PHYSIO MATTERS

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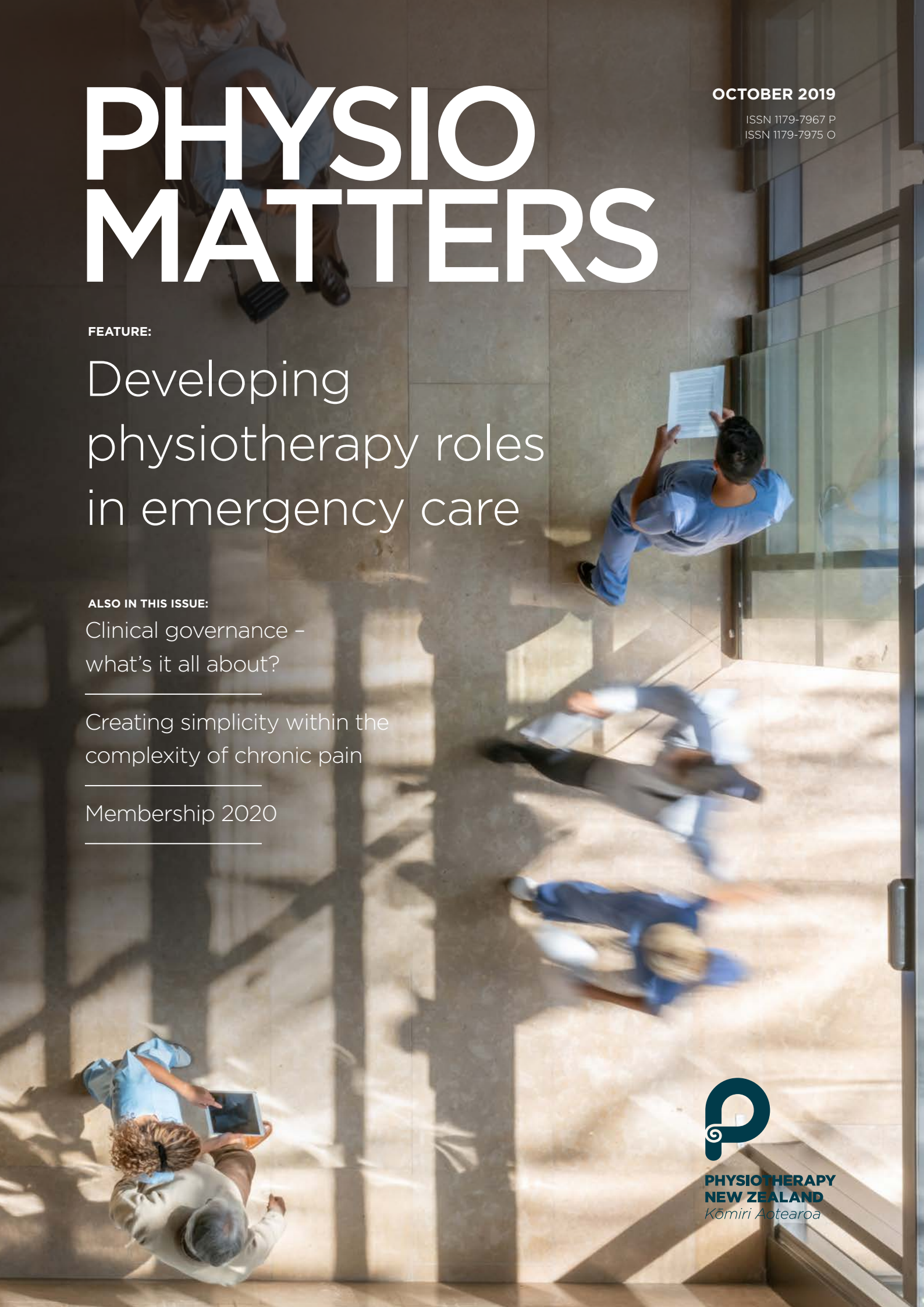

FEATURE:

Developing physiotherapy roles in emergency care

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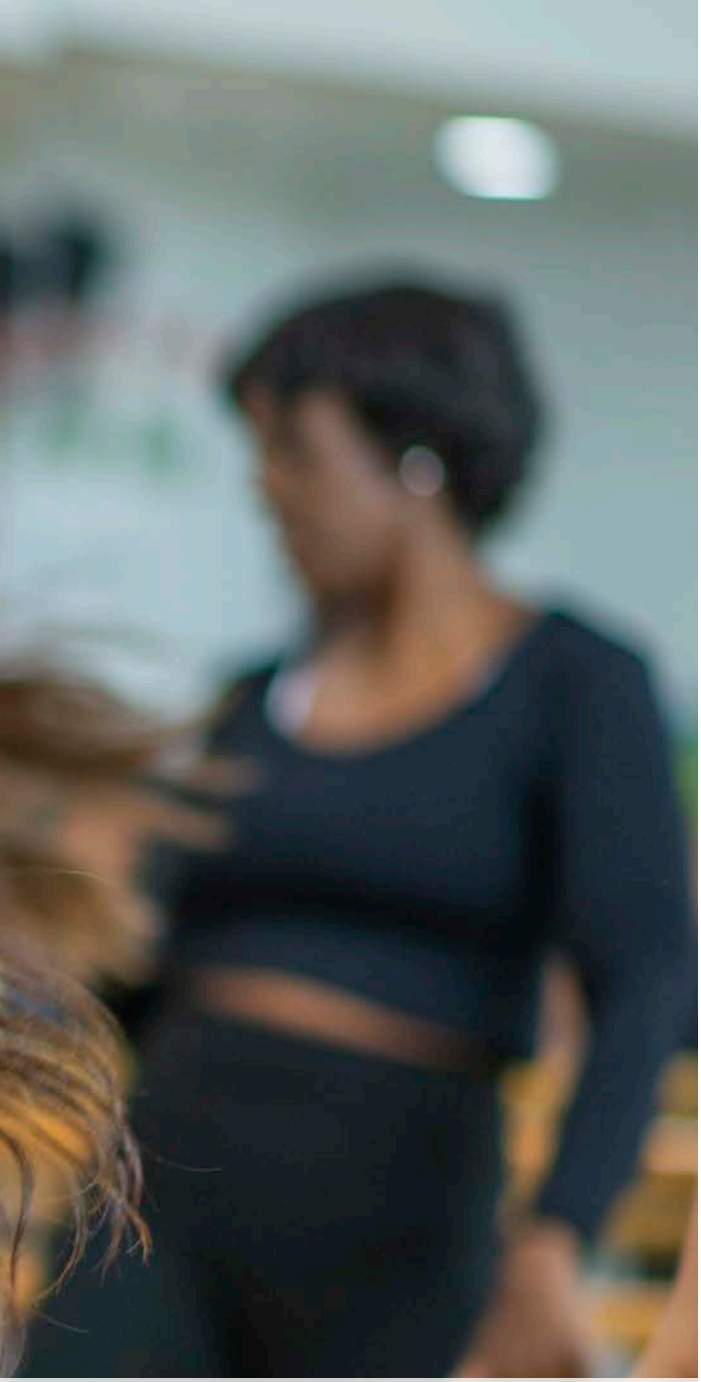
Membership 2020

PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa



OCTOBER 2019

Editorial and Advertising

- Send editorial items and advertising to the Editor, erica.george@physiotherapy.org.nz
- Send course information to pnz@physiotherapy.org.nz
- Advertising rates and specifications are on our website.
- If this date falls on a weekend or a holiday, please supply by the closest working day before.
- Members may read Physio Matters on our website and follow workable links.

Booking Deadlines

December 2019 – 21 Oct / **February 2020** – 20 Dec 2019 / **April 2020** – 20 Feb / **June 2020** – 20 Apr / **August 2020** – 20 June / **Oct 2020** – 20 Aug

PRESIDENT'S COLUMN

Strength in numbers

Striding towards our highest membership yet

LIZ BINNS

Golly, is it just me or is every year busier than the last?! As the year of transition draws to a close the growth within PNZ really is tangible.

PNZ membership is at its highest EVER. It was only last year we celebrated reaching 4,000 members for the first time. The Annual Report shows 4182 members, but even since 30 June we have growth, reaching 4,250 by the end of August. It is great to see this growth spread across many parts of the profession – students, part time and full time members. Our strength is in the representation of members – and we have just under 70 per cent of all registered physiotherapists as members of PNZ. Internationally, this is high.

Physiotherapists are highly engaged with their professional body which is fabulous! A society is after all for the members by the members. The willingness of members to give of themselves and their time is an investment into ourselves and our future. There are 236 members who currently serve on a range of PNZ committees including, but not limited to, the Executive, Branch and SIG committees, operational committees and the Scientific Programme Committee for Physiotherapy Conference 2020. The volunteer contribution is often unseen, but invaluable. I want to take this opportunity to thank all the committee members for their contribution.

Another sign of engagement is the response rates. The call for nominations for PNZ Executive came with a recommendation that people interested in seeking nomination speak with either me or the Vice President. This follows our commitment to good governance practice and helps people be aware of the scope and expectations for Executive members. I spoke to a record number of people interested in working for you on the Executive and we received 13 nominations for the two available elected member seats. Now your challenge as members is to read the information about the candidates and vote (nominees are listed on page 26 of this issue and their full profiles are on the website). The people around the Executive table shape the strategy for PNZ. This is the time to ensure your engagement is active, not passive.

You may or may not have heard the debate within our profession globally regarding WCPT (World Confederation for Physical Therapists) Congress 2021 being held in Dubai; a country where under United Arab Emirates (UAE) law, homosexuality is illegal. Promoting issues such as gender equality and diversity – which we, and WCPT, hold as inherent human rights – are also forbidden. The New Zealand Government advises travellers to the UAE to exercise caution and not draw attention to the issues. However, this does affect our members as some will be presenting topics that directly contravene these laws of Dubai. For example, Melissa Davidson is the President of the WCPT sub group The International Organization of Physical Therapists in Pelvic and Women's Health (IOPTPWH), where topics of gender equality and diversity are routinely discussed. WCPT have pointed out that Congress has been held in other countries with similar laws – such as Singapore – and that the agreement for holding Congress in Dubai includes no restrictions on content. When WCPT changed to a two year Congress cycle, PNZ Executive agreed to only attend the Congress attached to the General Meeting – such as Geneva this year.

PNZ will be providing information for members who are considering their own options regarding the Congress. Watch the website for details.

Ngā mihi nui
Liz Binns
President

PNZ OFFICE

Working for you

Looking back on what we have achieved so far

SANDRA KIRBY

Tena koutou katoa. With the AGM coming up next month we are in the midst of preparing the Annual Report for the 2018/19 financial year. It is a fitting time to reflect on the work that was achieved in the year.

We do risk stretching a small organisation very thin with the 18 different member services on offer. Sometime in the future we may have to consider our service priorities – but for now with the commitment of both paid staff and willing volunteers we continue to deliver all services.

Physiotherapy Conference 2018 in Dunedin was both a sentinel event and a highlight. Don't just take my word for it – 85 per cent of evaluations rated it as excellent. Conference was one of the 119 events that were organised through the PNZ system, with over 2,600 registrations processed. We are organising for Physiotherapy Conference 2020. Make sure you plan for Rotorua in September 2020, a not-to-be-missed event.

We are seeing a shift in the way members engage with PNZ. The history of members leaving registrations to the last minute has to change as we see events being sold out. We are encouraging members to register their interest in events early.

You asked PNZ to invest in raising public awareness and in advocacy. We set up the 'Don't Say Oh Say Physio' campaign this year. Its reach can be extended by you, the members, taking the material and using it in your practices. We have been more active in advocacy with submissions on a range of issues including the New Zealand Health and Disability System Review. The Workforce Scoping Review last year brought us some answers around the pressure points for the workforce. We have a recruitment and retention issue, especially for early career professionals. The 2019 remuneration review and the follow up workforce survey will shed some more light on these issues. There are signs that physiotherapists are a workforce under pressure. Having clarified the issue we are going to need to answer the question: "What are we doing and what more can we do to support physiotherapists?"

Many of our services fly under the radar, but are highly valued by those who use them. Our member advice service responded to over 220 member concerns; there were around 100 requests through our new library system and over 2,300 people used the Logit app.

We undertook a major review of insurance providers during the year and made a change to professional indemnity insurance. As well as being able to keep the premium at the same price as the previous year, we have also been able to include run off cover for physiotherapists. Any member who has held professional indemnity insurance for at least a year prior to retiring or leaving the profession will have run off cover, provided they inform the insurer of their change of practicing status. We hope you never need to use it, but as there is no limit on the time frame in which a member of the public can make a complaint against a health practitioner it is important for physiotherapists to ensure they have professional indemnity insurance cover for their lifetime.

And in all of this we have also been moving on the unification process. We have been fortunate to have Kim Eland working with us to support the 23 organisations through their individual processes towards a unified PNZ. Kim's last day with PNZ was 27 September. Unification remains a priority and her work will continue as more groups go through their own disestablishment process.

It was a busy year – and the year ahead of us looks equally so. My thanks to all at the PNZ Office and the many volunteers who make this a great organisation, delivering a by member for member value proposition.

Ngā mihi
Sandra Kirby
Chief Executive

FEATURE

Developing physiotherapy roles in emergency care

Esther Bullen speaks with physiotherapists working in our fast-paced hospital Emergency Departments.

Physiotherapists are being recognised as an increasingly vital part of emergency department (ED) services. In a trend reflected at District Health Boards (DHBs) around the country, the number of physiotherapists in EDs is increasing and job descriptions are expanding with more wide-ranging functions and greater responsibilities. The goal is multifaceted but at the heart is improved patient care, in particular, for those with musculoskeletal complaints and the elderly.

A close-up look at Christchurch District Health Board

At Christchurch District Health Board (CDHB) a new model of care was introduced in ED last October which saw the service go from one physiotherapist rostered on from 8am to 4pm weekdays to 2.1 FTE (full-time equivalent employees) from 9.30am to 8pm, seven days a week in primary and secondary contact roles.

A major impetus for the change was the need for a better treatment approach for people presenting at ED with musculoskeletal complaints – an area where physiotherapy comes into its own, says Clinical Manager Physiotherapy Jenny Conroy. "Patients with chronic lower back pain were coming into ED and leaving without receiving a satisfactory outcome. Most patients were referred for x-ray and were discharged with strong analgesics without any understanding of how to manage their pain. The cost of radiology and medical staff time was significant. Most of these patients can now be managed successfully with a physiotherapist as the primary clinician, without the need for radiology or medical input."

Now, in a primary contact role, physiotherapists see patients direct from the triage nurse or waiting room and are the sole point of contact through the complete ED journey – from assessment through to treatment and discharge – without intervention from other medical staff. They treat an array of musculoskeletal complaints such as shoulder and neck injuries, back pain and ankle sprains

The initial assessment determines whether there is any underlying medical reason for the patient's complaint. In which case, the patient is referred to a doctor. If not, the physiotherapist completes the formal assessment, makes a diagnosis and formulates a treatment plan. This often comprises education and advice, and referrals to community-based services that can be accessed within the patient's neighbourhood.

What further distinguishes the primary contact role from other physiotherapy roles in the hospital is the clinicians' ability to order x-rays and ultrasound, as well as prescribe basic analgesics under a standing order agreement.

In the secondary contact role, physiotherapists see patients who have already been medically assessed by a doctor or nurse practitioner who has established the need for physiotherapy intervention. The physiotherapist will either facilitate their safe discharge back home, or if they require acute care, instigate their admission to hospital.

Jenny Conroy

Fit for the role

In order for this new model of care to be successful, the job description includes auditing and developing the service. This requires physiotherapists to have a broad range of experience and skills, knowledge of hospital systems and, ideally, postgraduate qualifications.

Sarah Thom is one of four physiotherapists working under the new regime. With a background in orthopaedics and the sole physiotherapist in ED for the last 10 years, Sarah was an obvious choice for the role, as Jenny explains: "Sarah comes from an acute background and has broad hospital experience which has really helped with the multitude of varied and complex patients she sees. We have other physiotherapists in the team with a musculoskeletal background, and the harmony of those two skill sets is one of the reasons the team is successful."

Sarah is working to the full extent of the General Scope of Practice and utilising all her physiotherapy skills. "If you're working in ED, you can't be a specialist in one area. You're a specialist generalist – you need to have a good grasp of all the different areas of physiotherapy not just respiratory or musculoskeletal or neurology," she explains.

Teamwork is a key aspect of the job: "We are constantly having clinical discussions, reflecting and evaluating as a team, so we are always learning from one another in a professional capacity and supporting each other, which is integral to everyone's health and ability to keep working in an acute environment."

While there are well-established education and training options internationally, in New Zealand where the acute physiotherapy role is still emerging, professional development opportunities in the field of emergency care are limited, with the closest being Australia. To compensate, Sarah has established an ad hoc support network of colleagues across New Zealand, with the exchange of newsletters, clinical discussions and advice.

Sarah Thorn

Reaping the rewards

From both an ED and patient perspective, the service at CDHB is working well, streamlining the patient's healthcare journey, ensuring they are seen by the right person from the start and freeing up doctors to see more urgent cases. The advantages for patients and the hospital are huge, including reduced wait times for patients, less duplication of services, quicker discharges, and fewer admissions and unnecessary medical procedures, such as radiological imaging, particularly for musculoskeletal conditions. Ultimately, this means better use of the health dollar.

> "Patients with chronic lower back pain were coming into ED and leaving without receiving a satisfactory outcome. These patients can now be managed successfully with a physiotherapist as the primary clinician, without the need for radiology or medical input."

Recent data bears that out. In a satisfaction survey of ED staff, there was overwhelming support for the service and a consensus that it is meeting the needs of patients. Statistics also show that with physiotherapists seeing primary contact patients, waiting times have decreased for those patients by about an hour; their length of stay in ED has decreased by one-third; and hospital admission rates have decreased significantly for patients who present with acute lower back pain.

"Admission rates is one of the key areas we wanted to make an impact in," says Sarah. "And there's clear evidence that even with the limited staffing provisions, we're making some desirable changes to the function of the ED service and patient outcomes."

As well as musculoskeletal patients, older adults are another cohort benefiting from easier access to physiotherapists, who manage their flow back into the community and prevent unnecessary admissions. "Often the elderly come into ED with a fall related issue or a relatively trivial medical problem which is preventing them from functioning well at home. We know the community is the best place for the frail elderly, so a physiotherapist will endeavor to manage their condition to enable them to get back home safely with ongoing support," says Sarah.

Since the new physiotherapy service was implemented, the admission rate for over 85-year-olds has declined by 1.6 per cent and by 0.7 per cent for over 65-year-olds. Jenny believes there could be a greater drop in admission rates for the elderly if a more multidisciplinary approach was adopted in ED, with the employment of occupational therapists and social workers alongside physiotherapists.

Where to from here?

As reported in Physio Matters in November 2018, the development of an Advanced Scope of Practice by the Physiotherapy Board of New Zealand is well underway and will clear the way for more physiotherapists to work in emergency departments and lend greater authority for those already working in these roles.

The new scope of practice, which would sit between the General Scope of Practice and Specialist Scope of Practice, will require physiotherapists to meet competencies which are set, assessed and regulated by the Physiotherapy Board. It will recognise physiotherapists who have the prerequisite academic qualifications and experience, and who already work in advanced roles. It should clear the way for more advanced roles in emergency care as well as other areas where these roles are also emerging, including orthopaedics and rheumatology.

The Physiotherapy Board started its consultation process for the advanced scope in June this year, with about 90 physiotherapists attending the first roadshow seminar in Wellington. Further seminars took place in Auckland, Christchurch, Dunedin and Hamilton. This will be followed by a survey of registered physiotherapists and stakeholders before a final report goes to the Physiotherapy Board later this year.

Last word

With the likelihood of more physiotherapists in ED in the future, is it a pathway worth considering? Working in ED is not for the faint hearted – it is fast-paced, usually involves severe medical cases and, often, the extremes of society, all of which can take an emotional toll. "I love it, but it won't be everyone's cup of tea," says Sarah. "But if you dabble in acute care, orthopaedics or musculoskeletal, and you like a bit of nitty gritty and to be at the forefront of more critical and urgent decision-making, it certainly is a great area to work in."

A national overview

Waitematā District Health Board (WDHB)

WDHB has 2.9 FTE (full-time equivalent) physiotherapists ranging in experience from senior clinicians to rotational physiotherapists at North Shore Hospital and 1.0 FTE at Waitakere Hospital. They are predominately based within ED and the Assessment and Diagnostic Unit (ADU) but have the flexibility to move around the hospital as required.

Physiotherapists work as part of multi-disciplinary team but are often the first health practitioner that a patient sees. They provide a cohesive and in-depth initial assessment that assists in the development of a plan for admission or discharge that may include referrals to external providers for ongoing treatment. Work varies from presentations of acute back pain, musculoskeletal injuries, falls and vestibular complaints to working with the frail older adult cohort to provide a global assessment and help prevent admissions.

Hawke's Bay District Health Board (HBDHB)

At HBDHB there are 2.0 FTE physiotherapists working in ED and the Acute Assessment Unit (AAU). They work 10-hour shifts, seven days a week as part of ORBIT, an interprofessional, rapid response team which also includes occupational therapists and social workers. ORBIT's focus is preventing unnecessary admissions and supporting the safe discharge for frail older adults.

In order to provide a holistic and interprofessional assessment, HBDHB says physiotherapists have learned skills beyond their traditional role, such as cognitive assessment, concussion screening, issuing OT equipment and arranging home supports. This negates the need for multiple team members to see each patient, thus improving patient experience, ED efficiency and staff satisfaction.

Physiotherapists on the team also provide specific physiotherapy interventions to patients in ED and the AAU, which accounts for about 20 per cent of their work and includes assessment of patients with acute lower back pain, chest physiotherapy and vestibular rehabilitation.

Taranaki District Health Board (TDHB)

The acute model of care is in a state of transition at TDHB, and physiotherapists are central to the new-look approach. Currently, the Allied Response Team (ART) – which comprises a physiotherapist, occupational therapist (OT) and social worker – accepts referrals from ED for patients with significant functional decline, pain and/or social needs who are at risk of admission. The team is also available for acute services and are called to ED when needed.

A new model will see an enhanced ART and the introduction of a new home assessment arm – ART Home Assessment (ARTHA) – also comprising physiotherapists, OTs and social workers. ART will increase its service to 10 hours a day, seven days a week, and the role will become more closely aligned with a clinical nurse specialist. ARTHA's "home first approach" will see assessments at home for medically stable patients to prevent ED presentation and hospital admission, and to facilitate weekend discharges.

Waikato District Health Board (WDHB)

WDHB currently has one FTE physiotherapist in ED who is responsible for assessment of physiotherapy related complaints with the aim of either discharge into the community with appropriate supports and/or equipment or preparing for admission to ward.

Case study: Working on the frontline at Waitematā District Health Board

Physiotherapist Steen Bastkjaer has been working in the acute and emergency area at Waitematā District Health Board (WDHB) since October 2018. After gaining a physiotherapy degree, Steen worked for four years in a mix of medical, surgical, orthopaedic and outpatient roles at North Shore Hospital coupled with 18 months' in a private clinic and community work.

Steen works from 7.30am until 4pm but says there is a mixture of full-time, part-time and flexible working arrangements for staff. He most commonly deals with falls, fractures, mobility or functional concerns for older adults, back pain, strokes, respiratory conditions and peripheral vertigo. Working in ED has sparked Steen's interest in vestibular rehabilitation and geriatric pathways, and he is keen to advance his career in these fields.

The challenges? "You only get a short time with a patient – often only one day – before they are either admitted or discharged, so it's really important that you remain adaptable and collaborative," says Steen. That means good communication between staff, and patients and their families is essential.

However, it's the challenging aspects of the role and the wide variety of complex cases that makes the role rewarding. Would he recommend ED as a career for other physiotherapists? "Yes absolutely. It's well suited to someone who enjoys a fast-paced environment with an emphasis on problem solving, collaboration and a 'big picture' approach."

Waitematā DHB physiotherapist Steen Bastkjaer.

BUSINESS MATTERS

PNZ Business Symposium
Beyond 2019

Dr Stephanie Pride

DR STEPHANIE PRIDE

We had a huge response to registrations for next month's PNZ Business Symposium – Beyond 2019 and all tickets have been secured for this years' biennial event. Keynote speaker Dr Stephanie Pride gives us an insight into her session on 'The Future of Work'.

I'm really looking forward to talking with you on 1 November and exploring what the future of work might mean for the physiotherapy community. I think we are all aware that automation – in all its many forms – is having a big impact on work. That's why we keep getting the repeated headlines along the lines of 'Will a robot take your job?', but I'm not sure that is the only, or even the most useful questions to be asking ourselves if we want to get ready for a future of work that is very different from what has come before.

I will talk about how the confluence of powerful computing, data mobility, robotics and super-sensitive sensor technology is driving the automation of – pretty much everything – but I will put this in the context of some much bigger drivers of change. Work doesn't take place in a vacuum and there are other factors, apart from technology, that are affecting how we'll work, and what work we'll need to do.

Joining Stephanie presenting in November are Nick McDonald from Likeable Lab, Ilze Walton from Humankind, Una Diver from Ernst & Young and representatives from ACC.

Ilze Walton

Ilze Walton (Humankind)

Associate Director of People & Culture practice at Humankind Ilze will present a session on building the best business environments for the future.

As an accredited coach, Ilze has experience diagnosing, designing and implementing culture and behavioural change solutions, and developing leaders and teams. She is a skilled facilitator and also holds expertise in people analytics.

Una Diver

Una Diver (Ernst & Young)

Una will present a Human Resources focused session on remuneration and gender parity.

Una focuses on cost-effective, pragmatic, commercially-focused advice that is tailored to client needs. She has extensive experience in linking remuneration structures to business strategies and stakeholder priorities.

Nick McDonald

Nick McDonald (Likeable Lab)

Director and owner of content marketing agency Likeable Lab, Nick will front-foot a session on social media marketing and looking at what the future is for physiotherapy.

An expert in his field, Nick believes in the power of plain speaking and clear objectives to pinpoint the right audiences and achieve tangible results. He has built a successful business – and helped many others do the same – by constantly evolving to keep up with the latest social media trends.

Clinical Governance

What's it all about?

SUE DOESBURG

In her final column for Physio Matters, Professional Advisor Sue Doesburg takes us through the background of clinical governance and introduces the framework PNZ is developing for physiotherapy.

Physiotherapy New Zealand (PNZ) is committed to supporting members to deliver quality physiotherapy – it's articulated in the strategic plan as our value of 'Professionalism: Committing to excellence for physiotherapy practice in New Zealand; that our practice is evidence-based and fostering a culture of innovation and collaboration'.

With this in mind, PNZ has undertaken a piece of work on clinical governance with the goal of supporting members to provide quality physiotherapy. 'What is clinical governance?' you might ask and the briefest of answers, for what is essentially a complex phenomena, is 'it's an approach to continuously improve the quality and safety of health services and care'. Recognised internationally as being effective for driving improvement clinical governance has been shown to be an important foundation for high performing health care services.

Background and history of clinical governance

The concept of clinical governance originated in England with the National Health Service (NHS) leading developments in the area. The NHS identified an imbalance between the priorities of managers (fiscal, target-driven) and those of clinicians (patient-centred, clinically focused) which were inevitably resulting in failures in the standard of patient care. Clinical governance was viewed as the way forward for developing a shared commitment to high-quality care in everyday clinical practice. At that time a definition was outlined by two regional directors in the NHS.

Over time definitions have continued to evolve as the concept has been implemented in different health settings. But despite a variety of definitions, and the use and application of the term clinical governence being variable, there are common approaches to clinical governance that are endorsed as inherent.

They include:

- Consumer/patient engagement and co-design
- Open, transparent and learning culture
- Prioritising quality improvement and patient safety
- Clinical leadership for quality and safety
- An emphasis on partnerships and involvement of all staff
- Effective multidisciplinary team work
- Measuring clinical processes and outcomes
- Use of data to identify variation
- Effective management of clinical risks

A clinical governence framework for physiotherapy

The explanation so far might lead you to think that clinical governance is only relevant to bigger health care organisations however this isn't the case. Last year ACC included a requirement for clinical governance and a nominated clinical director into the Physiotherapy Services Contract: ". . . we'll be adding a clinical governence role to the contract, to support clinical leadership and quality within the practice" . . . The person responsible for clinical governence will be called the clinical director" (ACC communication, 2018).

Practices of varying sizes hold the Physiotherapy Services Contract – they range from those that are sole practitioners to larger businesses with multiple clinic sites. Consequently, the clinical governence framework

for physiotherapy being developed by PNZ will be applicable to all practices, irrespective of their size, funding arrangements or accreditation status.

The Health Quality Safety Commission (HQSC) New Zealand has developed a guidance document for all health and disability providers in New Zealand, as well as a suite of resources to support good clinical governance. These can be found in the publications and resources section of their website hqsc.govt.nz.

Review of this information and other resource material has contributed to the proposed PNZ definition:

Clinical governance is a whole-of-organisation approach to continuously improving the quality of services to protect safety and wellbeing of the person, whānau, and staff, and enhance the quality of care provided and experienced. It involves systematically joining-up all safety, quality maintenance and improvement actions and practices within or across health care providers.

Four framework domains for physiotherapy

Four components have been outlined by the HQSC as the 'building blocks' of an effective clinical governance framework. They are: consumer engagement and participation, clinical effectiveness, quality improvement and patient safety and an engaged, effective workforce.

Similarly, PNZ proposes four domains that contribute to an effective clinical governance framework:

- Person, whānau and staff safety
- Clinical effectiveness
- Engaged and effective workforce
- Person and whānau engagement and participation

Of particular note with the PNZ domains is the reference to staff safety. It's indisputable that patient safety is important, but so too is the safety of the physiotherapists who provide health services to patients. Health care staff in any organisation (large or small) are key to quality outcomes for patients so thinking about staff safety and an engaged effective workforce – what should be happening in this domain to facilitate safety and quality?

An engaged and effective physiotherapy workforce

Initially, good recruitment and retention practices set the scene. Second is the development of staff, which means supporting people to practice well. Specific skills training, modern information technology support and access to evidence are all important. Thirdly, staff should be encouraged to participate in developing quality strategies and to look critically at existing processes of care with a view to improving them. Protected time is necessary for individuals and teams to think about the quality of their services, review data, appraise evidence and plan improvements. Finally, letting staff know that they are valued is a common feature of organisations that demonstrate excellence. Included here is professional support (particularly supervision for junior staff), enacting professional development plans, undertaking performance reviews and nurturing leadership potential.

Recent New Zealand research has highlighted that collective learning and continuous improvement are the central elements of an adaptive, resilient, high-performing organisation. Organisational learning is described as 'a powerful and sophisticated competency' to help organisations 'adapt, survive and thrive in turbulent environments'.

An aging population matched with the increasing demand for health care resources and rising patient expectations suggests there may be some turbulent times ahead for health service providers. The evidence is that organisations with robust clinical governance frameworks in place (both large and small) will be better placed to weather any storm.

Email erica.george@physiotherapy.org.nz for references

Sue finished her time as Professional Advisor in September. We have valued her contributions to PNZ including her columns in Physio Matters and wish her well in her future endeavours.

Keeping you updated

Welcoming Jacinta Horan and the Physiotherapy Specialist ACC Contract

DR ANGELA CADOGAN AND DR MARK LASLETT

The Physiotherapy Specialist environment continues to evolve with some recent developments that present a number of 'firsts' for Physiotherapy Specialisation in New Zealand. This month Dr Angela Cadogan and Dr Mark Laslett provide us with an update on these developments.

Jacinta Horan – Physiotherapy Specialist (Sports)

Jacinta Horan is the most recently registered Physiotherapy Specialist and is the first to be registered in the area of sports physiotherapy, representing a historic achievement in the evolution of sports physiotherapy in New Zealand.

Jacinta is based in Tauranga where she has been the director and one of the principal physiotherapists of Bureta Physiotherapy for the last 15 years. Jacinta has also spent the past 11 years working in national and international sports physiotherapy, spread across a wide range of codes. This includes New Zealand Women's Rugby (Black Ferns and Black Ferns Sevens), athletics, surf lifesaving, water polo, and multiple international campaigns including the Rio Olympics, Youth Olympics and the World University Games. She is the president of the Bay of Plenty Sports Medicine group and has been instrumental in driving it's growth over the last ten years and is part of the High Performance Sport initiative WHISPA (Healthy Women in Sport: A Performance Advantage). She is also involved in education workshops at a community level as well as speaking at sports physiotherapy conferences.

Jacinta Horan

We are especially pleased to see the first specialist registered in this unique and challenging clinical practice area and we know that Jacinta will provide strong leadership. Supported by a strong special interest group, she and others to follow will continue advancing clinical, research and leadership competencies in sports physiotherapy.

Physiotherapy Specialist ACC Contract

ACC now have a Physiotherapy Specialist contract under a variation to the new Physiotherapy Services Contract. This is another world first for New Zealand – having also been the first country to recognise and regulate a Physiotherapy Specialist scope of practice under health practitioner licensing regimes, we are now the first country to provide a tiered funding model for Physiotherapy Specialists for ACC clients.

What this means

From 1 August 2019, patients with an active and relevant ACC claim who are referred to a Physiotherapy Specialist from a registered health professional are fully funded by ACC. Prior approval from ACC is no longer required, providing the referral states that the referral is for a 'Physiotherapy Specialist Assessment and Treatment'.

What do Physiotherapy Specialists do?

Physiotherapy Specialists can provide second opinions for other physiotherapists, GPs, surgeons and other health professionals to assist with diagnosis, rehabilitation and treatment planning for their patients. With full funding for ACC clients, Physiotherapy Specialists can now offer extended assessment and reporting times without the need to charge a co-payment. It is anticipated that this will improve access to specialist services.

Physiotherapy Specialists are first and foremost physiotherapists, which means they understand what physiotherapists do and consider referrals from

physiotherapists as a logical progression, rather than a failure of conservative care. Though they will actively treat patients when appropriate, in the majority of cases Physiotherapy Specialists are to return patients to referrers for regular ongoing management where possible, along with specific recommendations for treatment and rehabilitation.

Referring physiotherapists are encouraged to attend the appointment with their patients if they are able. This serves as a professional educational opportunity and may be recorded in CPD records.

How to contact the Physiotherapy Specialists

There are now nine Physiotherapy Specialists in New Zealand. All Physiotherapy Specialists are happy to be contacted with any questions about Physiotherapy Specialist services and referrals. Feel free to get in touch with any of the Physiotherapy Specialists in your area for more information about how they can help you and your patients.

Registered Physiotherapy Specialists in New Zealand

- Dr Angela Cadogan – Musculoskeletal (Dunedin)
- Dr Ben Darlow – Musculoskeletal (Wellington)
- Melissa Davidson – Pelvic Health (Taupo / Waikato / Bay of Plenty)
- Jacinta Horan – Sports (Tauranga)
- Dr Mark Laslett – Musculoskeletal (Christchurch)
- Margie Olds – Musculoskeletal (Auckland)
- Tracey Pons – Pain (Kaiapoi)
- Dusty Quinn – Musculoskeletal (Dunedin)
- Dr Steve Tumilty – Musculoskeletal (Dunedin)

To get in touch with any of the Physiotherapy Specialists in your area please contact PNZ Office

World Physiotherapy Day 2019

Creating simplicity within the complexity of chronic pain

DR GISELA SOLE

Chronic pain was in the spotlight last month for World Physiotherapy Day – a condition which affects approximately one in six New Zealanders. Associate Professor at the University of Otago's School of Physiotherapy Dr Gisela Sole discusses the role of physiotherapy for chronic pain management.

Chronic pain has become a significant global health burden, challenges which this year's World Physiotherapy Day 2019 has highlighted.

Some of the most common pain disorders include low back pain, cervical and thoracic, shoulder pain, headache disorders, cancer, fibromyalgia, rheumatoid arthritis and osteoarthritis. Physiotherapists' role in helping people take control of such conditions, by using 'unique skills to recommending specific exercise programmes to help relieve chronic pain', has been a strong focus of the World Confederation of Physical Therapy (WCPT) resources provided to support World Physiotherapy Day 2019.

Historically, our profession has evolved from various concepts, siloed into musculoskeletal, neurorehabilitation and cardiopulmonary physiotherapy, and many other fields. Within each field are sub-divisions, such that we teach our students (and have been taught) to assess and treat a person with 'shoulder pain' or 'osteoarthritis', or 'low back pain'.

However, in a sense, each person has one brain to be convinced to take control of all conditions they are living with in their individual-specific context: be it pain in the low back and in the shoulder, potentially also dealing with pre-diabetes, or possibly with high levels of stress, at times, as part of life. The increasing knowledge, evidence and understanding of biomechanics, anatomy and growing fields of neurosciences (besides genetics and many others) may leave us confused or polarised in one area. It may leave us reluctant and feeling insecure when considering new evidence that conflicts with, or challenges, our professional beliefs and expertise.

In terms of musculoskeletal disorders, a number of debates are apparent on social media, at conferences and in the research literature regarding 'biomechanics' and 'pathoanatomy' versus 'neurosciences'. Instead of 'choosing sides' it may be that, amongst the complexities, we are losing sight of simplicity.

At the University of Otago we conducted a study in which we integrated evidence from various concepts into management of persons with persistent rotator cuff related shoulder pain, the Otago Shoulder Health (OtShoH) feasibility study. A pragmatic physiotherapy approach (in most cases, comprising manual therapy and exercise prescription) was based on individual patient assessment and collaborative decision making.

The novelty of this study was that we formalised 'patient education' by developing a set of PowerPoint slides – used by the physiotherapists during treatments – and videos for patients to watch, facilitating conversations at their next appointment. Topics included pathoanatomy about the shoulder within the context of age-related changes, neurosciences related to the pain experience and the role of exercise in self-management, specific shoulder exercises as well as general physical activity. The role of lifestyle factors (for example, stress management and sleep behaviour) was also addressed. A maximum of eight physiotherapy sessions were provided per patient over a period of three months.

Auditing initial data, the individualised responses of approximately 30 participants to the integrated approach

is probably not surprising. These can be influenced by a plethora of factors, such as the patients' past experience with physiotherapy, their own concepts of shoulder pain, and also by beliefs that the physiotherapists impose (often subtly and unconsciously) on the patients.

Searching for a model to integrate various concepts into rehabilitation, I came across the RISK framework suggested by Dr Christian Barton (La Trobe University) for running injuries: 'R' for Reducing loads across painful structures; 'I' for 'Improving capacity to attenuate load'; 'S' for 'Shifting loads' to other parts of the kinetic chain; and 'K' for 'Keep adapting to the individual's goals and capacity'.

This framework can be adapted for patients living with various musculoskeletal pain disorders, however, I modified it to a 'D-RISK' model (Figure 1). Firstly, instead of placing patient's goals and capacity at the end of the acronym (where it fits from a grammatical point of view), the model is embedded within the 'K'.

Secondly, 'Desensitising' is added and refers to the nervous system using a multimodal approach: we may apply manual therapy (based on the concepts we are familiar with); prescribe exercises, as example, isometric contractions for pain associated with tendinopathies; provide pain education; or address health comorbidities that may impact metabolically on musculotendinous structures and on the integrity of the nervous system.

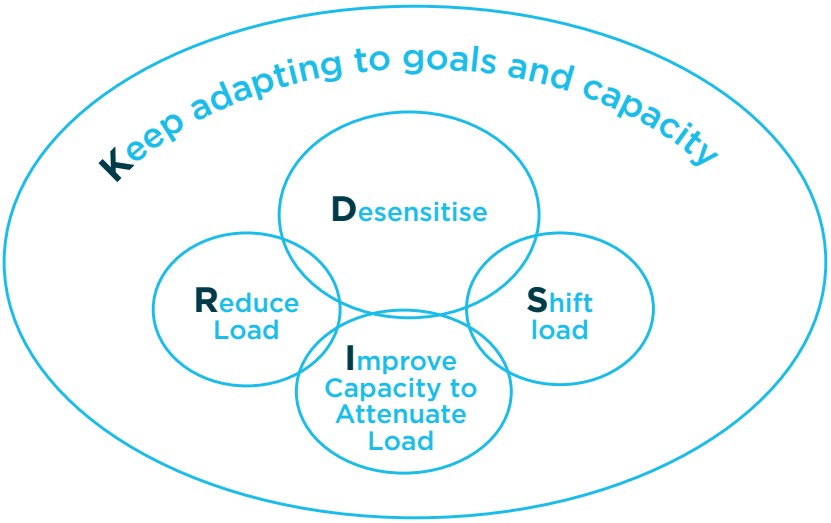
A multimodal approach is usually applied, based on symptom-modifying approaches, centred on the patients' goals, functional limitations/capacity, understanding and beliefs. Applying the model to persistent shoulder pain, we may focus on axioscapular muscle facilitation and strengthening to 'Reduce load' on the rotator cuff tendons. We also prescribe exercises to strengthen the rotator cuff unit, 'Improving capacity' to tolerate higher levels of loading. 'Shifting Loads' from the shoulder girdle may entail strengthening exercises for the trunk and improving control and technique of sports – or occupational-related tasks across the kinetic chain.

Considering a D-RISK framework allows flexibility, variability and individualisation, both from the patient's and the physiotherapist's perspectives. Such frameworks decrease necessity to defend our physiotherapy-centred approaches, whether based on biomechanical or neuroscience principles; rather than being polarising, the framework integrates such considerations.

The OtShoH study relied on collaborations between physiotherapy researchers and clinicians in the School of Physiotherapy, both Dunedin and Christchurch-based. A BPhty Honours student, Rosey Acker, is analysing the interview data using a qualitative approach. Thus, the study reflects collaboration between clinicians, researchers and a student.

Besides the different 'siloed' fields of physiotherapy, we often label each other as clinicians, researchers, teachers, managers, academics, educators, etc. However, the above study reflects the critical role we all play towards our profession: we are all physiotherapists, merging knowledge and understanding within and between our various professional fields to deal with the complexity of challenges facing our patients, yet with simple solutions.

Email erica.george@physiotherapy.org.nz for references



'D-RISK' model (Figure 1)

Keeping you informed

Mental health services and the AC Act

MELISSA BARRY

Clinical Partner for Accident Compensation Corporation (ACC) Melissa Barry gives us an overview of how mental health services are considered by the AC Act (Accident Compensation Act 2001) and what this means for physiotherapists.

Mental Injury

Referring for Psychological Intervention

- If you are working with a client with a covered physical injury who is experiencing psychological problems because of the physical injury, and you think they would benefit from intervention, please notify the client's ACC Case Owner for discussion and assistance.
- If you are providing advice to someone you know, or a client, and you think it is highly possible that they would meet the criteria for mental injury caused by sexual abuse or a work related traumatic incident, claims can be lodged by the person's General Practitioner (GP).
- There is an alternative route for clients with Sensitive Claims as they can directly access a supplier via the Find Support website (findsupport.co.nz); the provider will then lodge a claim via an engagement form.

Within the Accident Compensation Act 2001 (AC Act) a mental injury is defined as: "a clinically significant behavioural, cognitive or psychological dysfunction" (s27). This means that ACC can provide cover for mental injury arising from: sexual abuse (sensitive claims); a covered physical injury; or a work related traumatic incident.

ACC cannot provide cover for mental injuries: caused by traumatic events; without accompanying physical injury that happen outside of work; where a minor physical injury in traumatic circumstances was not a significant (material) cause of the mental injury; caused by stress or other gradual processes at work; if a mental health specialist identifies that the mental condition occurred before the accident or event; or if the accident had only a limited effect (e.g., was a trigger or "final straw" after a series of stressful events).

Mental Injury Caused by Physical Injury

For a mental injury from physical injury to be covered by the AC Act it must be a personal injury. There are three main criteria for determining whether a mental injury qualifies as a personal injury: there must be cover for the physical injury claim; there must be a mental injury (as defined above); and the physical injury must be a significant (material) cause of the mental injury.

With injuries involving particularly traumatic circumstances – such as serious motor vehicle accidents or violent assaults – it may not always be clear whether the mental injury is attributable to the physical injury, the accident or the surrounding circumstances. The mental injury may have resulted from a combination of those factors. ACC can cover a mental injury if the mental injury assessor advises that the physical injury was a significant (material) cause of the mental injury even if there were other contributing factors.

It is not unusual for clients to experience psychological difficulties following physical injuries, but they may not meet the criteria for mental injury. However, ACC can still provide treatment for the psychological distress without cover for mental injury being established. Some clients have pre-existing mental health problems which serve as barriers for clients recovering from the physical injury. In these cases, ACC may provide some short-term psychological intervention or alternatively identify non-ACC services which the client can be referred to.

Work-Related Mental Injury

ACC has been able to consider claims for work-related mental injuries since 1 October 2008. We can accept claims for cover where a person suffers a clinically significant mental injury caused by a traumatic work related event. The work-related mental injury must have been caused by a single, sudden event that occurred during a client's employment. Gradual onset workplace stress is not considered a work-related mental injury. A work-related mental injury does not need to be linked to a physical injury.

Example: A bus driver in Manukau swerves to avoid hitting a pedestrian who deliberately steps in front of the bus. The pedestrian is killed instantly when clipped by the front end of the bus. As the bus driver is suffering from severe clinical depression because of this event his GP lodges a claim for a work-related mental injury.

Criteria for work-related mental injury:

The criteria for determining if a claim for work-related mental injury can be accepted for cover are:

- The event occurred after 1 October 2008 or, if it occurred before this date, the person has not received treatment for mental injury.
- Date of lodgement is when the client first seeks treatment.
- The client is diagnosed with a clinically significant behavioural, cognitive, or psychological dysfunction. Temporary distress that constitutes a normal reaction to trauma is not covered.
- The mental injury has a causal link to a work-related traumatic event.
- The work-related mental injury must be caused by a single event that occurred in a person's place of employment.

A series of events that arise from the same cause or circumstance can still be considered a single event. In these situations, take care to ensure that all parts of an event are clearly identifiable and occur at a precise point in time. This is different to a gradual process, which refers to a series of recurring events over a longer period that have had a cumulative effect.

The mental injury must be caused by an event that could reasonably be expected to cause mental injury to people generally. Such events would provoke extreme distress, horror or alarm in almost everyone – they would be outside the normal range of human experience.

For the mental injury to be covered, the event that caused it must be sudden in onset. A sudden event is one that occurs quickly with little or no warning, but the event itself may last a short or longer time.

The client must directly experience the event that caused the mental injury. This means they must be in close physical proximity to the event and see or hear it in order to experience it. In most cases, a person will see an event directly.

If the person does not directly witness the event as it occurs, they can still be eligible for cover for a mental injury if they are involved in, or witness, the direct outcome of the event. To be directly involved in, or witness, the outcome of a sudden event means the person must be physically present at the scene of the event.

Mental Injury and Sensitive Claims

Within the Sensitive Claims Unit, for a client to receive cover and entitlements, the mental injury must be significantly linked to specific sexual offences described in the Crimes Act 1961. These are referred to as Schedule 3 events. Schedule 3 events do not include witnessing others being abused or behaviours that would be part of appropriate parenting (e.g., bathing or toileting a young child), or developmentally normal behaviour.

The full list of Schedule 3 events can be accessed via the Accident Compensation Act 2001 page on the New Zealand Legislation website: legislation.govt.nz.

There does not need to be a physical injury for a mental injury of this type to be covered. However, to receive cover there must be a mental injury and the sexual abuse events must be a significant cause of the diagnosed mental injury(ies).

You can email Melissa on melissa.barry@acc.co.nz

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2019-2020 Course dates

Part C Advanced Lumbar Spine & Lower Limb	14th – 17th November (for those that have completed Part A or A&B)	Wellington
Part B Cervical & Thoracic Spine	13th – 15th March 2020 (for those that have completed Part A or A&C)	Wellington
Part A Lumbar Spine	TBC 26th – 28th March 2020 (for those starting their MDT education)	Wellington
Part D Adv Cervical/Thoracic & Extremities - Upper Limb	TBC 26th – 29th March 2020 (for those that have completed AB&C)	Wellington
Credential Exam	25th July 2020	Wellington
Credential Update & Seminar Day	31st July & 1st August 2020	Wellington

All courses are subject to minimum numbers of participants and will generally be confirmed 4 weeks prior to the start date.

For more info on any of these courses, please go to www.mckenzieinstitute.org/nz/en/education/find-a-course/ or email Dinah on minz@mckenzieinstitute.org

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VM2: ABDOMEN 2 – PREREQUISITE – VM1

1st – 4th February 2020, Christchurch

Participants will expand on the functional anatomy, hand placements and techniques learned in VM1. You will explore the deeper structures within the abdominal cavity, focusing on the kidneys, pancreas, spleen, greater omentum, peritoneum, and their connective or suspensory tissues.

VM3: THE PELVIS – PREREQUISITE – VM2

2nd – 5th November 2019, Christchurch

This studies the relationship between the structural & functional mechanics of the pelvis & the integration of the pelvic organs with the complex ligament systems of this region. You will learn techniques for differentiating between somatic and visceral causes for pelvic & low back pain

VM5: MANUAL THERMAL EVALUATION & INTRO TO VISCEROEMOTIONAL – PREREQUISITE – VM1-4

7th – 10th November 2019, Christchurch

VM5 is divided into 2 parts, Manual Thermal Evaluation and Visceral Emotional Listening. Each organ holds emotions; it is our "stop gap system" for the mind, & when discharged, the body/mind communication can be restored.

NM1: NEUROMENINGEAL MANIPULATION – PREREQUISITE – HEALTH PROFS

20th - 22nd March 2020, Christchurch

This is a specialized course focusing on the impact of trauma and whiplash.

NM2: NEUROMENINGEAL MANIPULATION – PREREQUISITE – NM1

24th – 26th March 2020, Christchurch

This course explores evaluation and treatment techniques for peripheral nerves of the upper body.

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PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa

You can renew your PNZ membership from Tuesday 5 November. Do so before midnight 9 December to secure your early bird rate and go in the draw to win the cost of your PNZ membership back!

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Just log in to pnz.org.nz to renew. You'll remain supported by the largest network of physiotherapists in New Zealand, continue to have the latest resources at your fingertips and take advantage of the many benefits of being a PNZ member.

Add insurance

PNZ has again partnered with BMS Group to offer members insurance. Add annual Professional Indemnity Insurance from BMS when you sign-up to be a member for 2020 and access a range of other insurance options.

So what are you waiting for?

Visit pnz.org.nz to get your PNZ membership and 2020 insurance sorted.

Reasons to join

Advocacy

PNZ advocates and lobbies for members and the wider physiotherapy profession.

Special Interest Groups

Sign up to one or more Special Interest Groups for topic-based material and CPD.

Branches

Become a member of your regional Branch, offering CPD and networking at a local level.

Professional Development

A variety of learning opportunities are provided across PNZ, discounted (and sometimes at no cost) for members.

Advertising

Be listed in the online Find A Physio database, where the public search for PNZ physios.

Marketing

PNZ showcases the value of physiotherapy to the public through a variety of channels.

Resources and research at your fingertips

Access news feeds, videos, practice guidelines and articles on a wide range of subjects.

Publications

Receive Physio Matters and the New Zealand Journal of Physiotherapy.

Support for Māori physiotherapists

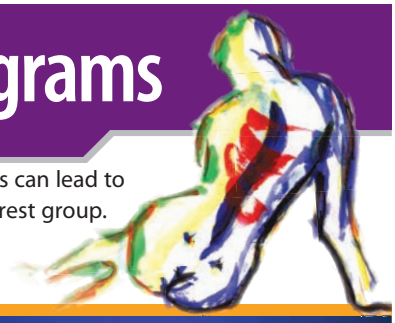
Tae Ora Tinana provides support to physiotherapists who identify as Māori.

Employment Support

Available through a series of templates and advice.

Postgraduate educational programs

designed to improve patient management



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Meet Rebecca Blyth, one of our current students

Otago's flexible study options and great support have enabled South Auckland-based physiotherapist Rebecca Blyth to continue working in private practice and playing premier-grade football, while gaining postgraduate qualifications.

With a postgraduate certificate already completed, Rebecca is now studying for a postgraduate diploma. She plans on following this up with a Master of Sports Physiotherapy, which is unique to Otago.

Having completed her undergraduate study in Auckland, Rebecca was keen to experience study through Otago's School of Physiotherapy and enrolled in the distance programme.

She was initially interested in gaining specific knowledge about sports and musculoskeletal practice, and becoming a more advanced manual therapist, but she has found postgraduate studies have also provided many opportunities to grow as a practitioner.

"I think it is an excellent learning experience and a great way to advance your knowledge. In a health profession that constantly moves forward, it is important to keep up-skilling."

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Representing Māori in the profession

‘ma te kahukura ka rere te manu’

TAE ORA TINANA

With feathers a bird can fly. The korowai (feathered cloak) is made to shield, embrace and encompass the wearer. Tae Ora Tinana is the Māori partner of Physiotherapy New Zealand (PNZ) and is the korowai which supports Māori physiotherapists and physiotherapy students throughout their training and careers (Lynda Kirkman, 2013).

A solid foundation

Tae Ora Tinana was established in 2002 to promote the values of Te Ao Māori in physiotherapy. In 2005, Tae Ora Tinana formed a partnership with the New Zealand Society of Physiotherapists. Then, in 2012, we signed an agreement with Physiotherapy New Zealand (PNZ) to be its official Māori partner.

In this partnership role, Tae Ora Tinana is responsible for advocating for hauora Māori and tikanga Māori within the physiotherapy profession in Zealand. Our kaitiaki and kaumātua, who set our strategic direction, support PNZ to work within a framework that respects Te Tiriti o Waitangi and prioritises the profession’s commitment to address Māori health inequities.

The key values of Tae Ora Tinana include:

- Māoritanga – to respect and celebrate things Māori through our activities and ways of working. Woven within Māoritanga is Rangatiratanga (the power to define, decide and protect Māori taonga as promised by Te Tiriti o Waitangi), which includes the use of te reo Māori, waiata karakia, and tikanga.
- Whanaungatanga – respect and acknowledge relationships which might be based on family connections or professional networks.

Front row (left to right): Kaumātua – Mātua Bill and Whaea Pat Barlow.

Middle row (left to right): Miranda Buhler, Keistin Woodman, Bridget Watson.

Back row (left to right): Grant Mawston, Witana Petley, Emma Webb, Ulima Tofi, Maarama Davis (inset).

Departing Kaitiaki Ann McKellar, Lynda Kirkman and Kate Haswell (inset) with Matua Bill Barlow and Whaea Pat Barlow.

- Manaakitanga – cultural guidance support and nurturing of each other within our professional lives and for students during their training.
- Hauora – improving the quality and access to physiotherapy for Māori.
- Mātauranga Māori – knowledge, professional development, research including consultation and international links.

The history of Tae Ora Tinana is rich with very solid support from Te Rununga Māori Nurses Association and Te Ora Māori Doctors.

Supporting emerging talent

To support Māori physiotherapists in New Zealand, each year Tae Ora Tinana presents awards to Māori physiotherapy students who have displayed both academic achievement and community involvement. This year the recipients were Bridget Watson (University of Otago), and Nikita McGruer and Sammy Farrell (AUT).

Representatives of Tae Ora Tinana had two hui with Māori students involved in AUT's physiotherapy programme. Kaitiaki also hosted a whakawhanaungatanga and kai for the University of Otago tauira. Two of these graduates have since volunteered to become kaitiaki in 2019.

To encourage and foster more Māori into the physiotherapy profession, Tae Ora Tinana is planning several whakawhanaungatanga in 2020 with Māori secondary school students in the three physiotherapy school catchment areas – Auckland, Waikato and Otago.

New Kaitiaki announced

On 25 May, Tae Ora Tinana held a hui in Auckland where we farewelled the remaining founding Kaitiaki – Ann McKellar, Lynda Kirkman and Kate Haswell. These wāhine toa were instrumental in establishing Tae Ora Tinana, and we thank them for their unrelenting commitment to Māori health and physiotherapy.

We are also welcomed our new Kaitiaki:

- Bridget Watson (Te Ati Awa)
- Emma Webb (Ngā Puhi)
- Witana Petley (Ngāti Porou, Ngai Te Rangi)
- Miranda Buhler (Ngāti Pākehā)
- Keistin Woodman (Ngā Puhi)

They will be joining existing Kaitiaki, Maarama Davis (Ngāti Awa), Grant Mawston (Te Ati Awa), Ulima Tofi (Rongowhakaata, Ngāti Maniapoto, Ngāti Hamoa) and our kaumātua – mātua Bill Barlow (Manipoto) and whaea Pat Barlow (Ngāti Whātua) – in setting the direction for Tae Ora Tinana and advocating for Māori hauora from a physiotherapy perspective.

Looking forward

Tae Ora Tiana will hold its strategic planning hui in the coming months. On the agenda will be ways to integrate key values of Māoritanga, whanaungatanga, manaakitanga, Hauora and mātauranga Māori into the profession. We will also discuss how to establish partnership guiding principles such as whakapiri, whakamārama and whakamana as we strive to strengthen and advance hauora Māori within physiotherapy.

Whakatauki

"E hara taku toa I te toa takitahi
He toa takitini"

Success is not the work of one alone
But the work of many together

PNZ Executive Nominees

Make your vote count

PHYSIOTHERAPY NEW ZEALAND

The PNZ Executive is our governing body which plans strategically for the future direction of Physiotherapy New Zealand.

There are three PNZ Executive vacancies to be filled this year, one of which is a designated Māori seat. We have received one Tae Ora Tinana endorsed nomination for the Māori seat. Members are given the opportunity to vote for one of the following nominees by electronic ballot and the three successful candidates will be announced during the 2019 PNZ Annual General Meeting (scheduled for 4.15pm on 1 November 2019, at Jet Park Hotel in Mangere, Auckland).

Full biographies for each nominee are available to view on pnz.org.nz.

Hamish Ashton

"I want our profession to be strong. I will advocate for and support our PNZ members. I am involved with the PNZ change process for unification with in-depth knowledge on how this will work to strengthen our profession. I wish to see this process conclude and be part of developing and leading a strong and united membership group."

Sarah Butler

"As a profession, I strongly believe that physiotherapy education should continue to evolve to meet the demands of an ever-changing health context, fiscal constraints, competing interests, and reflect our multi-cultural society. I also would like to encourage PNZ's work in ensuring that equal representation is given to the members working in both the private and public sectors and ensure that all SIGs have an equal voice within the society."

Monique Baigent

"I see a bright future for physiotherapy with better relationships between medical practitioners and extended scope roles to bridge the gap where health inequalities lie and access is limited … I want to influence change and inspire our new graduates to stay in the profession by creating clear pathways and a more fulfilling career framework."

Grant Chittock

"I have just completed my first two years on the PNZ Executive and want to seek re-election to continue the fantastic advocacy work that has been commenced, alongside delivering the opportunities enabled by the new PNZ consolidated model."

Clare Foster

"If elected I will work to see all physiotherapists are recognised not only for their caring ethic but the dependability, flexibility, generalist and specialist skills so that physiotherapists are assured of a rewarding and sustainable working life."

Alyssa Gordon

"I'm a big believer in taking action if you want to see change, so I'm throwing my hat into the ring for a position on the PNZ Executive … The changes I would advocate for include improving public perception of the value of physiotherapy, increasing physiotherapy recruitment to rural regions, and retaining physiotherapists in the profession."

Kirstin Glasgow

"Health care is evolving, and I believe physiotherapy will have a fundamental role to play in the future of health care … With my diverse experience in private practice, DHBs and academia, I feel could bring a broad perspective to the PNZ Executive in order to facilitate a cohesive approach for the future of physiotherapy in New Zealand."

Ben Hinchcliff

"I believe that physiotherapists are highly trained expert clinicians that deserve all the benefits that they can get. I will support physiotherapists to obtain the most reimbursement from third party payers and to be the best clinicians they can be. As a current PNZ Executive member, I listen to the needs of physiotherapists and do my best to implement positive change."

Wayne Hudson

My interest in joining the PNZ Executive is that I can contribute proven leadership and governance experience to the group … I want to bring [my] skills and add value to the wider physiotherapy network focusing on diversifying funding opportunities, increasing the value proposition for all physiotherapists, and positioning therapists as a key partner in clinical pathway designs."

Sarah Mitchell

"I am passionate about promoting the significant impact that physiotherapists can have on the health and wellbeing of the people who use our services, and I will bring my significant experience and expertise to ensure that impact is fully realized beyond our own profession."

Garth Munro

"Meaningful change within the healthcare industry must be linked with philosophical, ethical and academic constructs and I am confident I could provide these elements within PNZ. I am familiar with contemporary health delivery paradigms; pursue continuous professional development and have a proven clinical and business management track record in the primary and secondary/tertiary sector."

Kurt Thomas

I would like to remain on the PNZ Executive for another term to continue to see through the PNZ unification process and continue to assist with the ACC Physiotherapy Contract Redesign. I am passionate about physiotherapy having a unified voice in the New Zealand health system – not just within ACC, but within the Ministry of Health, the Government and with other funders and health profession groups."

Emma Webb

"To the role of PNZ Executive I would bring an enthusiasm for innovation in health care and a passion for Māori health development. By developing the profession of physiotherapy in line with values from Te Ao Māori we will see a benefit for all patients, our physiotherapists and our healthcare system."

PNZ has appointed electionz.com, an independent election management company, to manage the member vote process for the PNZ Executive.

All members will receive an email from electionz.com during the first week of October. Voting opens on Monday 7 October and closes at midday on Monday 21 October.

Voting can only be cast electronically. No paper votes will be accepted.

Southern Physiotherapy Symposium 9

8 – 10 November 2019
Heritage Hotel, Queenstown

Programme available at www.pnz.org.nz

PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa
Otago

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Professor Susan Whitney**
Professor Ewa Roos
Tania Clifton-Smith
Dr Lou Atkins

Invited Speakers:

Dr Ben Darlow*
Dr Richard Ellis*
Dr Hilda Mulligan*
Prof Debra Waters*

*,** Denotes School of Physiotherapy, University of Otago alumni or staff who have been generously sponsored by *Otago Southland Physiotherapy Trust or
** School of Physiotherapy, University of Otago in recognition of the University of Otago's 150th Anniversary

Registration Fees (GST not applicable): Register via the PNZ events page.

Symposium (Saturday 9 and Sunday 10 November)	
Category	**After 27.09.19**
A. Otago-Southland PNZ members	$320
B. Other PNZ members	$400
C. Non-PNZ members	$520
D. New Graduates (up to 2 years post-graduation)	$100
E. Physiotherapy Students	$50

Pre-conference Workshops (Friday 8 November; 9am – 5pm)		
Category	**Workshop I: Professor Peter O'Sullivan** Making Sense of Low Back Pain – a Functional Cognitive Approach	**Workshop II: Professor Susan Whitney** Differential Diagnosis and New Treatment Interventions for BPPV
F. Otago-Southland PNZ members	**WORKSHOP FULL**	$150
G. Other PNZ members		$180
H. Non-members		$225

Registrations close 21 Oct 2019. Attendance at pre-conference workshops requires registration for the symposium also. If booking accommodation at the Heritage Hotel please use the SPS9 promo code and link provided on the PNZ events page. For further terms and conditions see www.pnz.org.nz

Webinars:

Best practice in the assessment of low back pain with Dr Ben Darlow

How should physiotherapists explain to patients the causes of low back pain?

How should psychosocial barriers to recovery be assessed?

What physical tests or classification systems provide the most useful information in the assessment of a patient with low back pain?

Does palpation provide any useful diagnostic or treatment information?

Listen to Physiotherapy Specialist Dr Ben Darlow answer these questions and more in the latest Physiotherapy New Zealand sponsored webinar, free to all PNZ members.

This webinar also features a second part where Dr Darlow takes viewers through a typical physical examination he would use with patients in daily clinical practice.

To access the webinar, login to the PNZ member website, select the 'CPD & Practice' link, then 'webinars'.

PNZ members interested in this webinar may also be interested in the following webinars provided by the Wellington Branch of PNZ (also provided free to all members).

- Assessment of low back pain – The back doctor
- A night with two specialists

PNZ members can look forward to more Physiotherapy New Zealand webinars coming soon!

Dr Ben Darlow examining a patient in the 'Best practice in the assessment of low back pain' webinar.

Join us

Are you a registered physiotherapist interested in working in a supportive and friendly team?

We're looking for people committed to quality client-centred practice to join our expanding physiotherapy services across New Zealand.

As an APM Physiotherapist, the work is varied from hands-on treatment through to functional rehabilitation. You get to make a real difference in the lives of people as you assist them to work or independence.

Is this you?

We are looking for people with enthusiasm and passion for delivering amazing service.

Our physiotherapists enjoy working as part of a team, so we're looking for people who can build strong relationships with excellent communication skills (written and verbal).

About APM

APM is a growing health and employment services company with more than 5,500 employees in 10 countries.

Every year we support more than 350,000 people to improve their lives.

Why join us?

At APM our mission is to create positive change and enable better lives. In our team you receive:

- Competitive remuneration package (base salary of $60,000 to $90,000 based on experience)
- Company vehicle for work and some personal use
- Smartphone and laptop

You also gain:

- Generous CPD budget and regular training
- Opportunities to build your clinical expertise across various services
- Scope to progress a clinical career
- Reimbursement of APC and Professional Membership (PNZ)

Essential requirements:

- Relevant tertiary qualification (BHSc Phty, BPhty)
- Current registration with your professional body (PNZ) or ability to apply for this
- Minimum of 2 years' clinical experience
- A full NZ/Australian Driver's Licence
- Intermediate to advanced computer skills
- Experience in community rehabilitation is preferred including: Musculoskeletal, Vocational Rehabilitation, Training for Independence, Concussion, Pain Management services.

Apply today

Send your CV and cover letter to vacancies@apmworkcare.co.nz or visit www.apm-nz.co.nz/jobs to see our latest vacancies.

25 YEARS APM enabling better lives

APM Workcare

DISTANCELEARNING

POSTGRADUATE

University of Otago

Musculoskeletal and Pain Management

Pain is one of the most common reasons for people to see a health professional. It is a main feature of many health conditions, and the impact of pain on peoples lives is broad and invasive.

If you have ever wondered why pain is so complex, or how to help people manage their pain more effectively, the postgraduate papers in Pain and Pain Management available via distance learning will provide you with a good foundation for practice.

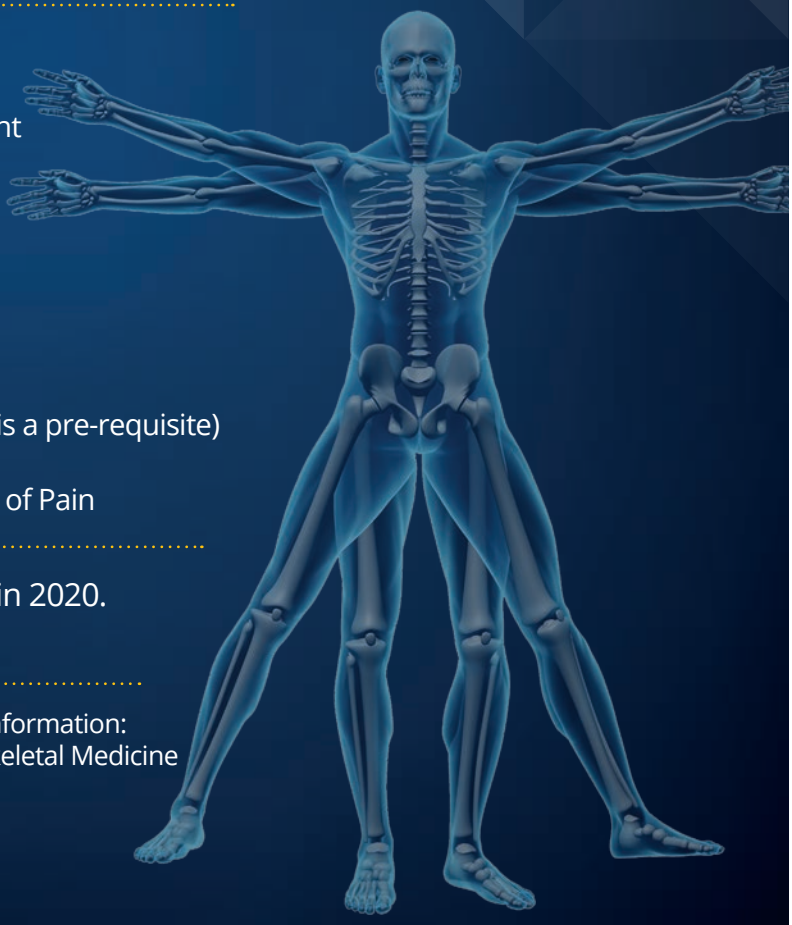
Postgraduate qualifications of interest to Physiotherapists:

The PG Certificate/Diploma/Masters in Health Sciences
endorsed in Musculoskeletal Management

The PG Certificate/Diploma/Masters in Health Sciences
endorsed in Pain and Pain Management

Some of the topics covered include:

- MSME 704 Introduction to Pain
- MSME 708 Introduction to Pain Management
- MSME 705 Regional Disorders (Spine)
- MSME 706 Regional Disorders (Limbs)
- MSME 707 Musculoskeletal Management
- MSME 711 Pain Assessment
- MSME 710 Recreational and Sports Injuries
- MSME 702 Musculoskeletal Tissues
- MSME 703 Musculoskeletal Disorders
- PAIN 701 Neurobiology of Pain (MSME 704 is a pre-requisite)
- PAIN 702 Biomedical Management of Pain
- PAIN 703 Psychosocial and Cultural aspects of Pain



Applications now being accepted for study in 2020.
Closing date 10 December 2019.

Contact the Programme Administrator for further information:
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University of Otago, Christchurch
Tel: +64 3 364 0469
Email: msmandpainstudies.uoc@otago.ac.nz
Web: otago.ac.nz/msm-pain-management

Our programmes are endorsed by the International Association for the Study of Pain

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