rather innocent causes and the transient character of the pain. Three pathways exist through which such 'threat knowledge' and associated protective responses can develop: observation, verbal instruction, and direct experience. Once acquired, this knowledge representations remain stored in memory, and the extinction of protective responses can only occur through inhibitory processes.

In this presentation, the underlying mechanisms of both the acquisition of pain-related fear responses, as well as the available cognitive-behavioral interventions to extinguish these fears will be reviewed. This will be done from an affective-motivational perspective.

2: Reducing pain-related fear chronic low back pain: a clinical case

Since the introduction of Behavioural Medicine in the early seventies, cognitive-behavioural treatment interventions for chronic pain have expanded considerably. It is now well established that these interventions are effective in reducing the enormous suffering that chronic pain patients have to bear. Despite these achievements, there is still room for improvement. First, there is a substantial proportion of patients who do not appear to benefit from treatment interventions available. Second, although the effect sizes of most cognitive-behavioural treatments (CBT) for chronic pain are comparable to those in psychopathology, they are quite modest. Third, there is little evidence for differential outcomes for different treatment methods. Fourth, there still is relatively little known about the specific bio-behavioural mechanisms that lead to chronic pain and pain disability. One direction is to better match treatment programs to patients' characteristics. This can be done according to a Moderator-Mediator distinction perspective. We argue in favour of theory-driven research as the only way to define specific a priori hypotheses about which patient-treatment interactions to expect. As an illustration, we will highlight the application of exposure-based interventions in a woman with chronic low back pain patient who reported substantial pain-related fear (kinesiophobia).

The exposure in vivo treatment consists of four components: Identification of treatment goals, establishment of a fear hierarchy, education about the paradoxical and detrimental effects of safety behaviors, and graded exposure to fearful stimuli following the fear hierarchy. During exposure in vivo sessions, behavioral experiments can be applied, in which the patient gets the opportunity to correct dysfunctional beliefs about the association between physical activity, pain and re-injury. The presentation will be illustrated with video clips.

REFERENCES

De Peuter S, De Jong JR, Crombez G, Vlaeyen JW. The nature and treatment of pain-related fear in chronic musculoskeletal pain. Cognitive and Behavioral Psychotherapy 2009;23(1):85-10

Leeuw M, Goossens ME, Linton SJ, Crombez G, Boersma K, Vlaeyen JW. The fear-avoidance model of musculoskeletal pain: Current state of scientific evidence. J Behav Med 2007;30(1):77-94.

Vlaeyen JW, Linton SJ. Fear-avoidance and its consequences in chronic musculoskeletal pain: A state of the art. Pain 2000;85(3):317-332.

Vlaeyen JW, Hanssen M, Goubert L, Vervoort T, Peters M, van Breukelen G, Sullivan MJ, Morley S. Threat of pain influences social context effects on verbal pain report and facial expression. Behav Res Ther 2009;47(9):774-782.

–

Boersma K, Linton S, Overmeer T, Jansson M, Vlaeyen J, de Jong J. Lowering fear-avoidance and enhancing function through exposure in vivo. A multiple baseline study across six patients with back pain. Pain 2004;108(1-2):8-16.

de Jong JR, Vlaeyen JW, Onghena P, Cuypers C, den Hollander M, Ruijgrok J. Reduction of pain-related fear in complex regional pain syndrome type I: The application of graded exposure in vivo. Pain 2005;116(3):264-275.

Leeuw M, Goossens ME, van Breukelen GJ, de Jong JR, Heuts PH, Smeets RJ, Koke AJ, Vlaeyen JW. Exposure in vivo versus operant graded activity in chronic low back pain patients: Results of a randomized controlled trial. Pain 2008;138(1):192-207.

Vlaeyen JW, de Jong J, Geilen M, Heuts PH, van Breukelen G. Graded exposure in vivo in the treatment of pain-related fear: A replicated single-case experimental design in four patients with chronic low back pain. Behav Res Ther 2001;39(2):151-166.

Vlaeyen, J. W. S., de Jong, J. R., Sieben, J. M., & Crombez, G. (2002c). Graded exposure in vivo for pain-related fear. In D. C. Turk & R. J. Gatchel (Eds.), *Psychological Approaches to Pain Management. A practitioner's handbook* (Second edition ed., pp. 210-233). New York: Guilford.

HERMANN LOCHER


Hermann Locher

Name and title:
Herman Locher, Dr.Med.

Curriculum vitae:
Born 1954. Studies of Agrarbiology, Music, History of Arts and Medicine.
Specialist in Orthopedic Surgery and Traumatology. Since 1990 Medical Director of the Center of Orthopedics and Traumatology, Pain Therapy and Manual Medicine in Tettnang Germany.
Member og the Advisory Board of the European Scientific Society of Manual Medicine (ESSOMM). Instructor of the German Society of Manual Medicine (DGMM).

1: Neuroscience and Manual Medicine Including mechanisms of motor control, inhibitory mechanisms and chronification
The recent results of investigation in pain neuroscience are projected on the supposed mechanisms of manual therapy and manual diagnosis. The phenomenons of nocireactive motor system activation and nocireactive activation of the sympathetic system are discussed from clinical points of view and according to the manual findings for the diagnosis. Peripheral and central sensitization are discussed as well as mechanisms of pain chronification and neuroplastic changes of the pain perception system. The role of convergence of afferences from skin and further from visceral organs, muscle and joints, so called deep somatic afferences and their special capacity of central sensitization are explained. Especially the behavior of the nociceptive and inhibitory receptive fields are to observed and discussed under diagnostic criteria. Finally the inhibitory systems and their condition under psychosocial and physical influences are to be considered. The today mentioned hypothesis for the manner of acting of manual techniques are described and derived from observations of the basic neuroscientific research. Examples of the so called pain analysis and their clinical consequences especially for differential diagnosis and therapy end the lesson.

2: Drawing workshop (Pain and manual diagnosis and therapy)
Neuroanatomic and neurophysiologic basics of pain perception and pain transformation. A model for the explanation of manual diagnosis and therapy techniques based on neuroscientific and neurobiological findings and investigation results is presented.

Every participant draws a scheme of anatomical structures, neurofibers, neurons and interneurons as well as brain structures, spinal sections and viscera with particular reference to establish a plastic and understandable base for the discussion of pain analysis and differential therapeutic approach to complex functional and structural pain patterns in the locomotive system. Under thematic systematization: nocigenerators, somatopsychic reflectory answer, mechanisms of chronification and condition of inhibitory systems therapeutic strategies especially from the manual point of view are derived.

The »Pathways of Pain Poster« can be taken home.

CARLA STECCO

The human fascial system and its implication in the clinical practice


Carla Stecco

Name and title:
Carla Stecco, MD, Orthopedist

Curriculum vitae:
Stecco Carla, MD, Orthopedist, is currently Assistant Professor of Human Anatomy and Movement Sciences at the University of Padova, Italy. Founder member of the Fascial Manipulation Association and a member of the Italian Society of Anatomy and Histology and of the Association Française des Morphologistes. Her scientific activity is devoted to the study of the anatomy of the human fasciae from a macroscopical, histological and physiopathological point of view. Author of more than 40 in extenso papers, all indexed in PubMed and of one book about the Fascial Manipulation Technique.

Abstract:
The role of the fasciae has traditionally been relegated to the job of deftly holding 'parts' together, but recently different researches have come to believe it has a specific organization. This presentation will illustrate new studies of the gross and histological (fibre content, structural conformation, and innervation) anatomy of the human fasciae, and debate their role in proprioception. The human fascial system is seen in its three dimensional continuity.

The relationships among deep fasciae and muscles were analyzed, evidencing as this organization could guarantee a perceptive and directional continuity along the myokinetic chains, acting somewhat like a transmission belt between two adjacent joints and also between synergic muscle groups.

Different levels of innervations (free and encapsulated nerve terminations, particularly Ruffini and Pacini corpuscles) could be recognizable inside the fascia, according with the roles of the deep fasciae in movements coordination and perception.

If this fine regulation of the fascial system is altered for trauma or overuse syndromes, also the fascial perception varies, suggesting a possible pathological role for the fasciae in musculoskeletal diseases.

HANS VAN HELVOIRT

Empowerment and promoted selfcare in patients


Hans van Helvoirt

Name and title:
Hans van Helvoirt, MA, PT, dip MDT/MT
After finishing the international school for physical therapy, Hans was trained in Manual therapy and the McKenzie method ™. He specialised in spinal problems, in a bio psycho social context, promoting self efficacy. Therefore he did a Masters in psychology and several coachingscourses like Inspiring Coaching ™and Motivational Interviewing. At the moment he's working in a multidisplinary setting (anesthesiology, manual medicine, psychology) in the Medical Back Neck Centre in the Hague, treating chronic spinal pain patients and he teaches the McKenzie Method ™ all over Europe .

Abstract:
During these speeches strategies for patient empowerment and promotion of self care will be discussed. As literature shows us, self efficacy seems to be a very important prognostic factor in Low Back Pain. Its therefore logical that treatment should focus on promotion of selfcare. How can we do that in an optimal way? Different styles of coaching are used in medical care to empower patients: directive -, following-, guiding- styles. All styles are needed in promoting effective selfcare. Knowledge of Stages of Change can be helpfull to coach our patients to change health behaviour and to guide our treatment. The patient's intrinsic motivation is crucial for the outcome of active selfcare oriented therapies. Patient's involvement in therapy, building alliance between therapist/doctor and patient is the fundamental issue to connect to this intrinsic motivation. As therapist we have a very strong tool in empowering patients,in building this alliance, which a counselor/psychologist not has, which is body awareness. In the clinical part the focus will be to connect the patient examination, using body awareness, towards patient empowerment and selfcare strategies. As therapists we need to change from delivering passive treatment to coaches of active selfcare.

POST KONGRES WORKSHOP MED CARLA STECCO 11.09.2011
MyoFascial Manipulation Technique
Yderligere info og tilmelding: følg www.nordic2011.eu (pre- & post congress) og www.muskuloskeletal.dk (kursuskalender).

KURSER FOR MT'ERE 2011

DIPMT/MAMT WORKSHOP
Nyt kursustilbud for fuldt uddannede MT'ere;
– 13.-14. november (sted: afventer).

FORDYBELSESKURSER
Er for fysioterapeuter med både lidt, nogen eller fuld uddannelse i MT;
- Cervikogen Hovedpine og Svimmelhed: 13.-15. oktober (Horsens).
- Skulder kursus: 7.-9. december (Horsens).

Se kursuskalenderen online.

KURSER TIL EFTERÅRET 2011?
Husk at tilmelding til kurser kan have deadline 2-3 måneder før afholdelse.

Tilmelding via hjemmesiden.

EKSAMEN TIL MAJ 2011?
Husk at tilmelding til eksamen Del I og Del II har deadline i skrivende stund.

Tilmelding via hjemmesiden.

PER KJAER


Per Kjaer

Classification systems for people with Low Back Pain – a matter of preference rather than evidence.
By Per Kjaer, Alice Kongsted, and Tom Petersen

Name and title:
Per Kjaer, Associate Professor, PT, MSc, PHD

Curriculum vitae:
Per Kjaer is a specialist in musculoskeletal physiotherapy and completed his PhD at the University of Southern Denmark. There he holds a position as an associate professor at the Institute of Sports Science and Clinical Biomechanics. He has more than 20 years of clinical experience and has for the past 14 years worked with research. He is teaching manual therapy, exercise therapy, case report, and epidemiology. His research is on risk factors and classification of back pain in children and adults, especially the importance of MRI findings in relation to low back pain.

Abstract:
Clinicians use »McKenzie«, »Cinetic Control«, »O'Sullivan«, »Tom Petersen«, »Clinical Prediction Rules«, and several other systems to classify people with low back pain (LBP). Which system to choose, or which systems to combine, is currently based solely on clinician preference. Therefore, we investigated and compared the evidence supporting these systems in order to assist clinicians in reaching more informed decisions regarding classification and treatment.

A systematic literature search was conducted to identify classification systems used in LBP patients. The search included systems regarding pain, structural pathology, neuromuscular control, mechanical diagnosis and therapy, and clinical prediction rules. Quality and methodologies were assessed and data concerning reproducibility, validity, treatment outcome, and prognoses extracted. Scientific evidence and clinical feasibility were subsequently formulated.

Preliminary results indicate that almost all systems have substantial evidence about reproducibility, some have addressed validity, few have investigated prognoses, and little is known about treatment outcomes for patients treated in accordance with the classification system compared to those treated non-accordant. The methodology used for validating subgroups and establishing treatment outcome was generally insufficient. While waiting for more research to come and methodology to improve, clinicians are forced to rely on their classification preferences since no system seem to be clearly superior.

DEBORAH FALLA PROFESSOR I FYSIOTERAPI I GÖTTINGEN, TYSKLAND
Deborah Falla, ekstern underviser i DFFMF og medunderviser på fordybelseskursus i Cervikogen Hovedpine og Svimmelhed, ansættes i foråret som Professor i Fysioterapi på Göttingen Universitet.
Deborah Fallas seneste stilling har været som forsker på SMI, Aalborg Universitet – og tidligere ved University of Queensland, Australien.

DEBORAH FALLA


Deborah Falla

The role of motor learning and neuroplasticity in musculoskeletal pain disorders

Name and title:
Deborah Falla, Professor, PT, PhD

Curriculum vitae:
Deborah Falla is a Professor in Physiotherapy at the Center for Anesthesiology, Emergency and Intensive Care Medicine, University Hospital Göttingen, Germany. Her research focus involves the integration of neurophysiological and clinical research to evaluate neuromuscular control of the spine in people with chronic pain. Her research interests also include motor skill learning and training for musculoskeletal pain disorders. In this field she has published over 60 papers in peer-reviewed Journals, more than 100 conference papers/abstracts and received the Delsys Prize for Electromyography Innovation in 2004. She has given over 60 invited lectures and has provided professional continuing education courses on the management of neck in over 20 countries. She is co-author of the book entitled »Whiplash, Headache and Neck Pain: Research Based Directions for Physical Therapies« published by Elsevier and is Associate Editor of the journal Manual Therapy.

Abstract:
The extent of cortical neuroplastic changes has been shown to be a key neurophysiological feature that correlates with the level of functional recovery. Therefore, rehabilitation efforts that attempt to maximize cortical reorganization provide the greatest potential for rehabilitation success. This presentation will review evidence of cortical neuroplastic changes that have been shown to occur in association with experimental or chronic pain disorders. Further, the promising role of novel motor-skill training is discussed in order to best direct the clinician to optimize rehabilitation strategies for patients with musculoskeletal pain disorders.

BERTEL RUNE KAALE

Clinical aspects in the late stage of whiplash injury


Bertel Rune Kaale

Name and title:
Bertel Rune Kaale, PT, MaMT, PhD

Curriculum vitae:
Bertel Rune Kaale was born 1959, and is living at Sandane, Norway. Kaale was educated as physiotherapist in Bergen in 1984, and became a manual therapist in Tromsø in 1991. He became cand.scient in 1996, with master in physiotherapy at the University in Bergen. From 1999 to 2009 Kaale was a PhD student at the Department of Neurosurgery, Haukeland University Hospital. Kaale graduated in November 2009. Kaale is today working at the Firda Medical Center, Sandane.

Abstract:
The aim was to explore the possibility that symptoms and signs, with abnormal neck movements in WAD patients, could be related to organic changes in the cranio-cervical region. This study includes 92 persons with WAD2, and 30 control persons.

The results showed that among WAD patients, the NDI score increased significantly with increasing severity of MRI abnormalities of the alar ligaments. The second study showed that MRI changes in the alar ligaments were most common. Nearly two thirds (61.7%) of the patients with rotated neck position had alar ligament grade 3 changes, as opposed to only 4.4 % in the patient group that had reported a neutral neck position. In the third study results showed that maximal range of active flexion and rotation decreased significantly with increasing severity of the MRI changes among the WAD patients. In the fourth study, the kappa coefficient showed moderate agreement between the clinical evaluations and the MRI classifications.

The results of this study give reasonable support to the existence of an organic model that in part can explain the problems of the long lasting whiplash syndrome. Results from studies published during the recent years have given additional support to such a model, but contrasting results have also been reported.

MORTEN LEIRGUL AND ARNE NESGÅRD

(Cont. from Bertel Rune Kaale): Clinical aspects in the late stage of whiplash injury
– Clinical tests for upper cervical ligament injuries
– MultiCervical Unit for neuromuscular test and rehabilitation of the cervical spine


Morten Leirgul


Arne Nesgård

Name and title:
Morten Leirgul, PT

Curriculum vitae:
41 years old. Physiotherapist 1996. Worked in municipal physiotherapy services, ergonomic physiotherapy and private practice. MTT. Following a Master program, and preparing a study with focus neck function testing with specificity to segmental recruiting. Involved in neck investigation and rehabilitation since 2003.

Name and title:
Arne Nesgård, PT

Curriculum vitae:
37 years old. Educated physiotherapist in 1999. Involved in neck investigation and rehabilitation since 2005. Runs endurance test using lactate measurements.

Abstract:
Multicervical unit is an instrument which is designed for testing neck function and also for exercising the neck directly towards the eventual measured malfunctions. This is used worldwide for monitoring and rehabilitating dysfunction of the neck. However, in WAD-related dysfunctions, there is need for a higher degree of specificity than the common use of Multicervical unit offers. The ability of controlling the upper segments of the cervical column is crucial to neck function as a whole. Lack of control in the craniocervical conjunction can produce a variety of symptoms and lead to poorer controlled neck movements. To distinguish problems located in the upper cervical region from those in the middle or caudal segments of the cervical column, we need to test with a higher degree of specificity than is possible in the standard procedures in the Multicervical unit. We have alternated the tests for this purpose.

The reduced motor control in the upper cervical column may or may not be accompanied by ligament lesions. Hence testing ligament function in the craniocervical conjunction should be part of a total investigation in neck disorders. These tests may, when summed up with function tests, bring further specificity to the analysis of the neck function in total, and strengthen or weaken the suspicion towards segmental instability as basis for the symptoms and malfunctions.

INTERVIEW MED BERTEL RUNE KAALE
Læs interview med Bertel Rune Kaale i Fysioterapeuten nr 3 2010. Artiklen »Gåden om den uforklarlige smerte« omhandler Kaales forskning og kliniske tilgang vedr. Whiplash patienter.

MULTI-CERVICAL UNIT
Desuden beskrives test- og træningsudstyret »Multi-Cervical Unit«, der på kongressen præsenteres af Leirgul og Nesgård efter Kaales indledende oplæg.

FYSIOTERAPEUTEN 3-2010 KAN FINDES HER:
www.fysio.dk/Fysioterapeuten/Arkiv/2010/

SAMMENDRAG AF AFHANDLINGEN
Læs Muskel&Skjelett 1-2010 side 13-25. Kan hentes her: www.Manuellterapi.no (tidsskrift / utgivelser).

CAND.MOTUS – KANDIDATUDDANNELSE I FYSIOTERAPI PÅ SDU

En realitet er det, at der nu eksisterer en kandidatuddannelse i Fysioterapi på SDU. Kandidatuddannelsen er for alle fysioterapeuter der ønsker at fortsætte en forskningsretning (PhD) eller opgradere de faglige forudsætninger. Hans Lund er foregangsmand bag uddannelsen, og formanden for DFFMF Martin B. Josefsen har haft flere dialoger med Hans Lund vedr. evt. muligheder for delvis placering af specialer i kandidatuddannelser for fysioterapeuter. Specialeringstanker for fysioterapeuter ligger dog endnu på hylden på SDU og afventer initieringen af »grund-kandidaten« som nu foreligger.

Tillykke til SDU og FoF fra DFFMF

Kandidatuddannelsen er beskrevet på SDU's hjemmeside. www.sdu.dk/fysioterapi

NIELS HONORÉ


Niels Honoré

Diagnostic Ultrasound Scanning used in physiotherapy.

Name and title:
Niels Honoré, PT, Exam MT

Curriculum vitae:
Nov. 1999 – sept. 2003 Physiotherapist in private practice
Sept. 2003 – Owner of own practice
Sept. 2003 – dec. 2008 Board member of the Danish manual theraphy group
Sept. 2004 – dec. 2008 Chairmann of the Danish manual theraphy group

Scientific achievements:
- 16 non-peer review articles, 4 about ultrasound scanning
- 8 invited lectures
- Organizer of 8 kinetic control courses
- Organizer and lectures of 30 Ultrasound skanning workshop
- Organizer and lectures of 8 Ultrasound scanning full education in Denmark and Sweden

Abstract Objective:
The main goal on this presentation is to give an introduction to the technical aspects of ultrasound imaging as it applies to imaging muscle, tendons and bones.
By theoretical and practical demonstrations the physiotherapist will get an better understanding on what and how we can use ultrasound imaging on not only lumbal rehabilitations but in all our diagnostic work.

DAVID EVANS


David Evans

Why do spinal manipulation techniques take the form they do?

Name and title:
Dr David Evans, DO, PhD

Curriculum vitae:
Dr David Evans is a practicing Osteopath from Birmingham, UK, having graduated from the British School of Osteopathy, London in 1998.

David gained his PhD from Keele University in 2007, investigating the beliefs and behaviour of UK musculoskeletal practitioners in the management of low back pain. He has maintained a long-term research interest in the mechanism of action of spinal manipulation, in relation to spinal pain, and has authored numerous peer-reviewed papers on the subject. He currently holds honorary research fellowships at the British School of Osteopathy, Keele University and University of Warwick.

Language: English

Abstract:
An important question is posed in this presentation: why do spinal manipulation techniques take the form they do? From the available literature, two factors appear to provide an answer, which will be discussed:

1. Action of a force upon vertebrae. Previous studies have shown that a requirement of any 'direct' spinal manipulation technique is that the patient be orientated in such a way that force is applied perpendicular to the overlying skin surface, so as to act upon the vertebrae beneath. If the vertebral motion produced by 'directly' applied force is insufficient to produce the desired effect (e.g. cavitation), then force must be applied 'indirectly', often through remote body segments such as the head, thorax, abdomen, pelvis, and extremities.

2. Spinal segment morphology. A new hypothesis will be presented. Spinal manipulation techniques exploit the morphology of vertebrae by inducing rotation at a spinal segment, about an axis that is always parallel to the articular surfaces of the constituent zygapophysial joints. In doing so, the articular surfaces of one zygapophysial joint appose to the point of contact, resulting in migration of the axis of rotation towards these contacting surfaces, and in turn this facilitates gapping of the other (target) zygapophysial joint.

TOM PETERSEN


Tom Petersen

Multidisciplinary interventions for patients with persistent low back pain – a Danish health technology assessment.

Name and title:
Tom Petersen, Physiotherapist, PhD.

Curriculum vitae:
Tom Petersen is a research fellow at Back Center Copenhagen, Denmark. His main research interests are clinical diagnostics and efficacy of physical therapy methods for patients with persistent low back pain in primary care. He has published widely on these topics in international journals and has been a speaker on 50 international or national conferences.

Abstract Objective:
The purpose of this health technology process was to assess the evidence for the effects of multidisciplinary and multisectorial interventions for patients with subacute low back pain.

Methods:
A systematic literature review is the overall basis for the analysis of the perspectives of the report: technology, patients, organization and economics. In addition to the literature review, primary data concerning organisation and experience from relevant institutions providing integrated multidisciplinary interventions in their treatment of back pain patients were collected.

Conclusions:
Multidisciplinary interventions are generally more effective at a clinically relevant level than monodisciplinary interventions or no intervention in primary health care (moderate level of evidence). Involving the workplace reinforces the effect on sick leave of the multidisciplinary interventions and can reduce costs (moderate level of evidence). Multidisciplinary interventions do not have any clear effects on disability or quality of life (conflicting evidence). Patients in the intervention groups, including interventions with and without workplace involvement, returned more rapidly and more frequently to work than patients treated with usual practice. Based on the literature, no conclusions could be reached regarding the specific content of the multidisciplinary interventions.

http://www.sst.dk/publ/Publ2010/EMM/Ondt_i_ryggen/MTV_ondt_i_ryggen.pdf (In Danish with summary in English)

MORTEN HØGH


Morten Høgh

Smerte set med klinikerens øjne (A clinicians guide to understanding pain)

Name and title:
Morten Høgh Specialist Physiotherapist, DipMT

Curriculum vitae:
Being a clinical practitioner by background, Morten is now dividing his time equally between King´s College London (UK) where he´s currently doing a MSc Pain on part time, and Denmark. Besides working as a clinician Morten is teaches graduate level pain and neuroscience as well as »Explain Pain« courses, and is accredited by the Neuro Orthopaedic Institute (NOI) in Adelaide (AU) to do so. Morten is also chairman of the Danish Pain & Physiotherapy Association.
Language: Danish

Abstract:
How much do a clinician need to know about pain? Many clinicians will (should) ask themselves that question.

The amount of research within the pain field has exploded over the last 20 years, and our understanding of pain is getting more profound all the time. However in a clinical setting far from all research is relevant, and it can be hard to sort out »what I really need to know in order to understand my patients«.

This presentation attempts to guide clinicians to an updated, clinical relevant, view on pain in non-cancer patients. It also tries to stimulate clinical reasoning based on a broader understanding of pain and the plasticity of the human nervous system.

SÅ ER DER TRUKKET LOD BLANDT DELTAGERNE I MT-BLADETS JULEQUIZ.
Følgende medlemmer af DFFMF har vundet

- **1. præmien: Deltagelse på 11. Nordiske kongres (værdi »early birdie« kr 4.950,-):**
  Tina Kjær Nørskov
- **2. + 3. præmien: En af de anmeldte bøger på muskuloskeletal.dk (værdi kr 400,- til kr 800,-):**
  Lis Fredslund Hansen og Dorthe Brøndum Rasmussen

Tillykke fra redaktionen
Martin & Jeppe

POST B
PP DANMARK

Uddannelse og kurser

Uddannelsen i muskuloskeletal fysioterapi

Specialviden og klinisk ekspertise i diagnostik og behandling af ryg og bevægeapparat.

Uddannelsen i muskuloskeletal fysioterapi varer fire år og tages sideløbende med praksis efter endt grunduddannelse i fysioterapi. Uddannelsen er internationalt godkendt under verdensforbundet for muskuloskeletal fysioterapi – IFOMPT – www.ifompt.org. For yderligere information: www.muskuloskeletal.dk/uddannelse

KURSUS	DATO
Differential diagnostik og røde flag – medicinske sygdomme Sted: Tårnby	04.-05.03.2011
MF Trin 1A Sted: Tårnby	Del 1: 10.03.2011 Del 2: 29.03.2011
Smerte og neurodynamik 1 (ND 1) | Sted: Horsens	13.-14.03.2011
Rheumatologi / Orthopædi | Sted: Tårnby	19.-20.03.2011
Dynamisk Stabilitet – Lumbal | Sted: Tårnby	21.-23.03.2011
Klinisk supervision 3 | Sted: Horsens	25.-27.03.2011
Klinisk Supervision 2 | Sted: Tårnby	03.-05.04.2011
MF Trin 2B Sted: Horsens	Del 1: 10.04.2011 Del 2: 03.05.2011
MF Trin 2A Sted: Tårnby	Del 1: 01.05.2011 Del 2: 31.05.2011
MT eksamen – maj 2011 | Sted: Afhængig af tilmeldinger	02.-11.05.2011
Dynamisk Stabilitet – UE | Sted: Tårnby	12.-13.05.2011
Integrative MyoFascial Techniques – Intro-kursus Sted: Horsens	18.-19.08.2011
MF Trin 2A Sted: Horsens	Del 1: 28.-30.08.2011 Del 2: 11.-13.09.2011
ND 2 - NeuroDynamik | Sted: Horsens	04.-05.09.2011
11. Nordiske Kongres i Muskuloskeletal Fysioterapi og Medicin Sted: København – Radisson Blu Scandinavia Hotel	08.-10.09.2011
MF Trin 1A Sted: Horsens	Del 1: 18.-20.09.2011 Del 2: 09.-11.10.2011
MF Trin 1B Sted: Tårnby	Del 1: 18.-20.09.2011 Del 2: 09.-11.10.2011
Cervikogen Hovedpine og Svimmelhed – Fordybelseskursus Sted: Høegh Guldbergsgade 36, 1., 8700 Horsens	13.-15.10.2011
MF Trin 3A | Sted: Horsens	23.-25.10.2011
MF Trin 2B Sted: Tårnby	Del 1: 30.10.–1.11.2011 Del 2: 20.-22.11.2011
Klinisk Supervision 1 | Sted: Horsens	04.-06.11.2011
Dip/Master Workshop | Sted: Afventer	13.-14.11.2011
Klinisk Supervision 3 | Sted: Tårnby	04.-06.12.2011
Skulder Fordybelseskursus | Sted: Horsens	07.-9.12.2011

Se den komplette og opdaterede kalender på: www.muskuloskeletal.dk/uddannelse (vælg Kursuskalender) Yderligere info og tilmelding via online kursuskalender.

Mødekalender

Møder/events, symposier m.m.

online event-kalender:
www.muskuloskeletal.dk/events

Årsmøde og Generalforsamling Comwell, Middelfart	25.03.2011
2nd Int. Mulligan Conference **www.bmulligan.com/conference** Porto, Portugal	11.-14.06.2011
WCPT kongres Amsterdam	20.-23.06.2011
11th Nordic Conference on Musculoskeletal Physiotherapy and Medicine Pain and Dysfunction – Clinical and Scientific Update **DFFMF and DSMM** **www.nordic2011.eu** Copenhagen Denmark	September 8.-10.2011
Fascia Research Congress 2011 Vancouver, British Columbia	28.-30.03.2012
IFOMPT Congress 2012 Quebec Canada	30.09.-05.10. 2012