



PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa

THE LATEST NEWS
& VIEWS FROM
PHYSIOTHERAPY
NEW ZEALAND
FEBRUARY 2019

PHYSIO MATTERS

A framework for Orthopaedic Physiotherapy Practitioner Roles

Also in this issue:

- An introduction to our Physiotherapy Specialists
- Website update and our new marketing campaign
- Using performance to boost your staff and your business

FEBRUARY 2019

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Editorial and Advertising

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- If this date falls on a weekend or a holiday, please supply by the closest working day before.
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Booking Deadlines

Issue	Booking deadline
February 2019	12 December 2018
April 2019	20 February 2019
June 2019	19 April 2019
August 2019	20 June 2019
October 2019	20 August 2019
December 2019	21 October 2019

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Updates from the President



LIZ BINNS
PRESIDENT

Keep an eye
out for the new
PNZ marketing
campaign (page
18)!

A quick look back before we look forward.

The last two functions I attended in 2018 were the AUT Physiotherapy prize giving and a send-off for a retiring PNZ member. That really covers the spectrum of the profession!

It was fabulous to see the newest members of our profession shining brightly, eager to go out and begin the career they spent four long years studying for. Or, as it was put in one of the speeches, "get paid for the work that we do!" (alluding of course to the fourth year which is predominantly clinical).

Equally as fabulous was seeing a colleague with eyes sparkling as she 'signed-off' from the profession. She was surrounded and farewelled by those who had taught her, those who had worked with her and those she had supervised over the course of her career.

Pondering these two events, I question why is it that some people work as a physiotherapist until they retire and others leave the profession quite early on. Anecdotally, I hear seven years is the point by which physiotherapists have left the

profession if they are going to leave early. What we don't know is whether that is actually the case, and perhaps more importantly why it is that people decide to leave the profession.

Last year, PNZ commissioned a piece of work to identify and understand the workforce issues for physiotherapy in Aotearoa New Zealand. I was lucky enough to read the draft in December and the final report is now available on the PNZ member website. The report identified, among other things, that there is sufficient training of physiotherapists – it is retention that's the issue. This finding gives PNZ a pretty good steer on future work to plan, however, the report was not able to identify *why* people leave the profession. It did however identify two common exit points – at the two year and four to six year mark. As is all too common in research, one of the recommendations is that research is required. PNZ will be looking into this further and we will keep you updated with what we find.

In 2019 keep an eye out for the new PNZ marketing campaign (page 18). We are all representatives of the profession and therefore have a range of opportunities to promote the profession. If 4000 PNZ members

use the phrase "don't say oh, say physio", market reach will be even wider than what can be achieved through media channels. PNZ will be working to develop this campaign with branding support – this is the specialty area of our Marketing and Communications Manager, so there is more to come in 2019.

I hope you are safely back at work and recharged from your summer break.

I look forward to working with you and for you in the year ahead.

Liz Binns
President

Updates from the Chief Executive



SANDRA KIRBY
CHIEF EXECUTIVE

This was another record year for membership growth – we can expect to have over 4000 members by the middle of 2019.

Tena koutou katoa

At the end of last year I reflected on how much we had achieved in 2018. Within the first week back at work in 2019, it is obvious we have another busy year in store.

Firstly a very big thank you to the 3245 people who had joined PNZ by 31 December 2018 – either through membership renewals or as new members. This was another record year for membership growth. Based on previous years' figures we can expect to have well over 4200 members by the middle of the year. I have said it before, but it bears repeating, as a membership organisation you are our strength. Because our membership is high, at nearly 70% of all registered physiotherapists, we have a strong position to advocate for the profession when we speak with policy makers and funders. This year has some significant opportunities for that voice to be heard. You can probably imagine that with more than 3000 renewals being processed in a short space of time our small office team was stretched just before Christmas. Claire Angliss, our Membership Advisor, worked tirelessly through the queries. She is an organisational treasure and it was

lovely to see some of the well-deserved compliments that came her way from members.

In a brave move, at the same time as membership renewals we also sent out the survey about PNZ member value. The results confirm that the top four services you want from PNZ are advocacy, access to professional development, insurance and advice on professional issues. You can see all the survey results on the PNZ member website. We will be repeating this survey annually so we can ensure that you are receiving value for membership.

This is an exciting era – we have physiotherapists well placed in key organisations. Congratulations to Martin Chadwick who was appointed as the first ever Chief Allied Health Professions Officer at the Ministry of Health. It is a certain sign that the policy makers are recognising the value that physiotherapists, and other allied health professions, can bring to the public health system. The President, Liz Binns, and I met with Scott Pickering, CEO of ACC last month, and he again stressed the value ACC place on physiotherapists to deliver ACC services. One of the early pieces of work for this year is to make the case

for physiotherapy in the review of the New Zealand health system. It'd be great for members to contribute – and sing the same song. Consistency of message is important.

Next month we will be launching the awareness campaign and new website. The campaign has been designed so that it can build – and as we don't have the funds for a massive public media campaign it will be focused on radio, web advertising and having resources that physios can use in their own marketing. Stay tuned. We are keen to hear your feedback.

Kim Eland, formerly of ACC, started work in the PNZ Office in January to support the change programme. Kim will be making contact with each Branch and Special Interest Group to develop the Terms of Reference for our change programme. After years of planning for this unified PNZ, 2019 is the year for action.

Please do make contact with the PNZ Office if you have questions about what is happening. And keep up the great work.

Sandra Kirby
Chief Executive

Snippets of health news from here and around the world



1. Physical activity boosts mood and energy in bipolar patients

New research, published in *JAMA Psychiatry*, has found that higher levels of physical activity boost mood and energy levels. The benefits were particularly noticeable in people with bipolar disorder.

<https://bit.ly/2Vy9OmS>

2. Simple sugar supplement found to slow cancer growth

Researchers at Glasgow University have found evidence that a simple sugar supplement can slow the growth of cancer. The team from the Cancer Research UK (CRUK) Beatson Institute also found it could make chemotherapy more effective against some tumours.

<https://bbc.in/2FgqOJF>

3. Researchers identify genetic risk factor for atypical heart attack in women

New research published by teams from Leicester, UK and Paris, France in collaboration with international partners from the US and Australia, has found a common genetic factor that shows a significant risk of atypical heart attacks in women.

<https://bit.ly/2TBBci5>

4. Pacemaker in the brain could help patients with epilepsy and Parkinson's

Engineers and researchers at the University of California, Berkeley have developed a neurostimulator that can act as a pacemaker within the human brain.

<https://bit.ly/2CWSDEh>

All images ©iStock

A full-page photograph showing a physiotherapist in light blue scrubs assisting an elderly woman with walking. The woman is wearing a blue t-shirt and black pants, using two silver crutches. They are walking on a polished floor in a bright, modern hallway with large windows in the background. The physiotherapist is smiling and supporting the woman's arm. The woman is also smiling and looking towards the camera.

A framework for Orthopaedic Physiotherapy Practitioner Roles

In 2015 Angela Cadogan was awarded an Innovative Practice Grant through the PNZ Scholarship Trust Fund to work on the development of Orthopaedic Physiotherapy Practitioner (OPP) roles and an associated training framework. She discusses her work with *Physio Matters*.

This project emerged in response to my own experience in developing a similar role within the Canterbury DHB, and identification of a growing problem with access to elective surgery in the District Health Boards (DHB) in New Zealand. Around this time there was also a growing interest from the orthopaedic community in finding ways of improving patient access to care and optimising the surgeons' clinic and operating time.

Access to Elective Surgery

In 2009 the government implemented a Primary Health Care Strategy aimed at achieving "Better, Sooner and More Convenient" healthcare by developing collaborative models of service delivery between public and private sector, and by making best use of inter-professional skills to free up hospital staff to focus on patients with more complex needs. Access to elective surgery was identified as a priority area due to a growing "unmet need" of patients with musculoskeletal conditions who were unable to access care through existing orthopaedic referral pathways in the public health system because of high demand for appointments.

At that time, the Orthopaedic Department in the Canterbury DHB was receiving approximately 7,500 requests from GP's annually for "First Specialist Assessments" (FSA) for patients with orthopaedic conditions. Of those, 2,000 (27%) were accepted for FSA, around 1500 (20%) were directed to other services, with the remaining 3,500 (47%) returned to GP care without any clinical assessment or pathway. It is difficult to quantify the long-term impact of this 'un-met need' in terms of health-related disability, quality of life, productivity, social and economic costs, however this is likely to be significant.

This is a problem by no means unique to New Zealand. In recent years, data from overseas healthcare models has identified significant value in using Advanced Physiotherapy Practitioners (APP) to provide diagnostic triage and non-surgical management in these settings. Advanced Physiotherapy Practitioners in these roles have

demonstrated equivalent care to that of physicians for patients with musculoskeletal disorders in terms of diagnostic accuracy, treatment effectiveness, use of healthcare resources, economic costs and patient satisfaction (Desmeules et al., 2012).

In 2014, I was invited by Mr Alex Malone, a Christchurch-based orthopaedic shoulder surgeon, to be involved in a Canterbury Initiative trial involving the re-development of referral management processes for shoulder referrals in the Canterbury DHB. The new system included a single point of triage for shoulder referrals, and the addition of an advanced triage and clinical diagnostic service to be run by an Orthopaedic Physiotherapy Practitioner, similar to overseas models involving APPs. The aim of these changes was to improve access to clinical assessment services for patients with shoulder conditions by establishing a diagnostic service to be run in parallel with the orthopaedic FSA clinic. By making use of the clinical assessment and diagnostic skills of an advanced practitioner we hoped to increase department capacity for shoulder conditions, better prioritise those patients with the highest surgical needs for FSA assessment, and provide access to non-surgical management pathways for patients who would not otherwise have had access to treatment.

Service Transformation

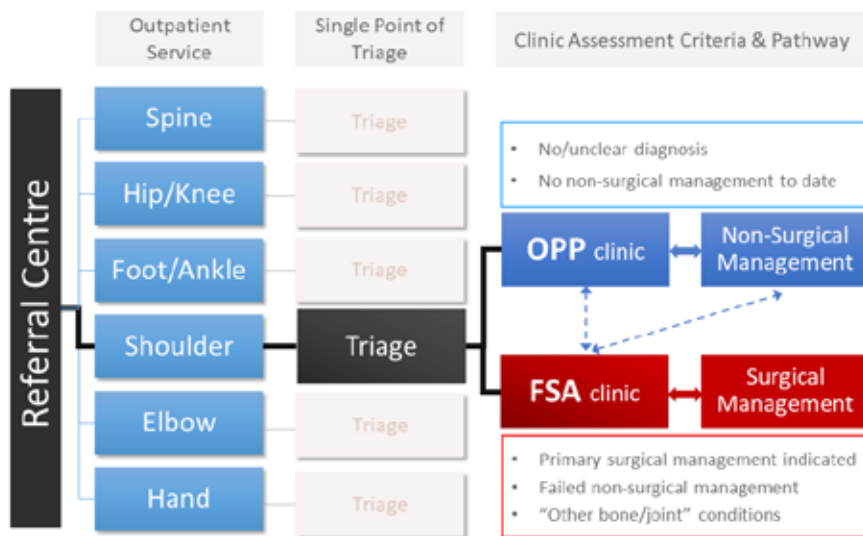
Under the new service, referrals for conditions with a high likelihood for a surgical procedure were triaged to FSA (as per the previous system) and were assessed by a surgeon (Figure 1). Referrals for conditions where there



had been insufficient diagnostic work-up, or for which a trial of non-surgical management was required prior to consideration of a surgical procedure were triaged to the new Orthopaedic Practitioner diagnostic service. Patients triaged to the Orthopaedic Practitioner pathway were assessed in clinic and referred for appropriate diagnostic investigations or to a non-surgical treatment pathway. If diagnostic investigations revealed a condition requiring surgery, or non-surgical treatments failed, the patient was referred to the FSA clinic for assessment by the orthopaedic consultant. This required establishing documented protocols and referral criteria for specific shoulder conditions.

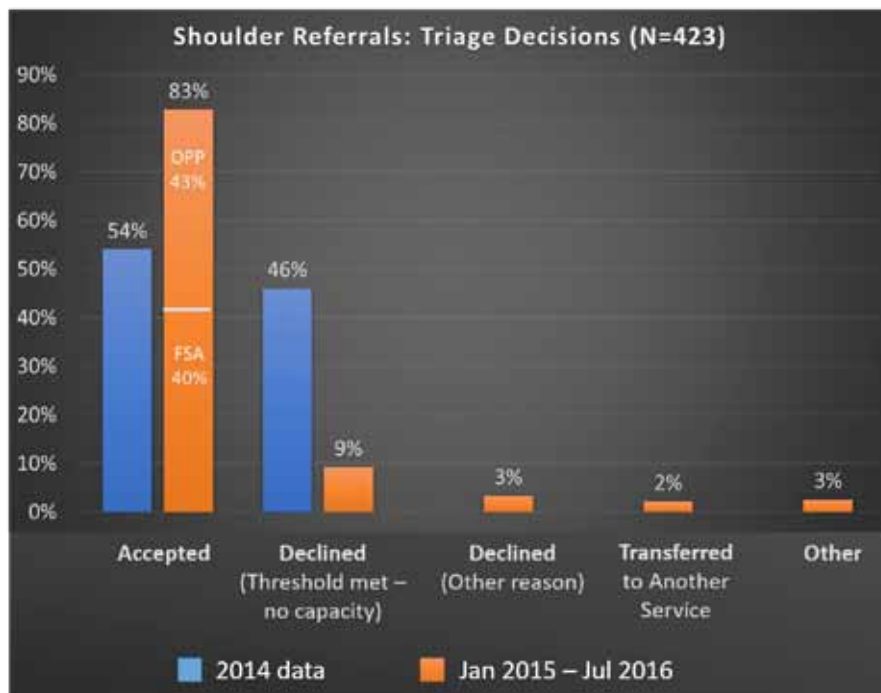
For one year I had direct one-on-one supervision from the surgeon for every patient until we reached near 100% agreement on diagnosis and management. In the first 18 months the capacity of the shoulder service doubled. By mid-2016, between 75-100% of referrals were being accepted (Figure 2). This represented a significant increase in department capacity and,

Figure 1: New process of referral management, triage and clinical assessment in CDHB shoulder service.



(OPP, orthopaedic physiotherapy practitioner; FSA, first specialist assessment).

Figure 2: Results of Orthopaedic Physiotherapy Practitioner Trial



Graph comparing the proportion of shoulder service referrals accepted and declined before, and after the Orthopaedic Practitioner trial.
(OPP, orthopaedic physiotherapy practitioner; FSA, first specialist assessment).

more importantly, provided a clinical pathway for a significant number of patients whose FSA requests would previously have been declined, and the patient returned to their general practitioner without a diagnosis or treatment pathway.

We presented the results at the New Zealand Shoulder and Elbow Society conference in 2015 and were contacted by several surgeons who were interested in establishing similar roles within their DHBs. It was clear there was a growing need for a new model

of care for musculoskeletal conditions and a formal role definition with associated competency standards was required to ensure a consistent standard of care across orthopaedic outpatient departments. An application was made to PNZ for an Innovative Practice Grant to further define the scope and training process for these roles within the New Zealand health system.

Collaboration with the New Zealand Orthopaedic Association

The New Zealand Orthopaedic Association was contacted to consider collaborating on this project. They immediately threw their support behind the project and a working group was established consisting of myself, and two members of the NZOA council (Mr Richard Street and Mr Stewart Walsh, both Auckland-based orthopaedic surgeons). I met and corresponded with them both over an 18-month period and final sign-off from the NZOA council was obtained in September 2017 supporting both the OPP roles, and the associated training framework. The Physiotherapy Board of New Zealand were consulted on the scope of practice of the roles and they were satisfied that the roles fell within the general scope of physiotherapy practice, albeit at an advanced level.

OPP Roles and Training

These roles are embedded within Orthopaedic Outpatient departments in NZ DHBs. As such, they are orthopaedic-led, requiring identification of an Orthopaedic Champion (surgeon) to take full responsibility for the implementation of the role, scope of the OPP role and the OPP practitioner standard of practice within his/her department.

The main purpose of the OPP roles is to:

- reduce primary and secondary care waiting times
- establish a comprehensive non-surgical assessment and management pathway

- optimise surgeon operating time.

To achieve the stated purpose, the OPP roles may include any, or all of the following, according to Orthopaedic Department requirements as determined by the surgeon:

- Referral management/triage
- Clinical assessment and management (non-surgical pathways)
- Pre-operative screening, triage and management
- Post-operative follow-up and rehabilitation

One of the key principles of the roles is that they are sustainable, with the ability to transcend individual clinicians, leaders and managers. Hence, department impetus to transform, managerial and administrative support and a commitment to ongoing service provision by the OPP are all essential elements in the development of these roles.

Selection of the Orthopaedic Physiotherapy Practitioner

In the absence of an identifiable standard of 'Advanced Practitioner' within the physiotherapy profession, a set of recommended criteria are outlined reflecting the professional and clinical competencies required in these roles. Clinical competency templates were developed by the working party for each of these roles, and for each body region (hip, knee, spine etc). The competency templates can be adapted by the surgeon to suit the requirements of the role within their department, however they all include:

- requisite knowledge of pathoetiology and natural history of common conditions
- proficiency in comprehensive history and physical examination
- differential diagnostic reasoning
- knowledge of local diagnostic investigation referral criteria and the ability to interpret imaging

- agreed non-surgical management pathways within the service
- knowledge of criteria for FSA referral for various conditions within the service
- knowledge of the nature of common surgical procedures and post-operative rehabilitation protocols.

As the surgeon is entirely responsible for the practitioners' standard of practice within their department, OPP competency is evaluated by the orthopaedic surgeon. Training is primarily 'on-the-job', similar to orthopaedic registrar training, for a duration required to achieve the required level of competency. Training consists of a mixture of formal learning, in-house training and a heavy component of direct supervision by the surgeon and other suitable professionals.

Remuneration

There are currently at least four of these roles within New Zealand DHBs. One of the largest barriers identified by the working group to attracting and retaining physiotherapists to these roles is the current inability to adequately remunerate these positions under DHB Physiotherapy pay scales to reflect the advanced level of training, responsibility and the downstream value to the health system. These are not primarily "physiotherapy" roles, and recognition of "Orthopaedic Practitioner" roles on separate pay scales within the DHBs is likely to be required for them to be sustainable in the long-term (similar to Nurse Practitioners). While this appears some way off, collaboration between the NZOA and PNZ in lobbying the Ministry of Health for funding of these roles may help achieve this goal in time.

Future Directions

The involvement and support of the NZOA in the development and recognition of these roles is a positive step in establishing physiotherapy career pathways within the New Zealand public health system. While

the DHB system provides a structure for the evolution of these roles in the public health system, advanced level physiotherapists working in the private sector are also ideally placed to help reduce wait times for orthopaedic evaluation by providing diagnostic triage and non-surgical management within inter-disciplinary healthcare models in the primary health care setting.

On a personal note, I would like to thank Mr Alex Malone for his ongoing support, professional development and for being instrumental in promoting the role of advanced physiotherapy practitioners in New Zealand. I would also like to thank the NZOA, especially Mr Richard Street and Mr Stewart Walsh for their time and input to this project that represents a valuable collaboration between our two professions with the potential to benefit many New Zealanders with musculoskeletal conditions. As this is an orthopaedic-led programme, the NZOA are the first point of contact for any enquiries about these roles.

Written by Angela Cadogan, PhD, NZRPS

Acknowledgements

The author would like to thank Mr Richard Street and Mr Stewart Walsh for their contributions.

Physiotherapists signing off-work certificates



SUE DOESBURG

PROFESSIONAL ADVISOR

A year ago an amendment to section 68 of the Holidays Act 2003 came into effect with the result that health practitioners, including physiotherapists, could provide certificates that may be used by employees as proof of sickness or injury for their employers.

Before this amendment, only medical practitioners could provide these types of certificates. Given the increasing demand for General Practitioner (GP) services, there will be circumstances where a certificate from the patient's physiotherapist is the most logical and efficient option.

Although the law permits physios to give such certificates, they are not obliged to do so.

What does the Act say?

The Act states that 'an employer may require an employee to produce proof of sickness or injury for sick leave taken under section 65 if the sickness or injury that gave rise to the leave is for a period of three or more consecutive calendar days, whether or not the days would otherwise be working days for the employee'.

If the employer requires proof of sickness or injury for sick leave taken over three consecutive days the employer must:

- (a) inform the employee as early as possible that the proof is required; and
- (b) agree to meet the employee's reasonable expenses in obtaining the proof.

If an employee does not produce that proof, the employer can refuse to pay sick leave.

For this purpose, proof of sickness or injury may include a certificate from a physiotherapist setting out the information specified in subsection 68(3) of the Holidays Act 2003.

Further information and detail on this part of the Holidays Act can be found at www.legislation.govt.nz/act/

Does this fit within the physiotherapy scope of practice?

The amendment which came in to effect on 31 January 2018 replaced the term "medical practitioner" with "health practitioner" stating that the term health practitioner has the same meaning as in section 5 of the Health Practitioners Competence Assurance Act (HPCA) 2003, that is "a person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession".

Following on from this, the Physiotherapy Board of New Zealand provided guidance on the competence of physiotherapists to undertake this task in their June 2018 newsletter Physiotherapy in Depth (a copy of which can be found on their website).

Board registrar, Ross Johnston outlined the following points as relevant:

- *The General Scope of Practice: Physiotherapist is very broad, and, in my view, enables physiotherapists to provide certificates in relation to any assessments within the scope that*

they are competent to perform.

- *As a certificate is a legal document that may be relied upon by third parties, it should only be given by a physiotherapist who has personal knowledge of the facts that are certified. The certificate should be based on up to date, objective and reliable evidence, which will require the physiotherapist recently to have made an adequate professional assessment of the patient's condition before giving the certificate.*
- *As the certificate contains health information about the patient, it should not be provided to any person other than the patient except with the patient's consent, which consent should be recorded in writing.*
- *The Board's standard relating to physiotherapists providing assessment and treatment to whānau/family members and others close to them would apply to the provision of certificates requested by such persons.*

Physiotherapists should also be aware they are under no obligation to issue certificates.

Whilst this may be a new responsibility for 15 of the health professions covered by the HPCA Act, it has long been an ongoing responsibility for the medical profession. The following is encouraged as good practice within the medical

profession (NZMC statement on medical certification) and readily transferrable for physiotherapists taking on this responsibility.

Professional Obligations

Certificates are legal documents so anything you document should be completed promptly, honestly, accurately, objectively and based on clear and relevant evidence. Completing a certificate has implications for the patient, yourself and the organisation (eg. employer) that receives the certificate. For example a patient undertaking work which they are not fit for may result in the patient or their work colleagues being at risk. Certificates should be written so information is understandable to a lay person and provide the necessary information required by the organisation and consented to by the patient. Necessary information would include your clinical opinion outlining those activities that are safe for the patient to undertake and appropriate restrictions, or unsafe activities that the patient should not undertake and timeframes. An actual diagnosis doesn't have to be disclosed.

Because a certificate has implications for the organisation that receives it, you might be contacted for more information and it would pay to be prepared for this by having a discussion with the patient about what information you can disclose if approached.

Be cautious about backdating an off-work notice as it may give the impression that you 'know' the person has been unfit for work for the period of time they are telling you about. Keep in mind that it's more accurate and defensible to reflect what you have been told and what your assessment of capacity is going forward from the date that you assessed the patient. People can use their forms for differing reasons and *NZ Doctor* recently discussed the case of a GP receiving a visit from the police as the off-work certificate had provided an alibi for a petty criminal to "prove" he couldn't have been where he actually was.

What does an off-work certificate look like?

There isn't a standard certificate for this and the certificate will look more like a letter. A basic template kept on file in your practice management system will make life easier and can be adapted to reflect what you've done and what you've been told. The sample in the panel combines an off-work and off-school certificate. Schools often request proof that time away has been due to sickness/injury. The important thing is to remember that it's a legal document and as such you need to be able to stand behind what you write and justify it.

Where does ACC fit on all of this?

The final point to clarify is that when it comes to patients/clients receiving weekly compensation from ACC, the Accident Compensation Act 2001 still requires that a medical certificate be received from a *medical practitioner or nurse*



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Date:

To whom it may concern,

Re: Patient

I assessed this patient today at and find that they are fit / unfit for school/work until

The patient tells me they have been unable to attend since due to their health condition.

Yours sincerely,

John Smith
Physiotherapist
Reg no 70

Sample off-work/school form

practitioner prior to weekly compensation entitlements being assessed. However ACC may also obtain any professional, technical, specialised, or other advice from any person it considers appropriate which means if approached for your professional perspective, this information may contribute to the resultant decision about entitlement.

Information on the ACC website about getting paid if someone can't work states:

Depending on your situation and claim we may start paying you immediately. Otherwise payments will start after a week. If you're an employee or shareholder-employee and your injury happened:

- *at work, your employer must pay you for the first week*
- *outside of work, you'll need to take sick leave or annual leave*

In summary, physiotherapists can provide off-work certificates (to clients) for injuries where treatment costs are covered by ACC but only for the first week following injury, which is the period when the cost of leave from work isn't covered by ACC.

Sue Doesburg
Professional Advisor

Changes to the Clinical Operating Model at ACC



Hi everyone, I'm Dr Melissa Barry one of the new Clinical Partners at ACC and the key point of contact for Physiotherapy New Zealand.

I qualified as a physiotherapist from Otago University in 2003. After working as a rotational physiotherapist in New Zealand I completed a PhD in Neuroscience. Then after working as a post-doctoral associate at the University of Pittsburgh with people with spinal cord injuries I returned to NZ to obtain my MBA from Otago University; and then worked at ACC within the clinical guidelines area for four years before moving into the new Clinical Partnerships team.

In this article I've outlined some of the changes that have been happening at ACC that you might be interested in.

As you may know, ACC is making some changes to the way we work, in order to create better outcomes for our clients and for our providers (you). As part of these changes, our clinical teams have a new way of working.

Although these changes may not immediately have an impact on you, we believe you'll see the benefits over time as our internal decision making is further enhanced through more consistent, high-quality and multidisciplinary clinical advice.

Changes to the clinical teams

In November 2018 we made some changes to the way the teams that provide clinical advice at ACC work. The new way of working supports the clinical teams at ACC to be more strategic and support better outcomes for people who are injured in New Zealand.

ACC now has five core clinical teams:

- **Clinical Partnerships:** This team is focused on external engagement and works closely with professional

bodies, universities and health training schools. The team also partners with other business units in ACC to drive delivery of the ACC Health Services Strategy and Injury Prevention Strategy. Each Clinical Partner within this team looks after a specific area and is required to have prior experience working within a clinical discipline. The team currently includes people with physiotherapy, medicine and psychology backgrounds. Three of the six members of the Clinical Partners team are physiotherapy trained.

- **Health Intelligence and Insights:**

This team will build ACC's ability to use what we know, from our data as well as international evidence, to drive what we do in the health sector.

- **Clinical Services:** This is a large team of more than 130 Advisors based across the country. This includes people with backgrounds across medical disciplines (including orthopaedics, surgical, occupational health and general practice), allied health (including physiotherapy and occupational therapy), nursing, psychology, pharmacy and dentistry. Their role is to provide expert multidisciplinary, consistent, robust and up to date clinical advice and input to our case managers. New members appointed to this team are required to have a current Annual Practising Certificate (APC).

The Clinical Services team is managed by Stafford Thompson who is also a physiotherapist. Stafford has a team of ten Clinical Advice Managers that report to him. The Clinical Advice



Melissa Barry

teams are organised into groups of Medical Advisors, Psychology Advisors and Clinical Advisors (who come from different allied health backgrounds including physiotherapy).

- **Clinical Quality and Governance:**

This team is focused on ensuring that ACC has the right clinical governance in place as well as focusing on deriving clinical insights, developing education materials and driving continuous improvement. They work closely with the ACC Research team to provide clinical resources (including systematic reviews) based on the most up to date publications from medical and scientific journals. Some of these reports and purchasing guidance recommendations can be found at acc.co.nz/about-us/research

- **Treatment Safety:** This team works to reduce patient harm and treatment injury through programmes that enhance safety and quality of healthcare. More information can be found at acc.co.nz/preventing-injury/making-treatment-safer/

ACC trialling new client service model

As outlined in the November 2018 ACC Provider Pānui, we are changing the way we do things to create better outcomes for our clients, providers and our people. As part of this, we are trialling a new client service model and are looking to understand how this model may impact our providers and clients. As part of the development of this new model we are looking at how we can improve our processes, tools and technology (including digital access for customers).

Under the proposed new client service model, some of your interactions with ACC team members could change from 'one-to-one' interactions with a dedicated case manager, to a 'one-to-many' arrangement where a pool of case managers is available to support you at all times. This type of arrangement would only apply to some clients: under our proposed model you would still interact with a dedicated ACC team member when supporting clients with intensive recovery needs.

We've developed a fact sheet that covers this in more detail, with specific examples.

We will keep you informed and continue to communicate with you about the impact this work will have on you. If you have any questions, please contact your local Engagement and Performance Manager.

Update for the accreditation requirements are now available online

Finally, the update to accreditation requirements for the Physiotherapy Services contract is now available for providers on our website:

- ACC Requirements for Conformity Assessment Bodies to audit against - <https://www.acc.co.nz/assets/contracts/ACC-Requirements-for-Conformity-Assessment-Bodies-to-audit-against.pdf>
- The Requirements for Physiotherapy and Hand Therapy Services - <https://www.acc.co.nz/assets/contracts/ACC-Requirements-for-Physiotherapy-and-Hand-Therapy-Services.pdf>

Happy New Year 2019 everyone. I look forward to working with you all and continuing to build on the great relationships ACC has with PNZ.

Kind regards,

Melissa

Melissa.Barry@acc.co.nz



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- Neutral spine & TAB alternative teaching methods
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- Pathology-based class design

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Using performance management to boost your staff and your business

Sarah Cantwell from Humankind discusses the benefits of using a performance management system within your practice.

What is performance management?

It is the measuring, reporting and managing of people, with the aim of improving performance. Examples of performance management processes or tools include performance appraisals or reviews, key performance indicators (KPIs) and management dashboards. Essentially, performance management is what organisations do to become more successful and stay ahead of their competitors. On a day to day level, performance management usually involves ongoing and structured communication between a leader and an individual about their performance. Performance management is not just about managing somebody's poor performance. It also includes goal setting, feedback, acknowledgement, and coaching which are all aiming to lift and maintain the performance of that individual.

How can performance management assist organisations in improving performance?

The aim of performance management is to enable teams and people to perform at their best, promoting a high performance culture. Performance management, when done correctly can provide an environment for everyone to learn and grow in their roles. Having regular meaningful conversations, and providing acknowledgement to employees:

- Improves employee engagement and productivity
- Helps identify promotable people and strengthen your talent pipeline
- Helps identify training needs

- Keeps engaged and hardworking people in the business

Can performance management affect strategy and strategy execution?

When the overall performance of individuals in the team lifts, so does the productivity and performance of the organisation as a whole.

- Provides a basis for organisational decisions
- Helps with succession planning so you have the right people to support execution
- Improves employee engagement and commitment to achieving business goals

How can performance management shape organisational culture?

The way you manage performance and development must align with your culture and represent the values of your business. Some outcomes of performance management which affect culture:

- Employees are clear on where they stand – no surprises (i.e. they know they are valued and they know what they need to do if they want progression)
- Strengthens the relationship between leaders and employees – higher trust
- Developing people: supports people to grow personally and professionally
- Retaining good people: inspires people to do their very best work
- Focusing people: aligns performance with your company values



What are the top performance management's tools or techniques?

Tools and processes that are commonly used include regular conversations (1:1s), reward and recognition systems, personal development plans, performance targets or KPI's (key performance indicators), and performance appraisals. Each of these should be designed to suit the organisation's culture, and also the individual's needs. There are many performance management tools out there for a range of sized organisations. The most effective tool is having conversations.

Is there a one size fits all?

No. One size fits one. Each team and business will benefit most from a structure designed to suit them. You should think first about the type of behaviour or results you are trying to achieve, and then introduce performance management tools that will support this. Also carefully consider how often these processes should happen in your business in

order to keep people engaged, deliver helpful feedback, and continuously grow capability.

What are the best techniques for effectively implementing performance management tools?

An effective performance management plan or framework should function as a continuous cycle:

- Performance planning – master performance discussions and expectations with your employees. Define performance outcomes, and develop goals and strategies to meet those outcomes
- Performance coaching – develop strategies to support your team in achieving their performance objectives. Diagnose performance problems and create a plan of action to improve performance. Provide timely and meaningful feedback on performance.
- Performance appraisal – fine tune your ability to conduct a meaningful performance appraisal. Work collaboratively with employees on ways to improve the performance management process to help set the stage for future success.

By implementing these techniques how would this affect day to day operation?

In order to run a smooth and effective performance management cycle, there is a time investment required from leaders. They need to dedicate enough time to prepare and conduct thoughtful conversations and reviews with their team, and often. This means that they need to allocate time each week, month, and quarter for proactive work on performance management.

How often should the tools be reviewed and changed?

You should review your tools and process anytime you identify that there is room for improvement or a performance issue comes up. If an issue has occurred this is a good opportunity to assess whether this was because there wasn't enough support given. Otherwise, it is important to reflect annually on the success of that year and whether your framework and tools is still fit for purpose. As an organisation grows you may find you need to have a more structured approach.

There is a lot of performance management software out there – what would you recommend?

While there are a lot of innovative apps and platforms available at the moment, you shouldn't be fooled that a new tech solution will dramatically change your performance management success. You need to have a solid foundation of leaders who are already actively managing their team and committed to spending the time needed. Introducing a new software solution can enhance the experience and make it easier to track progress, but it needs to work seamlessly with

your team's needs and to be quick, easy, and engaging. A good example of this is Joyous (www.joyoushq.com), a Kiwi-founded and designed product which enables instantaneous conversations, reviews, feedback, and goal tracking. It is engaging for the team and fun to use, enhancing the performance management process rather than replacing it.

Compiled by Anthony Butler



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www.bradcliff.com

An emerging role in the physiotherapy profession

It is my honour to write the first of what will be regular columns in *Physio Matters* on behalf of the Physiotherapy Specialists group. Dr Mark Laslett was the first registered New Zealand Physiotherapy Specialist (2014), and the role has evolved considerably since then as our numbers slowly increase and we establish our role in the New Zealand health system. In this column, we provide an overview of who we are, what we do, and what the future may hold for Physiotherapy Specialists in New Zealand.

Physiotherapy Specialist Scope of Practice

While many overseas countries have had specialist or consultant titles for some time, New Zealand was the first country to regulate a scope of practice for Physiotherapy Specialists, placing us in a unique position that is formally recognised within the New Zealand health system. Physiotherapy Specialists are defined by the New Zealand Physiotherapy Board as "expert physiotherapists who have advanced education, knowledge and skills to practice within a specific area of clinical practice", demonstrating leadership in clinical consultancy, education and research. As Physiotherapy Specialists, we work

collaboratively with the physiotherapy profession and the wider health team to help optimise health outcomes for New Zealanders, as well as actively participating in professional activities, including local and national strategy and policy development.

There are currently eight registered Physiotherapy Specialists: Dr Mark Laslett, Dr Angela Cadogan, Dr Ben Darlow, Dr Steve Tumilty, Margie Olds, Dusty Quinn (all Musculoskeletal); Melissa Davidson (Pelvic Health) and Tracey Pons (Pain). The application process involved submission of an expression of interest, a portfolio detailing relevant clinical, research and leadership components and a panel interview. The process now

also includes a clinical examination. At the panel interview we each had to explain our vision for the role including how we would contribute to consultancy, research education and improvements in the health and well-being of New Zealanders in our own practice area. What that looks like for each of us in our various settings is slightly different, however, commonalities in practice trends have evolved over time and these are helping to shape our place within the New Zealand healthcare system.

Role of Physiotherapy Specialists in New Zealand

In the clinical setting, we work primarily in a consultancy role. The majority of referrals we receive are for one-off assessments for diagnostic and/or management advice. We are receiving an increasing number of direct referrals for Physiotherapy Specialist assessment and management advice from physiotherapists, ACC case managers, medical practitioners and medical specialists. The most common reasons for referral are:

1. Diagnostic and rehabilitation review
2. Failed treatment and rehabilitation elsewhere
3. Complex conditions requiring specialist (non-surgical) management
4. Failure to progress post-operatively.

Physiotherapists are always encouraged to attend the appointment with their



Dr Mark Laslett receiving his Annual Practising Certificate.

patient and this adds considerable value for the patient, the physiotherapist and the specialist.

Physiotherapy Specialist Practice

Prior to seeing patients referred for Physiotherapy Specialist assessment, we thoroughly review previous clinical records and investigations, carry out appropriate screening and collect patient reported outcome measures before conducting a thorough clinical examination. As a group, we have agreed on standards of reporting. If you refer a patient to a Physiotherapy Specialist you should expect to receive a detailed clinical report that includes an explanation of the clinical reasoning related to diagnosis and case conceptualisation and detailed management recommendations.

The often long-term nature of the conditions, multiple previous providers and multiple interested parties (employers, ACC case managers, other healthcare providers etc.) means the administration, screening, clinical assessment and reporting requirements for these patients is significant. This is reflected in a higher fee for service that is paid by the patient, or by a third-party insurer.

We have been working with ACC for 18 months and are hopeful that a formalised Physiotherapy Specialist contract may eventuate in the next 6-12 months that would remove the necessity for pre-approval, thereby facilitating greater access to Physiotherapy Specialist services. Increasingly, ACC case managers are recognising the value in Physiotherapy Specialist consultations and in many cases we have been able to gain pre-approval for full funding for a one-off consultation prior to seeing the patient, and in some cases for a limited number of follow-up treatments. While there are some complexities associated with obtaining funding for patients already under other ACC contracts, in general this trend is increasing.

Education, Research and Leadership

All Physiotherapy Specialists are involved in varying capacities in education, ongoing research and publications, with all of us presenting regularly at local and international conferences and clinical meetings. Many of us are also involved at strategic levels within, and outside the physiotherapy profession. Achieving policy-level engagement is an important area for growth for Physiotherapy Specialists as the New Zealand health system continues to seek alternative models of care to facilitate improved, and more timely access for patients to appropriate healthcare services.

Physiotherapy Specialist Activities

The Physiotherapy Specialist group is a collegial group and we meet periodically to discuss professional practice issues and to develop our own standards and processes. In the last two years we have conducted peer review and clinical

notes audits among the group and presented Grand Rounds (case studies). We look forward to sharing some of these case studies in future editions of this column. Several of us are also looking forward to preparing our first Physiotherapy Specialist CPD audit for the 2015-2018 period!

The Future of Physiotherapy Specialists

As the first registered physiotherapy specialists in New Zealand we are acutely aware of our responsibility to establish standards of practice that will benefit patients and contribute to the development of the profession, and the future role of Physiotherapy Specialists within the New Zealand health system. As the roles continue to evolve over time our vision for the future includes recognition of Physiotherapy Specialists on a similar level to other medical specialists, supported by a structured career pathway for prospective Physiotherapy Specialists in New Zealand.

Dr Angela Cadogan, PhD, NZRPS

Acknowledgement

Thank you to the Physiotherapy Specialists group for their contribution to this article.

2019 Education Programme



Part B	Cervical and Thoracic Spine (3 days)	AUCKLAND 15-17 Mar 2019
Part A	The Lumbar Spine (3 days)	WELLINGTON 12-14 Apr 2019
Part D	Advanced Cervical and Thoracic Spine & Extremities – Upper Limb (4 days)	WELLINGTON 11-14 Apr 2019
Part B	Cervical and Thoracic Spine (3 days)	WELLINGTON 28-30 Jun 2019
Part A	The Lumbar Spine (3 days)	AUCKLAND 19-21 Jul 2019
Credentiailling Examination		WELLINGTON 27 Jul 2019
Credentiailled Update Day		WELLINGTON 23 Aug 2019
Seminar Day		WELLINGTON 24 Aug 2019
Part A	The Lumbar Spine (3 days)	13-15 Sep 2019
Part C	Advanced Lumbar Spine & Extremities – Lower Limb (4 days)	WELLINGTON 14-17 Nov 2019

NB: Both Part A & B courses have an online component requiring successful completion prior to attending the 3 day course. This is approximately 7 hours work. Registration can now be completed online at: www.mckenzieinstitute.org/nz

For further info, please contact MINZ@mckenzieinstitute.org

Our new marketing campaign and website update

Next month we will be launching a new marketing campaign, reminding the public to seek out PNZ members as health treatment providers of choice. With advocacy a core role of PNZ, this campaign is being developed with advertising agency Central Station to promote members to the public.

People wait to see a physio

Research shows that around half of all New Zealand adults have a current condition that could be treated by physiotherapy. But many people wait to see if it comes right on its own before seeing a physio. We can harness New Zealander's desire for movement by encouraging them to make an appointment with a PNZ member. This is a chance to remind people that an active life is a happy life, and that PNZ members should be a first-call for concerns preventing them from activity.

A consistent message

To do this we need a strong, easily remembered, consistent public message, with a clear call to action – driving people to seek a PNZ member. We'll be highlighting the point that people don't have to put up with issues preventing them from activity when they can see a PNZ physio, and encouraging them to seek

PNZ members through the Find a Physio directory and recognition of the PNZ brand.

The campaign will also:

- Demonstrate positive feelings of better health
- Show a range of possible conditions
- Promote members as leaders in physio
- Be energetic and vibrant
- Be relevant for several years

Don't say oh! Say Physio!

The campaign creative will encourage people to "Don't say oh! Say Physio!". This simple and easily remembered creative conveys the core message in a positive and vibrant way, while reminding people of the many types of "oh's" physio can help with.





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A happy and active life is something everyone should have. With nothing to hold you back from living how you want to. So if you're not moving the way you could, see a Physiotherapy New Zealand physio.

Find a Physiotherapy New Zealand
member at **physio.org.nz**



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Say OH!
SAY
PHYSIO!
physio.org.nz

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Find a Physiotherapy New Zealand
member at physio.org.nz

Testing shows people get the core message and are likely to be motivated to see a PNZ member. This will be seen online, with some print and radio. Online elements are ideal in leading the public to the PNZ website to Find a Physio, with our updated website launched at the same time as the campaign.

Launching in March 2019

The campaign will launch next month. It will include material designed for members to use in their own marketing, providing a platform for all of PNZ engage with the public in a united voice.

Update your Find a Physio listing

In the meantime, please ensure your PNZ Find a Physio listing is up to date. Listings are only available to PNZ

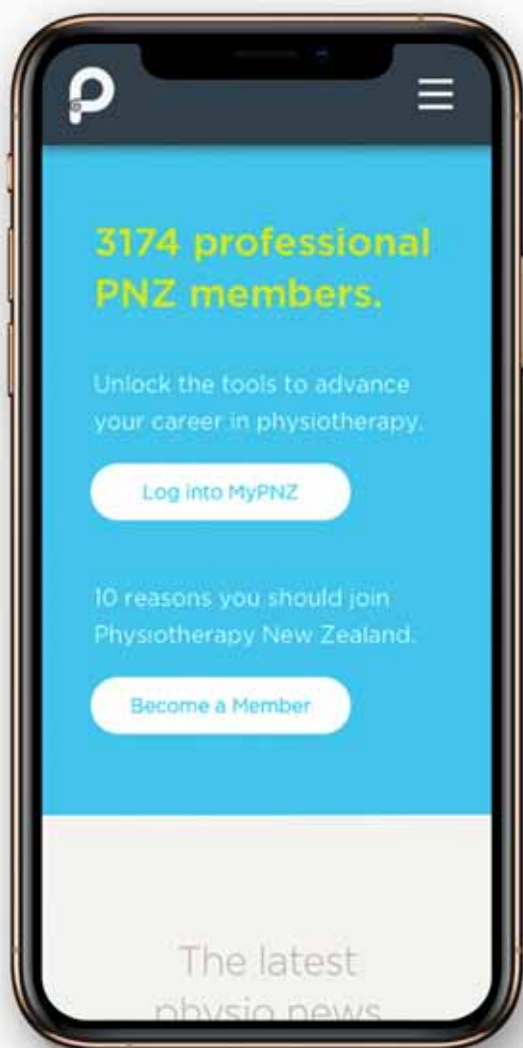
members and this is where the campaign will send the public to Find a Physio. Check and update your listing or register to be listed by emailing pnz@physiotherapy.org.nz.

Improvements to the PNZ member website

It's highly important the PNZ website works for you, so we've committed to understanding what you want from pnz.org.nz and improve your online experience.

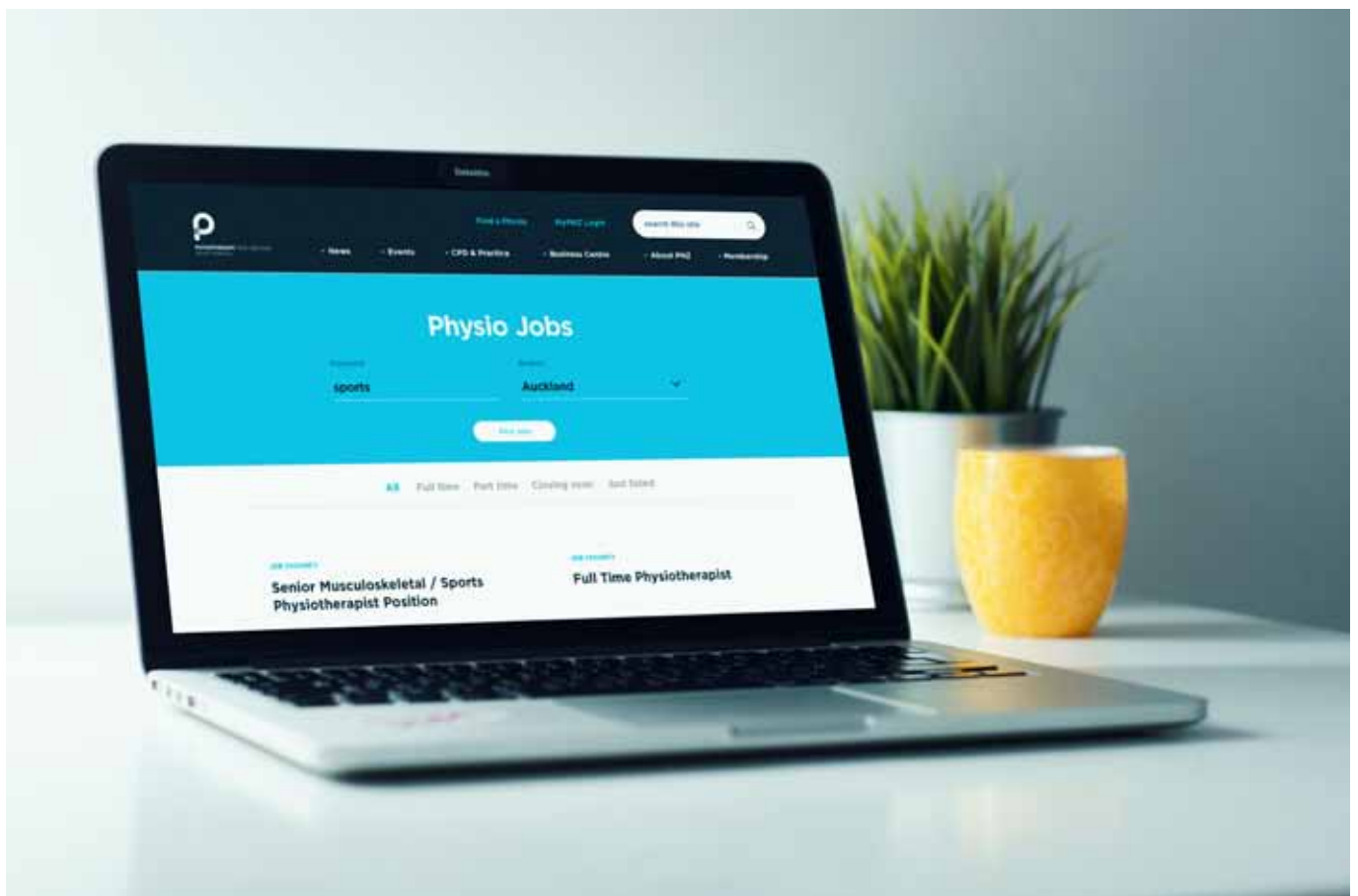
Partnering with online experts Transformer Design, who have shaped the development of websites for other leading membership organisations, the updated website will roll out the same time as the campaign next month.

Thanks to everyone who has provided feedback on the website so far, both through the member survey in October 2018 and subsequent conversations with Transformer.



A summary of the survey findings highlights that you can usually find what you want on the current site, but a refreshed website structure and some new functionality will make it easier to navigate.

The initial update is focused on restructuring existing website content, making it easier to find what you need from PNZ and creating a website that you want to visit. Additional content will then be added as we continue to improve the site.



Vestibular Rehabilitation Training NZ

Anne Burston MHealSc (Rehab) MPNZ & Carole Rogers MPNZ

Vestibular Rehabilitation – An Introductory Course

- 2-days for Physiotherapists with no experience in vestibular rehab.
- Anatomy & Physiology, BPPV, vestibular loss and central pathologies/ concussion.

Date: 4th and 5th May 2019 &
13th and 14th July 2019

Vestibular Rehabilitation – An Advanced Course

- Intensive 2-day workshop for Physiotherapists who've completed a 2-day introductory course plus 1 year's clinical experience in vestibular rehab.
- Anatomy & Physiology, complex BPPV, Persistent Postural & Perceptual Dizziness, Vestibular Migraine, TBI / Concussion, videos of nystagmus.

Date: 11th & 12th May 2019

Both courses include lectures and practical sessions- assessment and treatment techniques.

Venue 16 Kent Terrace, Wellington.

Cost \$600/person Early Bird \$550/person (before 30/3/19 & 30/5/19 for Intro courses & 30/3/19 for Advanced course)

Spaces limited to 18 people. Lunch provided.

For further information, queries and registration contact Anne:

Anne - kapitidizzinessandbalance@gmail.com

Carole - www.thirdagephysio.co.nz


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M L Roberts, Tae Ora Tinana and Scholarship Trust recipients

The ML Roberts Award

The ML Roberts Award was introduced in 1985 following a bequest from Mary Roberts, one of the early principals of the School of Physiotherapy (University of Otago), to support and encourage student research.

The prize includes free membership with PNZ as well as insurance for the year following graduation. The Award is given to the student/students who submit the best research project as part of their Year 4 programme.

Congratulations to the following award winners for 2018:

Otago

- Ashleigh Taylor
- Xavier Monsanto
- Hayden Kilgour

Project: *Attitudes of health care professionals towards self-management for patients with stroke.*

AUT

- Jade Naus
- Jack Helsby

Project: *Exploring the clinical use of ultrasound imaging by physiotherapists: An international survey.*

Scholarship Trust Fund

The Scholarship Trust Fund is the funding source administered by Physiotherapy New Zealand. The Scholarship Trust Fund was established in 1980 and exists to promote, encourage and assist research and other innovative practice activity that develops the physiotherapy profession within the wider health sector. It does this through enhancing physiotherapy knowledge and effectively contributing to the evolution of health sciences.

Congratulations to the following recipients of grants from the Scholarship Trust Fund for 2018:

- David Baxter

Project: *Building capacity of New Zealand physiotherapists to provide stratified low back pain treatment approach (STaRT Back).*

- Denise Taylor

Project: *Spatial navigation in a virtual world.*

- Gill Stotter



AUT ML Roberts award winners Jack Helsby and Jade Naus.

Project: *Exploring health professionals' perceptions of a new advanced physiotherapy scope of practice in New Zealand; understanding barriers and enablers to implementation in primary health care.*

- Grant Mawston

Project: *Effects of combined high intensity interval training (HIIT) and home-based walking on aerobic fitness and perioperative risk of patients undergoing major abdominal surgery.*

Miranda Buhler's project '*Splinting for thumb carpometacarpal osteoarthritis: a feasibility randomised controlled trial*' was also selected for funding, but has since secured full funding from another organisation.

Tae Ora Tinana

Each year Tae Ora Tinana present an award to a Maori physiotherapy student who has displayed both academic achievement and community involvement during their studies.

This year, School of Physiotherapy University of Otago student Bridget Watson was the winner.

Congratulations to all of our scholarship and award winners!

New webinar: 'The Shoulder Demystified'

Which are the most important special tests to undertake during a shoulder physical examination? Does palpation of the rotator cuff provide clinicians with any useful diagnostic information? What are the most important red flags to look out for in patients presenting with shoulder pain?

Hear answers to these questions and more in 'The Shoulder Demystified' webinar, presented by Physiotherapy Specialist Dr Angela Cadogan.

Free to all members, you can access the webinar by logging in to the PNZ member website, selecting the 'News and Resources' link, then 'Webinars'.



Dr Angela Cadogan with a patient in the 'Shoulder Demystified' webinar



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- ✓ FREE videos on Training app
- ✓ Personalised coaching

Auckland

Introductory: Fri 5-8pm & Sat 8am-6pm

Advanced: Sunday 8am-5pm

"The course was fantastic. I came on the first day timid about trying dry needling. Today I leave confident to incorporate the technique into my practice." **Tara R**

"Good practice backed by sound knowledge base. Excellent focus on safe practice."
Amanda

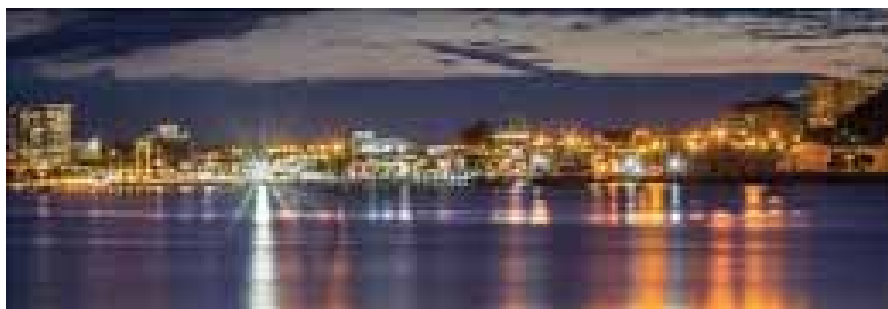
"They are the best on the market - superior teaching." **Lee D**

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5th Biennial SEPNZ Symposium

Tauranga March 9/10 2019 - Save the date!



Keynote Speaker:

Rodney Whiteley

Assistant Director of Clinical Projects and Quality, Aspetar

A limited number of tickets will be available so get in quick.

Early Bird Closes January 31 2019

Tickets - <https://pnz.org.nz/events> or <https://sportsphysiotherapy.org.nz/members/courses/symposium2019/>

Speakers include:



- **Rodney Whiteley**

Figuring out how to get more actual physios to understand what does and doesn't work in sports.



- **Dr Andrew Vane**

Andy is a hip and knee surgeon who has done the distance, competing for New Zealand in triathlons and ironman competitions.



- **Ben Lamb**

Ben is our Asics sponsored speaker. He literally puts the foot in every day with his work with orthotics, as well as being Chairman of Podiatry New Zealand.



- **Professor John Cronin**

John is Professor in Strength and Conditioning at AUT. John has hundreds of published papers and has worked with as many athletes.

2019 NZMPA

In November 2018, NZMPA celebrated 50 years!

A major milestone that is especially significant given that a number of the founding members are still actively involved in the NZMPA.

We are excited to mark this momentous occasion with a special one-day Symposium, with Prof Bill Vincenzino Keynote, followed by a Formal Celebratory Dinner



in Auckland,
Saturday 15th June

Contact NZMPA
for more details!

NZMPA

Certificate in Orthopaedic Manual Therapy (COMT)

The courses are popular so contact the office to book your spot.

Auckland (AUT University)

Introduction and Exercise Prescription	9 & 10 February 2019
Cervical Spine	9 & 10 March 2019
Shoulder	4 & 5 May 2019
PNS, Elbow, Wrist and Hand	3 & 4 August 2019
Cervical HVT and Review Upper Quartile	19 & 20 October 2019
Hip and Knee	6 & 7 April 2019
Diagnosis and Management of LBP (Part 1)	27 & 28 July 2019
Diagnosis and Management of LBP (Part 2)	24 & 25 August 2019
Ankle, Foot, Achilles and Revision Lower Quartile	9 & 10 November 2019

Wellington (Wellington Hospital)

Introduction and Exercise Prescription	23 & 24 February 2019
Hip and Knee	11 & 12 May 2019
Diagnosis and Management of LBP (Part 1)	10 & 11 August 2019
Diagnosis and Management of LBP (Part 2)	14 & 15 September 2019
Ankle, Foot, Achilles and Revision Lower Quartile	23 & 24 November 2019

Mulligan Concept

Part A – Auckland	6 & 7 April 2019
Part A – Wellington	8 & 9 June 2019
Part B – Auckland	31 Aug & 1 Sept 2019
Part B – Wellington	27 & 28 July 2019
Part C and Exam – Auckland	30 Nov—2 Dec 2019

COMT Update

Auckland	Saturday 30th March 2019
Christchurch	Saturday 19th October 2019

It is amazing to see so many courses being planned for both Auckland and Wellington in 2019. The COMT and Mulligan Concept courses continue to be the backbone of the NZMPA and are always well attended, so remember to book early.



Dr Daniel O'Brien
NZMPA President



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| OTAGO

SOUTHERN PHYSIOTHERAPY SYMPOSIUM 9

SAVE THE DATE!

8 – 10 November 2019

**Heritage Hotel,
Queenstown**

The philosophy of the Southern Physiotherapy Symposium is to combine clinically-relevant, evidence-based content with a weekend of fun and social activities. The programme will include a dynamic mix of both nationally and internationally recognised speakers addressing the diversity of contemporary clinical practice.

KEYNOTE SPEAKERS:

Professor Peter O'Sullivan

Professor of Musculoskeletal Physiotherapy, School of Physiotherapy and Exercise Science, Curtin University, Australia

Professor Susan Whitney

Professor of Physical Therapy, School of Health and Rehabilitation Sciences, University of Pittsburgh, USA

Tania Clifton-Smith

Co-founder of the Bradcliff Breathing Method and Director of Breathing Works Ltd

More details regarding registration fees and pre-conference workshops to follow.

Discounted registration fees will be available for Otago and Southland PNZ branch members.

For more information, including special conference rates at the Heritage Hotel, see the SPS9 notice on the news page at pnz.org.nz



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| PAEDIATRICS

If you can't breathe, you can't function:

Integrating Cardiopulmonary and
Postural Control Strategies in
Paediatric and Adult Populations

7th - 10th March 2019

Presenter:

Mary Massery PT, DPT, DSc

The Paediatric SIG, of Physiotherapy New Zealand, are delighted to be hosting Dr Mary Massery in Auckland for this four day inspirational course - with the option of attending day one only.

Clinically Mary is known for her multi-system approach to analyzing motor dysfunction; recognizing the interactions between the cardiovascular-pulmonary, musculoskeletal, neuromuscular, integumentary and internal organ systems.

Her course appeals to Physiotherapists, Occupational Therapists and Speech Language Therapists working with both adults and children – as she says “if you can't breathe, you can't function!”

Dr. Massery received her BSc in Physical Therapy from Northwestern University in 1977, her DPT from the University of the Pacific in 2004 and her DSc from Rocky Mountain University in 2011. For more information on Mary see her website: <https://masserypt.com>

For more course information, contact the organizing committee on: marymassery2019auckland@gmail.com

Day 1 – theory only

https://pnz.org.nz/Event?Action=View&Event_id=2529

PSIG: \$200

PNZ: \$220

Non PNZ: \$300

VENUE:

Waitakere Conference Centre
Snelgar Building
Waitakere Hospital
55-75 Lincoln Rd
Henderson
Auckland 0610

Calendar

TITLE	DATE	LOCATION	CONTACT DETAILS
SPECIAL INTEREST GROUPS:			
New Zealand Manipulative Physiotherapy Association			
Dr. Andry Vleeming Course	02-03 Feb 2019	Auckland	www.nzmpa.org.nz
COMT - Introduction	09-10 Feb 2019	Auckland	www.nzmpa.org.nz
COMT - Introduction	23-24 Feb 2019	Wellington	www.nzmpa.org.nz
COMT - Cervical Spine	09-10 Mar 2019	Auckland	www.nzmpa.org.nz
Mulligan Concept - Part A	23-24 Mar 2019	Wellington	www.nzmpa.org.nz
COMT Update	30 Mar 2019	Auckland	www.nzmpa.org.nz
Mulligan Concept – Part A	06-07 Apr 2019	Auckland	www.nzmpa.org.nz
COMT - Hip and Knee	06-07 Apr 2019	Auckland	www.nzmpa.org.nz
COMT - Shoulder	04-05 May 2019	Auckland	www.nzmpa.org.nz
COMT - Hip and Knee	11-12 May 2019	Wellington	www.nzmpa.org.nz
Mulligan Concept - Part B	27-28 Jul 2019	Wellington	www.nzmpa.org.nz
COMT - Diagnosis and Management of LBP (Part I)	27-28 Jul 2019	Auckland	www.nzmpa.org.nz
COMT - Elbow, Hand MSK	03-04 Aug 2019	Auckland	www.nzmpa.org.nz
COMT - Diagnosis and Management of LBP (Part I)	10-11 Aug 2019	Wellington	www.nzmpa.org.nz
COMT - Diagnosis and Management of LBP (Part II)	24-25 Aug 2019	Auckland	www.nzmpa.org.nz
Mulligan Concept - Part B	31 Aug-01 Sep 2019	Auckland	www.nzmpa.org.nz
COMT - Diagnosis and Management of LBP (Part II)	14-15 Sep 2019	Wellington	www.nzmpa.org.nz
COMT - HVT and Review	19-20 Oct 2019	Auckland	www.nzmpa.org.nz
COMT Update	19 Oct 2019	Christchurch	www.nzmpa.org.nz
COMT - Ankle, Foot and Review	09-10 Nov 2019	Auckland	www.nzmpa.org.nz
COMT - Ankle, Foot and Review	23-24 Nov 2019	Wellington	www.nzmpa.org.nz
Mulligan Concept - Part C	30 Nov-02 Dec 2019	Auckland	www.nzmpa.org.nz
Physiotherapy Acupuncture Association of New Zealand			
Dry Needling – Foundation course	02-03 Feb 2019	Auckland	paanz@physiotherapy.org.nz
Advance Lower Body – Dry Needling	02-03 Mar 2019	Auckland	paanz@physiotherapy.org.nz
Qi Gong	16 Mar 2019	Auckland	paanz@physiotherapy.org.nz
Hand & Upper Limb Conditions Day	06 Apr 2019	Wellington	paanz@physiotherapy.org.nz
Ear Acupuncture	04 May 2019	Christchurch	paanz@physiotherapy.org.nz
PAANZ Symposium	08-09 Jun 2019	Queenstown	paanz@physiotherapy.org.nz
Dry Needling – Foundation course	29-30 Jun 2019	Auckland	paanz@physiotherapy.org.nz
Anatomy Lab	05 Jul 2019	Auckland	paanz@physiotherapy.org.nz
Cupping	20 Jul 2019	Rotorua	paanz@physiotherapy.org.nz
Japanese style Acupuncture & Moxibustion	21 Jul 2019	Rotorua	paanz@physiotherapy.org.nz
Dry Needling – Foundation course	03-04 Aug 2019	Christchurch	paanz@physiotherapy.org.nz
Introductory Facial course	Sept 2019	Auckland	paanz@physiotherapy.org.nz
CRPS / Neurophys	19 Oct 2019	Auckland	paanz@physiotherapy.org.nz
Dry Needling – Foundation course	09-10 Nov 2019	Auckland	paanz@physiotherapy.org.nz
Advance Upper Limb – Dry Needling	07-08 Dec 2019	Auckland	paanz@physiotherapy.org.nz

Calendar

TITLE	DATE	LOCATION	CONTACT DETAILS
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SPECIAL INTEREST GROUPS:

Paediatrics

If You Can't Breathe, You Can't Function - One Day – Lecture Only Option	07 Mar 2019	Auckland	goo.gl/megXUe
If You Can't Breathe, You Can't Function – Full 4 Day Course	07 -10 Mar 2019	Auckland	goo.gl/L4QRRL

Sports and Exercise New Zealand

The Upper Limb in Sport - Level 2 Course	23-24 Feb 2019	Auckland	goo.gl/LNsSSk
Pre SEP NZ Sports Symposium Workshop – Return To Sport Guidelines Following Injury	09 Mar 2019	Tauranga	https://bit.ly/2SJT2b
SEP NZ 5th Biennial Sports Symposium	09-10 Mar 2019	Tauranga	https://bit.ly/2zve2S5
Post SEP NZ Sports Symposium Workshop Hamstring Assessment With Rod Whiteley	10 Mar 2019	Tauranga	https://bit.ly/2shYpdw

BRANCHES

Otago

Mulligan Concept Course Part B	09-10 Mar 2019	Dunedin	https://bit.ly/2JK0Jlm
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Hawke's Bay

AGM and Social Evening	28 Feb 2019	Napier	https://bit.ly/2C6PzDT
First Aid/CPR Refresher Course	03 Mar 2019	Napier	https://bit.ly/2VCZ2M7

North Shore

PNZ North Shore Branch Clinical Meeting 2019	18 Mar 2019	Auckland	https://goo.gl/7AaUYm
PNZ North Shore Branch Clinical Meeting 2019	20 May 2019	Auckland	https://goo.gl/DwUxKt
PNZ North Shore Branch Clinical Meeting 2019	16 Sept 2019	Auckland	https://goo.gl/fyGQT8
PNZ North Shore Branch AGM and Clinical Meeting 2019	18 Nov 2019	Auckland	https://goo.gl/2PhRWq

EXTERNAL PROVIDERS/ORGANISATIONS

Myofascial Release Therapy: The Fundamentals	08-09 Feb 2019	Tauranga	http://mfrworkshops.com/mfr-training/workshop-registration/
Korean Hand Acupuncture	09 Feb 2019	Auckland	oawcentre@hotmail.com
Myofascial Release Therapy: The Fundamentals	15-16 Feb 2019	Auckland	mfrworkshops.com
Dry Needling Introductory and Advanced Courses - Online Theory Plus Face-to-Face Practical	01-02 Mar 2019	Auckland	info@cpdhealthcourses.com
Annual Scientific Meeting of the New Zealand Pain Society Inc.	07-10 Mar 2019	Christchurch	goo.gl/ouCJCE
Myofascial Release Therapy: The Fundamentals	08-09 Mar 2019	Wellington	mfrworkshops.com
MINZ Part B: Cervical and Thoracic Spine	15-17 Mar 2019	Auckland	minz@mckenzieinstitute.org
The STRAIT Method Scar Tissue Release Seminar	29-31 Mar 2019	Nelson	http://mfrworkshops.com/mfr-training/workshop-registration/
The STRAIT Method Scar Tissue Release Seminar	05-07 Apr 2019	Auckland	http://mfrworkshops.com/mfr-training/workshop-registration/
Primitive Reflex Inhibition And Sensorimotor Training For Recurrent Injuries And Chronic Pain with Dr Jacqui Clark	06-07 Apr 2019	Nelson	david@thephysioshed.com
Myofascial Release Therapy: The Fundamentals	12-13 Apr 2019	Nelson	mfrworkshops.com
MINZ Part A: The Lumbar Spine	12-14 Apr 2019	Wellington	minz@mckenzieinstitute.org
MINZ Part D: Advanced Cervical and Thoracic Spine & Extremities - Upper Limb	25-28 Apr 2019	Wellington	minz@mckenzieinstitute.org

For all event listings, please visit pnz.org.nz

pnz.org.nz

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Professional Development Committee

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Claudlands Event Centre

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Central Energy Trust Arena

Friday 1st March | 9am - 3pm

CHRISTCHURCH

Pioneer Recreation & Sports Centre

Monday 4th March | 9am - 2pm

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