PHYSIO MATTERS

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FEATURE:

Mauri tū mauri ora

Working to improve health outcomes for Māori

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PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa

AUGUST 2021

Editorial and Advertising

- Send editorial items and advertising to the Editor, erica.george@physiotherapy.org.nz
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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

Oct 2021 – 20 Aug / **Dec 2021** – 20 Oct
Feb 2022 – 17 Dec / **Apr 2022** – 20 Feb
Jun 2022 – 20 Apr / **Aug 2022** – 20 Jun

PRESIDENT'S COLUMN

Focused on delivery

Our new Strategic Plan

BEN HINCHCLIFF

I am pleased to confirm that PNZ's new strategic plan for the next four years and beyond has been approved by the Executive.

Our new strategic plan provides a road map for us to implement changes that will support physiotherapists to deliver improved outcomes for all of Aotearoa New Zealand. You can read the new strategy on page 14.

To ensure this is an organisation-wide strategy for our united PNZ, our new strategy is the result of input from our members, surveys, Leadership Days, communication with other international physiotherapy associations, external stakeholder discussions and PNZ Office. While we have developed a comprehensive strategy, we will be regularly looking at the results and modifying this if required. We continue to encourage input from our members on how we can deliver the best for you. Our new PNZ Strategy 2021–2025 will set us apart from how we operated as separate groups to now working as a united team focused on deliverables.

We have developed an ambitious plan for our volunteers and PNZ Office staff to implement. We could not achieve all that we have so far without the many volunteers that help every day to ensure that New Zealand physiotherapists are supported and able to perform at the top of their scope.

As physiotherapists, we have a passion for our occupation. We do our best to serve our patients. As PNZ is working to support you, we also have a passion to ensure that our society is strong and efficacious.

World Physiotherapy Day is coming up next month on 8 September, with this year's focus being on rehabilitation after COVID-19. World Physiotherapy Day is a great opportunity for physiotherapists from all over the world to raise awareness and recognise the crucial work that we do for our patients and community. You can read Cardio-Respiratory SIG's contribution to this year's theme on page 20 of this issue.

The 2021 PNZ Annual General Meeting will be held at the conclusion of Business Symposium Hāpai on 5 November. It will be held both online and at the Auckland Vodafone Events Centre in Auckland and we hope to see you there. Members will vote for PNZ Executive vacancies leading up to the AGM and this year there is one position to be filled. Nominations for this vacancy will open early this month, and I encourage you to consider contributing to the leadership of PNZ.

Please continue to email me at president@physiotherapy.org.nz with any great brief ideas of treatment to use in this column. The following came from Daniel Harvey from Occ Health SIG:

There has been a recently published study into workplace vocational rehabilitation of heavy type work roles set in Northland. The authors (Christopherson et al., 2020) found building trust, encouraging self-management strategies and helping to set positive expectations with the employer, injured worker and funders is imperative to a successful full return to work:

"Based upon the findings of the study, employers can begin to assess the strengths and weaknesses of their company in terms of providing a work-supportive environment for an injured worker … Healthcare or vocational rehabilitation providers should be aware that the worker's own confidence or expectancies about returning to work influence their return-to-work. Past experiences in the work-place including workplace culture is likely to affect this."

Clearly a client centred and collaborative approach within a biopsychosocial framework is the model of care we as physiotherapists should be striving for.

And finally, I leave you with the following quote from Michael LeBeouf: "A satisfied customer is the best business strategy of all".

Ngā mihi nui
Ben Hinchcliff
President

PNZ OFFICE

Tē tōia, tē haumatia

Laying down the groundwork

SANDRA KIRBY

Tena koutou katoa.

July marked the start of our new financial year. As many of you in business know well, for day-to-day business the difference between the last financial year and the new one is not much — but winding up the past year, completing audits and setting up for the new year creates a lot of work for the back office. We will be presenting the results from the 2020/21 financial year at the PNZ AGM on 5 November. We look forward to reporting to our members.

As part of our advocacy to have physiotherapy funded in primary and community health we, as part of Allied Health Aotearoa New Zealand (AHANZ), contributed to the 'Hidden in Plain Sight: Optimising the allied health professions for better, more sustainable integrated care' report from NZIER. This report very much builds from our earlier report on cost utility analysis for physiotherapy. The findings recommend a greater role in the public health system for the more than 30,000 allied health professionals who make up the country's second largest clinical workforce. Physiotherapists are a significant group within the allied health sector. Our message is that public funding of physiotherapists in primary and community care could support the government aims of improved health outcomes and better health equity. Physiotherapy would add significant, cost-effective benefits in a range of areas including, but not limited to; people living with long term conditions and complex multi-morbidity, people living with chronic pain, low back pain, osteoarthritis, neurological conditions managed in primary care and older adults with functional decline.

PNZ supported the Taupuni Hao Huatau Kaikōiwi Osteoarthritis Basecamp in July — a forerunner for the November summit. The aim was to gather researchers and practitioners to agree on priorities for both the New Zealand health system treatment for osteoarthritis and also for research. There is a strong cross-over between this work and our wider advocacy on improving the position of physiotherapy in primary health.

Our membership at the end of the financial year, which is the level of membership recorded for World Physiotherapy, was 4,110 (excluding our students). This is almost 10 per cent higher than the previous year, and continues the growth trajectory over the past five years. We anticipate this also reflects the larger number of physiotherapists holding an APC, recorded by the Physiotherapy Board of New Zealand. Around 70 per cent of all physiotherapists registered with the Physiotherapy Board are members of PNZ. The challenge we have is to ensure we deliver membership value to every member.

Over the next few months PNZ will be reviewing membership subscriptions. PNZ membership fees have been unchanged since 2014, although the cost of living has increased by almost 10 per cent in that time, according to the Reserve Bank of New Zealand. With unification we signaled the review would also cover the subscriptions for SIGs.

I remain very proud to lead the dedicated team behind the scenes at PNZ Office. The staff work hard to support the strategic plan set by the PNZ Executive for the benefit of our members. Our ongoing challenge is to prioritise what we can do effectively. There is a whakataukī (proverb); 'Tē tōia, tē haumatia'. The English translation is: 'Nothing can be achieved without a plan, workforce and a way of doing things'. This whakataukī speaks to the importance of having a strategy and a reminder of the need to prioritise and not spread ourselves too thin. Very wise words indeed.

Ngā mihi
Sandra Kirby
Chief Executive

Mauri tū mauri ora

Working to improve health outcomes for Māori

***Left to right:** Emma Webb & Katrina Bryant*

From government down, initiatives to address health inequities for Māori are gaining traction. Esther Bullen talks to PNZ members Emma Webb and Katrina Pōtiki Bryant about their work towards improving health outcomes for Māori.

In unveiling its health reforms in April, the government highlighted how the health and disability system has failed Māori: life expectancy for Māori is seven years less than for Pākehā and twice as many Māori deaths are potentially avoidable. The government is setting the standard for Māori healthcare going forward, with the introduction of an autonomous Māori Health Authority to "improve services to Māori and achieve equitable health outcomes".

Within physiotherapy, initiatives are also underway to address health disparities. The Physiotherapy Board of New Zealand is proposing to add a standard on Māori cultural safety and competence (see sidebar for details); and PNZ is supporting members to deliver culturally safe services, as set out in its new Strategy Plan for 2021 and beyond. Among PNZ members there's action too, including the work of Emma Webb and Katrina Pōtiki Bryant, among others.

Doing the mahi to create change: Emma Webb

As a Māori growing up in the Far North, physiotherapist Emma Webb (Ngāpuhi) says visiting the local hospital was an alienating experience: "It was intimidating and quite scary, with the big white walls and the formal public health messaging. Nothing resonated with me to say, this is your place too, young girl from Hokianga."

Today, Emma is helping change that. In 2018, she joined TBI Health in Palmerston North as the first in-house Māori Health Advisor to make services more accessible to Māori. The mahi is being championed by management: the company has a Māori health strategy and the number of Māori staff has doubled since Emma was employed — from three to six, including another Māori health advisor.

With a Bachelor of Physiotherapy and a Postgraduate Diploma in Health Science (Māori Health), Emma is well-qualified for the job but also has fire in her belly to make lasting changes. "As a Māori physiotherapist, I felt that with my point of view and my personality, I was called to do more than treating people in a clinic. I'm interested in changing policy, changing how programmes are run and, hopefully, improving statistics for Māori."

One of Emma's goals is to make her workplace "look and feel like me and my values as a Māori". "If you imagine going to the marae, the whole process is hospitable and welcoming. Although a marae is not a clinic, it encapsulates the Māori worldview of inclusion, manaakitanga and mihimihi that is missing in a clinic waiting room. I think that's a huge influence in access to care for Māori."

It's not only Māori who will benefit from these changes, believes Emma. "In health, there is never going to be a one-size-fits-all solution. There will always be people who want the Western approach to medicine, and who thrive on a clinical setting and brief encounter. But if we bring some Māori values into the healthcare system, it's going to make it more palatable for many non-Māori as well."

Already, Emma has been involved in a number of significant projects for TBI Health, including securing a District Health Board contract for a Mobility Action Programme (MAP) in partnership with the Porirua Union and Community Health Services, near Wellington.

By partnering with an existing health service, a local person who is already known and engaged with the community will lead the programme in a familiar setting that reflects the predominately Māori and Pacific Island population. Advertising for the programme has been thoughtfully designed to resonate with the local community. "The clinic is going to look and feel like Porirua, rather than like TBI Health. To me, that's a win because it reflects the community," says Emma.

"If you imagine going to the marae, the whole process is hospitable and welcoming. Although a marae is not a clinic, it encapsulates the Māori worldview of inclusion, manaakitanga and mihimihi that is missing in a clinic waiting room. I think that's a huge influence in access to care for Māori."

Another project is a TBI-sponsored physiotherapy assessment clinic in Otaki — there is no charge for initial triage process, and clients are given a plan for their injury or pain. The clinic is based at Te Wānanga o Raukawa, regarded as the heart of the Otaki community. For Emma, it's an example of TBI Health fulfilling its duty as a Tiriti o Waitangi partner, delivering equity by giving more resources to people who need them.

Again, getting the right person for the job is critical to its success: "For a community-based role like this, you need to be flexible and think outside the square," says Emma, who currently staffs the clinic. "If I was a detail-orientated person who was strict on timeframes and booking processes, I would have far more conflict."

> "Once we create a critical mass of healthcare workers with knowledge of te ao Māori, then we can shift the dial and create a workforce that is less of a barrier to Māori."

Across all its treatment pathways, TBI Health also offers Hauora Connect. This programme, which encompasses the Māori model of health, te whare tapa whā, focuses on delivering treatment that is holistic and culturally appropriate. Part of that is the ability to refer clients to traditional Māori healing, such as rongoā Māori (Māori medicine) and mirimiri (hands-on body work).

As if her work at TBI Health wasn't ambitious enough, in her spare time, Emma is the engine behind Studio Atawhai, a business she set up while on maternity leave with her second child. Through Studio Atawhai, Emma delivers Māori cultural safety training via webinars to health professionals. The teachings, which include the history of Te Tiriti o Waitangi and He Whakaputanga (Declaration of Independence), are based on her journey as a physiotherapist and experiences with Māori clients.

"I hope to raise the consciousness of healthcare workers in New Zealand so that they're aware of the racism in the institutions and structures of healthcare, but also help them personally in their one-on-one interactions with Māori clients," says Emma. "Once we create a critical mass of healthcare workers with knowledge of te ao Māori, then we can shift the dial and create a workforce that is less of a barrier to Māori."

Her advice to physiotherapists starting their te ao Māori journey is to enrol in cultural safety training and te reo Māori, as by learning the language, you'll learn the culture too. And then, reach out to local Māori healthcare providers and ask to link with their services.

For the ultimate solution in healthcare for Māori, Emma would like traditional Māori healthcare to sit alongside a mainstream system that offers the best from both worlds: "A true co-design would be using the technology from our mainstream healthcare services and from our Māori healthcare and te ao Māori, and building a new waka," she says.

Leading kaupapa Māori research: Katrina Pōtiki Bryant

A few years ago, Te Rūnanga o Ōtākou iwi leader Edward Ellison asked Katrina Pōtiki Bryant what physiotherapists were doing in the falls prevention space for Māori. His question planted a seed, which today has taken root, with Katrina immersed in researching and implementing a national falls prevention strategy for aging Māori.

Falls are a leading cause of injury for Māori, with far greater health ramifications than for non-Māori. And while falls prevention and rehabilitation services exist, such as Steady as You Go (SAYGo) and the world renowned Otago Exercise Programme, Katrina says these are not being delivered in a way that engage Māori, with less than 5 per cent of participants identifying as Māori.

"Our major aim is to have a positive impact in our communities, so that our kaumātua are accessing services, and feel stronger and healthier, more confident to get out and about, and can be independent and engaged in their whānau," she says.

Katrina has many strings to her bow: she has 28 years' experience as a physiotherapist and owns her own practice, The Biomechanic, in Dunedin, and she is a lecturer at the University of Otago's School of Physiotherapy. For this research, however, she is working for her tribal council, Te Rūnanga o Ōtākou, on the Otago Peninsula in Dunedin, and that's significant:

"The whole point of this research is that it's based on the understanding that Māori organisations are the experts of their people, and so they should conduct the research and own it," says Katrina.

Another important aspect is that the work uses kaupapa Māori research methodologies, whereby the end goal is making change. "Because the research is owned by the people, they have the power to use the research in a way that will have a positive impact, rather than perpetuating negative perspectives without doing anything about it."

Katrina's work began with an 18-month study, funded by the Health Research Council of New Zealand (HRC), which resulted in Taurite Tū, a template that sets out how to develop a physiotherapy-based falls prevention exercise programme for Māori and assess its impact for participants.

Based at Te Rūnanga o Ōtākou, the study was guided by local kaumātua, ensuring a programme that would be the right fit for the community. The result was an exercise programme using rākau, poi, waiata and traditional Māori games, but also incorporating te reo and whakawhanaungatanga — a social component, with shared kai and invited guests to talk about other aspects of health.

"We don't just turn up to deliver exercise for an hour," says Katrina. "Because we're whānau, we care about our people at another level. We're more of a wrap-around care service for them. So, we don't talk about it as falls prevention but as a wellness programme."

She had hoped for 30 participants, but 50 people joined the three-month programme. The result was improvements in participants' leg strength, balance and walking speed. But the most significant achievement was a retention rate of 95 per cent.

Having built capacity to conduct research and proven its ability, Te Rūnanga o Ōtākou this year beat off universities

and other research institutions to receive funding from the Accident Compensation Corporation (ACC), HRC and the Ageing Well National Science Challenge to extend the programme using the Taurite Tū template.

Six other Māori organisations around Aotearoa New Zealand will use the template to develop a programme that reflects their rūnanga and assess the programme's outcomes with support from local researchers. "ACC knows that there's no cookie cutter solution. Our research has also identified that each area needs to make the template their own for it to be successful."

Each programme will have an overseeing physiotherapist, and Katrina hopes this will support Māori physiotherapists to incorporate kaupapa Māori into their practice: "Many Māori physiotherapists who graduate ask me how they can work in a Māori way within their community. It's great to be able to offer Taurite Tū, so they can directly apply a Māori physiotherapy programme. It's really exciting in that respect."

For physiotherapy to be successful for Māori, Katrina says Māori need to be able to deliver Māori solutions for Māori: "We need to support our Māori physiotherapists to practise in a Māori way, and trust that this is one major step towards providing relevant physiotherapy services to our Māori communities."

"We need to support our Māori physiotherapists to practise in a Māori way, and trust that this is one major step towards providing relevant physiotherapy services to our Māori communities."

The proposed He kawa whakaruruhau ā matatau Māori: Māori cultural safety and competence Standard

Physiotherapy Board of New Zealand's Professional Advisor Maarama Davis on the proposed new Standard.

There are many functions of the Physiotherapy Board of New Zealand, as a responsible authority. Receiving applications for registration and Annual Practising Certificates (APCs) is one of the functions the Physiotherapy Board has under the Health Practitioners Competence Assurance (HPCA) Act. As we all know, a physiotherapist must be registered and hold an APC to be able to provide physiotherapy services.

The Physiotherapy Board's role is to protect public health and safety by ensuring physiotherapists are safe, competent, and fit to practise, through various functions and mechanisms in the HPCA Act.

One of these mechanisms is setting standards of clinical competence, cultural competence and ethical conduct which must be observed (mandatory).

From 2012 onwards, one of the Physiotherapy Board's strategic priorities is promoting health equity for Māori, and part of that is strengthening the relationships with Tae Ora Tinana and Physiotherapy New Zealand (PNZ). There have been other initiatives, such as scholarships, which promote Māori clinical leaders' training courses through Ngā Manukura ō Āpōpō.

The Physiotherapy Board aims to be authentic with embedding Te Tiriti o Waitangi's three articles, as well as principles for Māori cultural competence and safety into the statutory framework.

A current example of this is the proposed new Standard; He kawa whakaruruhau ā matatau Māori (Māori cultural competence and safety standard). As part of the process there was a robust consultation with the physiotherapy profession, other responsible authorities, stakeholders and communities.

The proposed Standard determines the required competence of a physiotherapist delivering services as well as ngā kiritaki hauora (health consumer) Māori cultural safety. If the proposed Standard is approved by the Physiotherapy Board, there will be development of appropriate resources such as webinars, links to materials and training to be made available. Again, this is in the proposal stage and the introduction will require guidance from within the secretariat of the Physiotherapy Board, alongside our professional associations such as PNZ, Tae Ora Tinana and the accredited training institutions.

We will keep you informed on the Physiotherapy Board's decision on this Standard and any next steps.

Upfront and upright

Managing lumbar lateral shifts

DR BEN DARLOW

This month Physiotherapy Specialist Dr Ben Darlow discusses the principals of recognising and managing lumbar lateral shifts.

Robin McKenzie wrote about identifying and managing lumbar lateral shifts in a 1972 New Zealand Medical Journal article. McKenzie described these as temporary phenomena that are worse with standing and walking and better when lying down. He stressed the importance of recognising these shifts due to their role in symptom generation.

I attended McKenzie courses in the 1990s taught by the leading physiotherapists Graeme Nuttridge and Grant Watson (with guest appearances from McKenzie) and still remember the key recommendations made for managing lumbar lateral shifts:

1. Lateral shifts need to be addressed before restoring other movements.
2. Lateral shifts are loaded phenomena, so ideally need to be treated in a loaded position (i.e. in standing).
3. The goal is not just to enable the person to cross the midline with their shoulders, but also to recommence weight bearing through the leg they have shifted away from.

Two patients with persistent lumbar pain recently referred to me by experienced physiotherapists brought lateral shifts back into my focus.

When I was taught about shifts, McKenzie's hypothesis was that these were due to an internal derangement of the posterolateral portion of the intervertebral disc, causing the vertebra above to rotate and laterally flex, carrying the trunk with it (please note, this disc model is no longer taught on McKenzie courses). Manual correction was assumed to 'reduce' this derangement by applying pressure to the lateral disc. To manually correct a shift, the patient was asked to put their flexed elbow against their ribcage while the therapist placed their shoulder against the patient's elbow and hands around the patient's opposite iliac crest. The therapist then pushed their shoulder against the patient's elbow while pulling the patient's pelvis toward them. Patients were taught to replicate this at home by leaning against a wall and pushing their hips into the wall. My experience was that this often worked well, but could be very uncomfortable initially and there could be considerable resistance. McKenzie noted that there may be resistance and that it was important for the patient to relax and let go.

There is little research evidence in relation to lateral shifts, with most looking at associations between disc herniation and shifts (no clear association), the reliability of assessment (inadequate), or case reports of management.

In the cases I was referred, MRI scans had not shown any posterolaterally focused disc change. Another way of looking at a lumbar lateral shift is a postural adaption secondary to (subconscious) perceived danger in loading the contralateral side. If this were the case, pushing the person towards this danger may not be the most efficient approach. Rather, explanation and reassurance followed by progressive exposure may reduce the threat and allow increased loading. Consistent with my early training, I kept these people upright throughout the consultation, prioritising loaded management over comprehensive examination. Instead of manual correction, I asked them to consciously relax their quadratuus lumborum and oblique abdominals on the side to which they were shifted, then gradually increase the load on the off-loaded leg and progressively move their (horizontal) shoulders across their pelvis (with manual facilitation and instruction to use minimal effort). This was painful initially (but not excessively so) and improved with repetition. Following this, their flexion and extension movements were considerably better. I hypothesise that this active approach may reduce some of the resistance I have previously felt with manual correction, potentially allowing

this to be less painful. This may also produce experiential learning as the person tests what happens as they load the painful side, improving their confidence and self-efficacy while reducing guarding. I asked them to repeat this regularly during the day and consciously maintain their weight on their previously off-loaded limb and their shoulders over their pelvis.

Although Case A had been diagnosed with idiopathic scoliosis by an orthopaedic surgeon, this seemed unlikely given the lack of compensation elsewhere in the spine to keep the head on top of the pelvis and the lack of evidence of deformity prior to the onset of pain. The maintenance of these people's shifts, despite fluctuating symptoms, would suggest that shifts may not always automatically resolve as pain settles and may contribute to persistent problems. There is little research evidence regarding the natural history of shifts, but a small exploratory study found that shifts could remain for more than three months and that the ongoing presence of shifts did not correlate with disability. This study found that shifts were more likely to reduce with McKenzie therapy, but acknowledged considerable limitations in their data. Maintaining a shift requires a lot more muscle effort than being upright. Both of these people felt worse with increased axial load and better when off-loaded. Given both had recurrent, severe, flares of pain associated with considerable muscle spasm, I hypothesise that in these cases the increased resting muscle tone and fear of recurrences primed the system to respond to new threat with increased protective contraction, resulting in their experience of disabling spasms.

Both of these patients felt considerably better on review (five weeks later in Case A and two weeks later in Case B). The key difference being much more confidence to move and less concern regarding flares; this had enabled them to be more active than previously. One patient's shift had resolved, but the other required additional proprioceptive retraining to relearn where neutral was.

Our understanding of what may contribute to a lateral shift may have evolved since the 1980s and 1990s, but the key tenets of recognising and managing these early and upright has not changed.

References available on request by emailing erica.george@physiotherapy.org.nz

Presentation A — 50 year old male executive (presented April 2021)

History

- Felt a crunch as lowering a 70kg deadlift in April 2019 causing sudden incapacitating low back pain. Soon after it was noted that his shoulders were to the right of his pelvis. Ongoing pain with incapacitating flares and significant spasm. Unable to return to lifting overhead, running, or snowboarding.
- Difficulty with sudden movements, 'compressive' load (such as shoulder press), prolonged standing, and arising from prolonged sitting. Better with 'traction' activities (such as pull ups) and lying supine.
- Health care included GP, two physiotherapists, sports physician, and orthopaedic surgeon who diagnosed idiopathic scoliosis. Physiotherapy included education, flexion stretches for pain control, hip and lumbar stretches and strengthening.
- Received a lumbar X-ray (mild lumbar scoliosis), lumbar spine and pelvis X-ray (no spondylosis nor pelvic abnormality), MRI (small broad-based disc bulges at L3/4, L4/5, L5/S1 with no neural impingement), and a CT guided L4/5 posterior epidural space corticosteroid injection (no benefit), a bone scan (mildly increased activity L4-5 and superior S1 endplates), and a full spine X-ray (mild thoracolumbar scoliosis, Cobb angle 14.8°).
- Oswestry Disability Index 16/100 (mild impairment), Numeric Pain Rating Scale 36/100, Numeric Disability Rating Scale 52/100. High level of concern about harming back through physical activity, f return to normal activity.

Examination

- Moderate right lateral shift with reduced weight bearing left leg. No scoliosis compensation to keep head in line with pelvis.
- Flexion was slow, cautious, limited to half range by pain.
- Extension limited to one quarter range by pain.
- Left side flexion extremely limited. Right side flexion limited to two thirds range.

Presentation B — 33 year old female salesperson (presented May 2021)

History

- Slipped while gardening in October 2020 and hyper-rotated spine causing incapacitating low back pain. Ongoing pain and severe flares with significant spasms lasting up to 3 weeks. Unable to return to netball or running.
- Significant difficulty with bending, getting on/off floor, prolonged walking, running, remaining in one position (especially sitting), and interference with sleep. Better with gentle movement and lying with legs on a Swiss ball.
- Health care included Accident and Emergency, two physiotherapists, and a sports physician. Initial physiotherapy included dry needling (this did not help). Subsequent physiotherapy included rotation stretches (provided temporary relief and improved sleep that night) and lumbar manipulation (flared pain significantly).
- Received and x-ray (reduced L4/5 and L5/S1 disc space) and an MRI (broad-based L4/5 disc bulge with no neural impingement).
- Concerned about 'fully stuffing' back and impact on ability to work, play sport, contribute to home renovations. Thought disc looked 'crushed' on MRI, assumed this happened when slipped.
- Oswestry Disability Index 42/100 (severe impairment), Numeric Pain Rating Scale 61/100, Numeric Disability Rating Scale 55/100.

Examination

- Mild left lateral shift with reduced weight bearing right leg.
- Flexion slow, cautious, limited to one third range by pain.
- Extension was limited to less than one quarter range by pain.
- Left and right side flexion moderately limited.

ADVOCACY

Strength in numbers

Using our voice to amplify yours

PNZ OFFICE

Advocacy on behalf of members has been and continues to be a priority for PNZ.

We know this is important to members and are committed to raising the profile of physiotherapy as well as the visibility of our advocacy work. A summary of our current advocacy is below, with more detail available at pnz.org.nz.

ACC

Regular monthly meetings with ACC Clinical Partner and other staff relevant to specific issues including; new Allied Health Contract, Pain Management Services Contract and Assisted Recovery. Prior to the new Allied Health Contract application close off July 8th lots of member queries and questions. Any questions to ACC were uploaded to GETS. Assisted Recovery service continues to prompt member feedback. ACC asks members to provide feedback and case examples on this issue to inform possible solutions. Thank you to those members who have taken the time to provide case examples.

Osteoarthritis Basecamp 2021

PNZ presence at Taupuni Hao Huatau Kaikōiwi Osteoarthritis Basecamp held in Auckland on 10 July. Focused on improving the management and treatment of Osteoarthritis in Aotearoa New Zealand, local and international experts produced recommendations which will be put to government ministers, health funders and policy makers in November.

Hidden in Plain Sight

Allied Health Aotearoa New Zealand commissioned NZIER to examine the evidence and identify the critical changes that are key to designing a system with fully integrated allied health services aligned with the objectives of the health and disability system reforms. Launch of the report by Rt Honourable Andrew Little now postponed to later in 2021 due to June COVID-19 Alert Level change in Wellington.

Ministry of Health

Addressing working across COVID-19 Alert Levels and updating the definition of urgent care for all COVID Alert Levels. Risk matrix developed to guide physiotherapists' decision making regarding who to see at Alert Level 3.

Outcomes Framework

PNZ business case in development looking to implement a framework for members to report data and information to boost the profile of the profession with key stakeholders presented to PNZ Executive for consideration of next steps.

Physiotherapy New Zealand Strategy 2021 - 2025

To achieve our purpose of *supporting physiotherapists to lead improved health outcomes for Aotearoa*, our strategic plan has five initiatives:

- Supporting equity for Māori
- Leading voice in healthcare
- Optimally skilled physiotherapists
- A healthy PNZ
- Engaged and connected members

Our Strategic Initiatives

Supporting equity for Māori

Tae Ora Tinana equitable and respected partner in PNZ (a double hulled waka)

Cultural Safety embedded in PNZ and Tae Ora Tinana relationship

PNZ members are supported to deliver culturally safe services

Physiotherapy achieved primary health funding; focus improved access for Māori

Leading voice in healthcare

The contribution of physiotherapy to achieving health gains is recognised

Data and information supports our advocacy

PNZ is recognised as the voice of physiotherapy by key stakeholders

Physiotherapists working at top of scope in tier one services and recognised as key contributor to health gains

Raise the profile of physiotherapy among the public and stakeholders

Supporting Branches and SIGs develop and implement advocacy programmes

Transdisciplinary health leaders

Global networks

Optimally skilled physiotherapists

PNZ provides CPD quality assurance and endorsement process for members

Professional advice & support valuable and well used member resource

Career framework in train from new grad through to expert physiotherapists

Award programmes recognise physios

Physiotherapy research in New Zealand contributes to value of physiotherapy

A healthy PNZ

Increased Revenue

Increase value of insurance programme

PNZ Governance is strong

PNZ Exec, office staff and members have confidence in PNZ direction

PNZ Office is a desirable place to work

Engaged & connected members

Increase membership numbers

Successful national events

Clear and consistent member communication

Engagement across the membership

Operate as a unified organisation

OF SPECIAL INTEREST

Physios as vaccinators

An integral part of the COVID-19 workforce

SHARON RUSSELL

Associate Director of Allied Health Scientific and Technical Professions and Professional and Clinical Leader Physiotherapy at the Waitematā District Health Board (DHB) Sharon Russell discusses the important role allied health providers have played in the roll out of the vaccination programme and ongoing workforce.

On 11 March 2020, the World Health Organisation (WHO) officially declared COVID-19 as a global pandemic. Aotearoa New Zealand went into its first lockdown two weeks later on 25 March and, less than a year later, a vaccine was introduced.

The vaccination programme went live on 20 February 2021, initially targeting border and managed isolation/quarantine (MIQ) workers and their households. Metro-Auckland DHBs opened staff vaccination clinics on 29 March 2021 for frontline DHB personnel. Following the introduction of the vaccine, the Ministry of Health, alongside relevant professional bodies, advocated for a selection of allied health, scientific and technical (AHST) professions to become eligible to join the vaccination workforce.

Agreement to include AHST in the vaccination workforce, under either a current or extended scope of practice following appropriate training, was identified as critical to enhance the ability to meet the government targets for provision of COVID-19 vaccinations and to protect the people of Aotearoa New Zealand.

Approved AHST professions, including occupational therapists, paramedics and physiotherapists initially joined anaesthetic technicians and pharmacists as frontline vaccinators — however, a number of additional AHST professions lobbied their professional bodies to be included in the workforce. At the time of writing, 20 AHST professions have gained approval to be eligible to undertake the Immunisation Advisory Centre (IMAC) training to become COVID-19 vaccinators and the number continues to grow. Alongside the professions above, others include dietitians, speech language therapists, optometrists, oral health and dental therapists, medical laboratory scientists, medical imaging technologists and more who continue to challenge the perception of the traditional vaccination workforce to support the nation to meet the needs of our communities and whānau.

At Waitematā DHB, the AHST professions account for 24 per cent of the workforce and comprise of 43 professions. The collective group has considerable breadth of scope and significant potential to meet the needs of our communities. This workforce was encouraged to support the national vaccination campaign and came together to support our DHB whānau and the wider community — working alongside our nursing and medical colleagues to provide an interdisciplinary COVID-19 vaccination workforce.

The required provisional and specific COVID-19 vaccinator training has been completed by all new vaccinators. The training programme continues to be offered to approved AHST professionals, working internally and externally to the DHB, who respond to our expression of interest. At the time of writing, we have over 50 AHST vaccinators working within the vaccination workforce. This figure continues to grow as more professions respond to the call to join the vaccination response.

Here's what some of the allied health scientific and technical vaccinators have to say about the experience so far.

Why did you want to participate in the vaccination campaign?

"Quite simply, I wanted to help. I have an immunocompromised child, so I'm passionate about vaccinating to help protect those who can't be protected. I want to ensure the ICUs are not overrun when we do relax our borders further and I want to see my grandparents in the UK. Also, I sit with patients all day as a physiotherapist/hand therapist and I wanted to make sure I could have a solid, evidence-based conversation with any patients who are on the fence or anti-vaccinators." (Laura; physiotherapist)

How did you find the training?

"I think the training took a lot more time than any of us expected. The Provisional Vaccinator Certification allows me to provide influenza and MMR vaccinations (to over three-year-olds) so there was a lot if theoretical learning

about communicable diseases, the immune system, how vaccines work and what to do in an emergency. The COVID-19 vaccine training was an additional module and there was practical training on top of the theory learning. Overall, it gave me a solid foundation of knowledge and practice and the confidence to know I could be working safely." (Gloria; physiotherapist).

What is it like being a vaccinator?

"I love it. You meet great people, have great conversations and the majority of the population is so incredibly grateful. The vaccinator team is amazing, I have made some great friends there and the multidisciplinary team is amazing." (Laura; physiotherapist).

Do you have any advice for other allied health scientific and technical staff (AHST) who are thinking about doing the training and getting involved?

"As a physiotherapist, we usually work with people who are trying to recover from illness or injury. Working as a vaccinator is an opportunity to be working in a health promotion and illness prevention space which has been a real privilege. The energy in the vaccination clinics has been so positive. It has been a real career highlight to be part of this." (Gloria; physiotherapist)

"My advice to allied health staff is to take the plunge and try being a vaccinator. Also, consider observing a few experienced vaccinators to learn the ropes and to gain confidence. I am now regularly vaccinating 14 to 15 people per hour and it feels good to be contributing." (Daniel; physiotherapist).

Back row left to right: *Sharon Russell, Associate Director Allied Health Scientific and Technical Professions; Gloria Paterson, Associate Professional Clinical Leader (physiotherapy); Ellen Hawke, Speech Language Therapist; Becca Hammond, Professional Clinical Leader (speech language therapy). Front row: Left to right: Jo Stewart, Clinical Centre Leader (occupational therapy); May Cheng, physiotherapist; Tamzin Brott, Chief Allied Health, Scientific Technical and Professions Officer/COVID-19 Executive Lead).*

Keeping you updated

ACC Dashboard and Cost of Treatment Regulations

ANTHEA CLEMENTS

Clinical Partner for the Accident Care and Compensation Corporation (ACC) Anthea Clements provides an update on the ACC Dashboard and Cost of Treatment Regulations review.

Kia ora PNZ members, and thank you for your warm welcome over the past few weeks. It's been good to meet with PNZ Office staff who have raised many topics on behalf of their members. Those of you who take note of ACC Provider Update will have seen that this is a very busy time for us at ACC. We have adopted a new way of progressing work within the organisation, which is showing itself in the form of lots of positive change and completion of many projects which have been in the pipeline for some time.

ACC Dashboard

It's August — time for the release of ACC's annual Physiotherapy Dashboard. ACC releases these feedback dashboards to all clinicians who have an ACC Provider number. This includes surgeons, general practitioners, chiropractors etc. Dashboards show clinicians where they sit on certain measures and statistics in relation to the national average for their profession. For physiotherapists, separate dashboards are created for contracted providers and those who bill under Cost of Treatment Regulations. This data is taken from the forms that you fill out such as ACC45s.

Dashboards collate information on your own service delivery as an individual provider. They show information on:

- your average number of treatments per claim
- your clients' age group mix
- your clients' most common injury sites
- your number of claims lodged this year
- ethnicity of your clients (European, Māori, Pacific, Asian, Other)
- your average cost of claim per treatment
- this cost as a percentage of your client's total claim cost
- other ACC service providers working with your clients' claims
- your clients' earner/non earner status
- where your client's injuries occurred (road, sport, work, other).

This collated data is, of course, just data. It does not take into account variables which may have been affecting you or your clinic at the time and should always be interpreted in your own context. You can compare your own data year-on-year, not only see how your data compares with other physiotherapists.

You may find the data useful to help understand more about your clients and clinic. Are there any surprises here for you? If so are there any implications for your own clinical practice? For example is the average ethnicity of your clients changing with time? If so what are the implications for cultural competencies? Is the spread of body sites that you treat as expected? If not can you see a CPD requirement here? The data may simply confirm a shift that you had suspicions about and give you the impetus to act on any changes you have in mind.

We do update the data fields in the dashboards from time to time. If you think any other information (that you already supply to us on an ACC form) would be useful for you, please let us know.

Cost of Treatment Regulations

About half of the physios who work with ACC bill via Cost of Treatment Regulations. These regulations form a part of the ACC legislation. ACC is legally bound to review these regulations every two years. The most recent review lead to the increase in rates for services provided

We have adopted a new way of progressing work within the organisation, which is showing itself in the form of lots of positive change and completion of many projects which have been in the pipeline for some time.

under the Regulations. Investigations are ongoing into the current grouping of clinicians included by the regulations. Some of you will have recently received a survey on your surcharges. This is part of our Cost of Treatment Regulations review, helping us to work on getting our funding levels right.

New ProviderHub

The Kapiti data centre has reached the end of its life. This presents ACC with the opportunity to group together several of our (currently fragmented) online services into one Provider Hub. We want the new platform to be as useful as possible for as many of our providers as possible. Work is well underway to understand your needs and design the best IT solution.

You can read the new online ProviderHub Quick Reference Guide in the news section of the PNZ website.

Thank you

We would like to say a huge thanks to all of the physiotherapists who have worked with us to share the data they have collected on client treatment outcomes over the years. This has been a great exercise for us on several levels. Not only did we find out about the progress of clients having physiotherapy, we also discovered and solved some technology challenges. We will keep in contact with you on 'what happened next' with the insights we have gained.

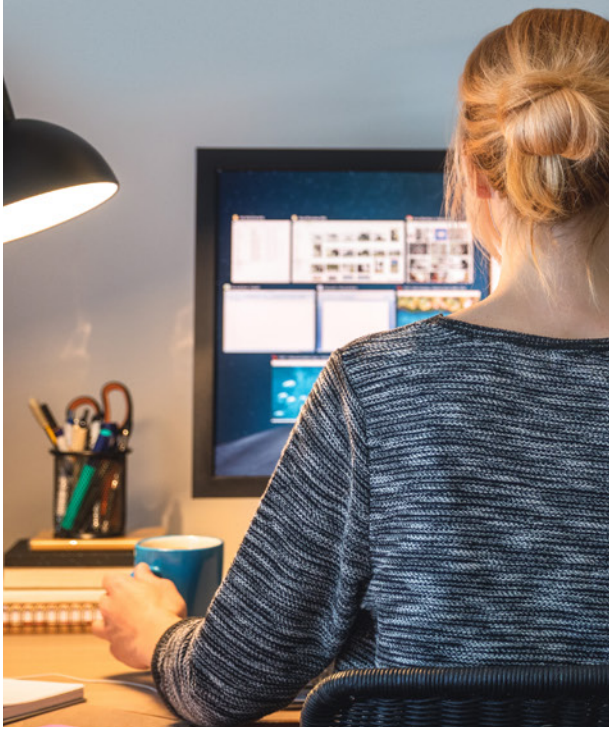
You can get in touch with Anthea at Anthea.Clements2@acc.co.nz

Make sure you're in the loop

If you are having trouble receiving emails from PNZ, it's possible that our mail is getting flagged as spam and either being deleted or sent to your junk/spam folder.

Make sure you're not missing out on the latest member information and advocacy news by adding our email address ***pnz@physiotherapy.org.nz*** to your safe senders list.

If you have any issues, visit your email provider support page for assistance.



WORLD PHYSIOTHERAPY DAY

Long COVID

Focus on rehabilitation

SCOTT PEIRCE

The focus for this year's World Physiotherapy Day on 8 September is rehabilitation and long COVID, and the role of physiotherapists in the treatment and management of people affected by long COVID. PNZ and Cardio-respiratory Special Interest Group member Scott Peirce discusses the research around long COVID and the vital role cardio-respiratory physiotherapists play in patient recovery.

COVID-19 started in December 2019, with cases of pneumonia in Wuhan, China, and has spread to most of the world now. COVID-19 is a pandemic which is in a third wave globally, with the current Delta variant causing further deaths and infections globally. While many people do recover fully from acute COVID-19 infection there is a proportion of people who suffer severe sickness and death (one to two per cent) and a further group who do not recover from the respiratory illness. Recent research indicates that around 10 per cent of people infected with COVID-19 go on to develop a condition that has been named 'long COVID' or 'post-COVID conditions'. This condition is poorly understood and can be severely disabling.

Is there a lack of belief or awareness of long COVID in New Zealand?

Through recent communications with members of the 'New Zealand COVID longhaulers' Facebook group, a common theme in New Zealand is a lack of awareness of the condition and a lack of belief that a condition exists. Through interactions with health professionals and general public the group has found that the common attitude is, "COVID-19 hasn't been a problem here, so long COVID isn't a problem". Echoing this sentiment, I recently had a GP registrar who was observing our clinic, and I started a conversation around long COVID. The GP had not heard of the condition, and furthermore, the GP registrar was surprised that physiotherapy assessment and management would be useful in the rehabilitation of these patients. Therefore, it is essential that patients and therapists are encouraged to educate fellow health practitioners and the public, and help to connect patients with online support groups and community around long COVID. Physiotherapy has further roles in support, education, and awareness of long COVID.

Prevalence of long COVID in New Zealand

To date, there has been no specific research of long COVID cases in New Zealand currently published, however there may be approximately 250 to 300 people suffering from long COVID in New Zealand. This number is supported somewhat by the 237 members of the aforementioned Facebook group and by Dr Anna Brooks (immunologist at the University of Auckland), which estimate the total to be more than 300 cases. It is clear however, this group of patients will grow locally and internationally, as COVID-19 case numbers increase.

Symptoms of long COVID

For patients with long COVID, symptoms can be diverse and episodic and can commonly include; fatigue and exhaustion, post exertional malaise, chest tightness and pain, shortness of breath, headache, sweats, brain fog and cognitive impairment. There is known involvement of COVID-19 and long COVID impacting through multiple body systems, including; cardiac, respiratory, renal, endocrine and neurological system, and this has implications for continued symptoms screening and clinical assessment through time. Care should therefore be taken when managing clients with long COVID due to the possibility of ongoing or late organ damage. Therefore, clinicians must be prepared to halt and seek further investigations if there is any concern around abnormal symptoms.

Abnormal oxygen desaturation and/or breathing dysfunction

As COVID-19 is initially a respiratory illness there has been significant awareness that oxygen desaturation may occur in the acute phases of the disease, however some patients may also continue to desaturate with activity once they have recovered from the acute phase of the infection. In these cases, it is necessary to follow up with further specialist assessment. A further possible diagnosis of hyperventilation and breathing pattern disorders may be present, and therefore referral to a breathing pattern disorder clinic or hospital physiotherapy service is warranted in these cases. Clinically, breathing retraining seems to be a logical and gentle starting point for rehabilitation in this patient group.

Autonomic dysfunction — POTS and orthostatic intolerance

Orthostatic intolerances and postural orthostatic tachycardia syndrome (POTS) has been seen among people with long COVID. However, clinically it can be difficult to establish a specialist diagnosis of POTS and it may require patients to keep a heart rate and blood pressure log to capture these changes on a day-to-day basis. Autonomic conditioning therapy has been described as a possible treatment for long COVID, and anecdotally this seems to work well with the limited number of clients we have seen in clinic.

Role of physiotherapy in rehabilitation

Physiotherapy has a significant role to play in the rehabilitation of long COVID, and the recent World Physiotherapy briefing paper has done a great job in highlighting the information that is know so far in guiding rehabilitation in this complex condition. However as stated earlier, standard physiotherapy rehabilitation approaches may exacerbate post exertional fatigue. Therefore, it is essential that physiotherapists are educated on this possibility and ask patients about the history of post exertional symptoms. Does the client feel fatigued if they push themselves? Do they experience other symptoms such as breathlessness, chest pain, orthostatic intolerance, and fluctuation in heart rate? The use of questionnaires can be helpful in identifying how frequent and severe post exertion symptom exacerbation is, such as the DePaul Post Exertional Malaise Questionnaire. Rehabilitation principles of the management of myalgic encephalomyelitis and chronic fatigue syndrome such as ‘Stop/Rest/Pace’ and heart rate monitoring has been also found to be very useful in long COVID rehabilitation.

Summary

Long COVID is a complex condition that must be approached with caution and education is essential for physiotherapists, patients and other health professionals. Extreme caution is required when applying traditional rehabilitation approaches to this complex patient group.

If you find yourself treating someone who you suspect has long COVID, please get in touch with CRSIG in order to ensure that appropriate treatment is optimised.

References available on request by emailing erica.george@physiotherapy.org.nz

BUSINESS SYMPOSIUM

HĀPAI

5 NOVEMBER 2021

VODAFONE EVENTS CENTRE

With a focus to hāpai (elevate) physiotherapy businesses, Business Symposium Hāpai 2021 brings together industry professionals to inspire and provide practical insights for our local business owners and managers.

Here's who you will be hearing from on the day:

Latesha (Tesh) Randall
Raglan Food Co

Tesh Randall (or Mrs Coconut as she's known in Raglan) is an enthusiastic entrepreneur — starting out in her home kitchen in 2014, Raglan Coconut Yoghurt now supplies over 600 stores around New Zealand, Singapore, Hong Kong and the Pacific Islands.

Raglan Food Co won the Gourmet and People's Choice categories in the 2015 NZ Food Awards and the Micro Business category in the 2016 Westpac Waikato Business Awards. The brand was also part of Deloitte Fast50 as the fastest growing consumer brand in 2018 and 2019, and Outstanding Sustainability Champion in 2020.

She believes that business can be used as a tool for creating positive change and is a woman of many hats (literally & figuratively!), with side projects including writing books, hosting glamping enthusiasts in her yurt and tiny house, and her position as editor of Arrival travel magazine.

Craig Rust
Business Innovators Ltd

Craig is a fully qualified Chartered Accountant (receiving the 2005 Young Accountant of the Year Award for South Region) and member of both the Chartered Accountants of New Zealand / Australia and the Institute of Directors (IoD).

Living in Christchurch, he was heavily involved in turning around and saving businesses following the Christchurch earthquakes by calling on his vast experience in the food, manufacturing, wholesaling, retail and hospitality industries. Today he provides ongoing director, chair and advisory board services, including regularly facilitating director level training for the IoD.

Craig believes good governance is all about improving the overall state of an organisation — improving performance, productivity, stability and risk management. Right now, New Zealand is the land of opportunity and it's time for strong governance to challenge business leaders and industries to make change and unlock new opportunities so setting our country up to be leaders in economic recovery.

Nick McDonald
Likeable Lab

An expert in his field of content marketing, Nick was a popular presenter at Business Symposium: Beyond 2019 and returns to update us on the constantly evolving world of social media trends. Nick believes in the power of plain speaking and clear objectives to pinpoint the right audiences and achieve tangible results.

Emma Webb
Studio Atawhai

Learn more about the importance of successfully integrating cultural safety practices into your own business. Emma's Te Tiriti based cultural training for health professionals creates a safe space for conversations about equity, racism, privilege, the treaty's role today and much more.

Charlotte Bates
Humankind

Hear a thought provoking session from Charlotte about the latest relevant HR policies and practices physiotherapy business leaders need to be aware of. She helps organisations get in front of problems and apply cultural, procedural or behavioural changes sooner rather than later.

Critical evidence based practice

How to search for the research

DR NICO MAGNI

Lecturer in the Department of Physiotherapy at AUT Dr Nico Magini highlights the importance of adopting a critical evidence based approach as a practitioner.

In ancient Greece, several conditions affecting women were often ascribed to the "wandering womb syndrome". The uterus was believed to be a wild animal that travelled around the body, causing a wide range of pathologies and symptoms. Several treatments such as body manipulations and binding of the abdomen were prescribed by experts such as Hippocrates to force the womb back in place (Faraone, 2011). Luckily today these treatments have been substituted by practices that are based on the best available science, which could be defined as evidence based/guided practice (EBP).

Physiotherapy has come a long way since the time of Hippocrates, even though some current treatments date back to that time. This suggests that either Hippocrates nailed the treatment of musculoskeletal conditions, or that we are (as a profession) not far from the "wandering womb syndrome" stage (Zadro et al., 2019; Zadro & Ferreira, 2020). One strategy to move forward may be to critically appraise scientific research (qualitative and quantitative) and question the validity of our clinical decisions on a daily basis (Zadro & Ferreira, 2020). This would lead to the adoption of EBP physiotherapy, aimed at growing, adapting and proving the most effective and efficient options for our clients. In the following paragraphs I will provide what I consider to be the risks of not adopting this approach, the barriers, and some of the practical solutions to these barriers.

Risks of not adopting a critical evidence based approach

Missing out. By not reading, discussing, and critically appraising research within the current cultural, social, environmental, and economic context, we may miss out on opportunities to innovate, change and adapt (Maric & Nicholls, 2019; Nicholls, 2018). In addition, securing funding may be even more difficult without an evidence-based approach. ACC sustainability depends on the investment scheme returns as well as the number of claims that it needs to support, amongst many other factors. If returns were not sufficient to satisfy the lifelong solvency of existing claims, levies could increase and/or some services could no longer be covered. From an efficiency point of view, approaches not substantiated by evidence may be the first to be cut.

The barriers

Time. One of the greatest barriers to EBP is time (McLean & Durando, 2018). Busy clinicians have to treat clients, finalise notes, write referrals, and complete other time-consuming tasks. Reading and critiquing research is often left for after work. This means that clinicians do not get paid for this important aspect of their professional development. If you are lucky, the clinic will fund in part or fully your yearly professional development by paying for the course or conference that you decide to attend. Once you have attended, you then need to discern whether what was presented (especially during courses) was based on "expert opinion" or good quality evidence (Zadro & Ferreira, 2020). Personally, I spend between four to nine hours a week searching, reading, and assessing research relevant to hand therapists. Despite this effort, it is still not possible to cover the entire body of evidence that is published every week (Negrini et al., 2019).

Jargon, research methods, and statistics. This is an additional barrier to the interpretation of the information we read. Jargon is often utilised to refer to world views and approaches to research (e.g. quantitative/qualitative), type of study (e.g. phenomenological study, randomised controlled study), and data analyses (e.g. triangulation, ANOVAs). In addition, the relevance of research findings to clinical practice may be unclear. What is being reported as statistically significant may be of little or no clinical

relevance (e.g. 0.5 points change in pain on a 0 to 10 pain scale). In addition, intrinsic design limitations may limit the conclusion that one can reach (e.g. association is not proof of causation) (Caneiro et al., 2020). Making sense of these concepts becomes tedious, especially when you are tired after a day of clinical work.

Access to full papers. This was one of the barriers consistently reported (50 per cent) by Hand Therapists who took part in my recent HandyEvidence's survey. Through HandyEvidence I provide a synopsis, a clinical take home message and the abstract of the paper. However, for obvious copyright reasons, I can provide the link to the paper but not the full text. Many peer-reviewed research papers relevant to physiotherapists are closed access (you need to pay or have a subscription to the journal to access them), although there is a growing body of open access papers, as funding agencies want to maximise the impact of research they fund (McLean & Durando, 2018).

Practical solutions

Time

To reduce the time you spend looking for articles, you can set up an automatic email alert through your favourite journal's webpage, or create topic searches on Pubmed that provide you with the most recent evidence on a specific topic. In addition, science communication services such as the one that I created for hand therapists, and other online portals such as Clinical Edge, Physio Matters, Critical Physiotherapy Network, PhysioScholar, and The Sports Physio, just to name a few, provide resources and/or a critical commentary on the most recent research (Gaid et al., 2020).

Jargon, research methods, and statistics

Taking part in a postgraduate degree or completing a master's have been shown to increase the ease of interpretation of research (Castellini et al., 2020). Although this requires time and money, it may be the best way of getting an understanding of how research works.

Access to full papers

If you are currently enrolled in an undergraduate or postgraduate physiotherapy course, it is likely that you can access most articles through the library database.

In the District Health Boards you have access to several databases through their library, which would cover most of your needs. If this is not the case, a quick Google search of the title will provide you with either the full text or the link to the journal.

If the article is closed access, you can try using Google Scholar. When you find the article on Google Scholar, you can click on 'all x versions' at the bottom of the article. The 'x' stands for the number of versions Google Scholar is linked to (e.g. ResearchGate, personal websites). If you find a PDF there, it is most likely to be the authors' version of the final manuscript which has been peer reviewed but not formatted according to the journal's standards. In most cases, these versions are legal to download as they are not covered by the journal's copyright (McLean & Durando, 2018).

If all this fails, you can get in contact with the first author through email, ResearchGate, or LinkedIn. Often, they are stoked that somebody is reading their research and they will be happy to send you a copy of the pre-published, peer-reviewed manuscript. Your next possible step is the request for an inter-loan through the PNZ Library.

The following methods are getting progressively more time consuming. If you live in Auckland and you have been a student of Auckland University of Technology (AUT), you can apply for an Associate Membership which will give you access to all the AUT library resources. However, you will only have access to it on site, not remotely (from your home). Other universities may have similar policies, you need to check with them. Finally, council libraries have an inter-loan option, which is a paid service.

Looking to the future

We are currently in the information era. Information is easy to find but its quality is often unknown, and we are time poor. In the future, automation in the gathering, summarisation, and quality assessment of research papers will make our life easier. This will help us to move further away from the "wandering womb" stage of physiotherapy and towards an evidence-informed physiotherapy practice

References available on request by emailing erica.george@physiotherapy.org.nz

New Zealand Journal of Physiotherapy

The latest issue of the New Zealand Journal of Physiotherapy is available online now. Here's a look at what you'll find inside the second issue for 2021.

Volume 49: Issue 2

Implementation of a stroke self-management programme

Leigh Hale, Mandy McCulloch, Samuel De Ruiter, Evelyn Wihongia, Erina Mcdonnell Norlinga, Daniel Gorczynski, Michael Linney, Paden Kenned, Fiona Jones

University of Otago, Dunedin, New Zealand; University of London, United Kingdom

The impact of stroke is lifelong; affecting independence and quality of life. Stroke survivors need support to manage their recovery. The Bridges Stroke Self-management approach (Bridges) is an approach that facilitates supported self-management within usual rehabilitation. We implemented Bridges into a New Zealand stroke service. We found that whilst staff may value the Bridges approach, they needed time and opportunity to develop knowledge, skills and self-efficacy to support patient self-management. Staff "champions" were crucial, but require training, resource and managerial support. Managerial endorsement of, provision of staff training time for, and expectation of implementation of Bridges, is important.

Physiotherapists and clients with suicidal thoughts and behaviours

Ryan McGrath, Jasmine, MacDonald, Sarah Verdon, Tracey Parnell, Megan Smith

Charles Sturt University, New South Wales, Australia

Suicidal thoughts often emerge when people are most vulnerable. Physiotherapists frequently work with people who have experienced life-changing physical health conditions. We searched the literature to find out what is known about physiotherapists encountering patients with suicidal thoughts and behaviours. We found 27 articles that mentioned physiotherapists being involved in the assessment, management, and treatment of patients with suicidal thoughts and behaviours. Our review shows that physiotherapists have a significant role to play in suicide prevention but that they may benefit from more specific training in suicide risk assessment.

View online or download
www.pnz.org.nz/journal

Flatfoot and balance among school children

Babatunde Adegoke, Chiedozie Alumona, Adetayo Adeyemo, Adebayo Adeyinka

Department of Physiotherapy, College of Medicine, University of Ibadan, Ibadan, Nigeria

The frequency of flatfoot in 10 to 14-year-old Ibadan students was 39.7%. Static balance was poorer in participants with flatfoot than those without, while dynamic balance was similar between groups. Although often benign, flatfoot can be managed by reassuring concerned parents, and with conservative interventions, including going barefooted, appropriate shoe selection, shoe inserts, and exercises.

Strength and conditioning coaches' roles in athlete rehabilitation

Andrew Armstrong, Codi Ramsey, Simon Body

Institute of Sport, Exercise and Health, Otago Polytechnic, Dunedin, New Zealand

Physiotherapists and strength and conditioning coaches in this study thought strength and conditioning coaches should be more involved in rehabilitation, but factors including poor communication with health professionals limit their role. Physiotherapists can help injured athletes with most of their rehabilitation but often they cannot return to their previous performance levels. Strength and conditioning coaches could help athletes to complete their rehabilitation through performance training. Participants proposed that factors including interdisciplinary communication must be improved. Therefore, strength and conditioning coaches can be involved as soon as a health professional has made a diagnosis and increase their involvement with athlete function.

Benchmarking usual care for joint arthroplasties

Jessie Hart, Kathryn Tarrant, Susan Liew, Lara Kimmel

Alfred Health; St Vincent's Hospital, Melbourne, Australia

Hip and knee replacement surgery is an effective treatment for severe joint disease. The number of these surgeries along with their associated economic cost continues to grow in Australia and New Zealand. This benchmarking survey identified reported variation in agreed length of stay, timing of first mobility and percentage of patients discharged to inpatient rehabilitation between regions and public and privately funded settings. This study supports the development of clinical practice guidelines to reduced unwarranted variance and healthcare costs associated with total joint arthroplasty. It will also assist in directing further research investigating the correlation between first mobility and length of stay.

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Judy Russell
Four times physiotherapist with the Canadian Olympic Team

VM2 (11-14 September 2021) reviews and adds to the organs learnt in VM1, exploring the deeper organs of the abdomen - kidneys, spleen and pancreas.
* (Pre-requisite VM1)

VM4 (10-13 February 2022) is focused on the visceral fascia of the throat and functional biomechanics of the thoracic cavity. You will learn techniques for differentiating between somatic and visceral causes for thoracic and spinal problems.
* (Pre-requisite VM1 and VM2)

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Part C Advanced Lumbar Spine and Lower Extremities	**28th – 31st October 2021 (for those that have completed Part A or A&B)**	**Greg Lynch**
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FDA-Cleared

CE Certified

Class II Medical Device

"Celluma is an integral component of NYDG signature treatments like the Triad and Runway Facials which employ the regenerative and lifting effects of multi-layered energy waves and technologies in single sessions. The biophotonic waves of Celluma are implemented as the final step to accelerate recovery by providing the cells with the energy to heal from within. Quite often, I recommend the device as an ongoing maintenance treatment at home to further optimise results."

Dr Costas Papageorgiou MD FACS
Oculofacial Plastic Surgeon
New York Dermatology Group
- The Wellness Clinic at Harrods, London
- 119 5th Avenue, New York

FDA CLEARED FOR PAIN, MUSCLE/JOINT AND SKIN CONDITIONS

- Proven alternative to Cold LASER
- Treats skin, muscle, joint & pain conditions
- Proven NASA researched technology
- Non-attended, portable modality
- Safe, non-toxic, non-invasive
- Increase patient referrals
- Unique patented design conforms to body
- 3-in-1 device

Celluma is also CE Marked in the European Union (EU) as a Class IIa medical device for dermal wound healing and was the first device of its kind to achieve such status.

Clinically Proven, Medically Credentialed, Globally Recognized

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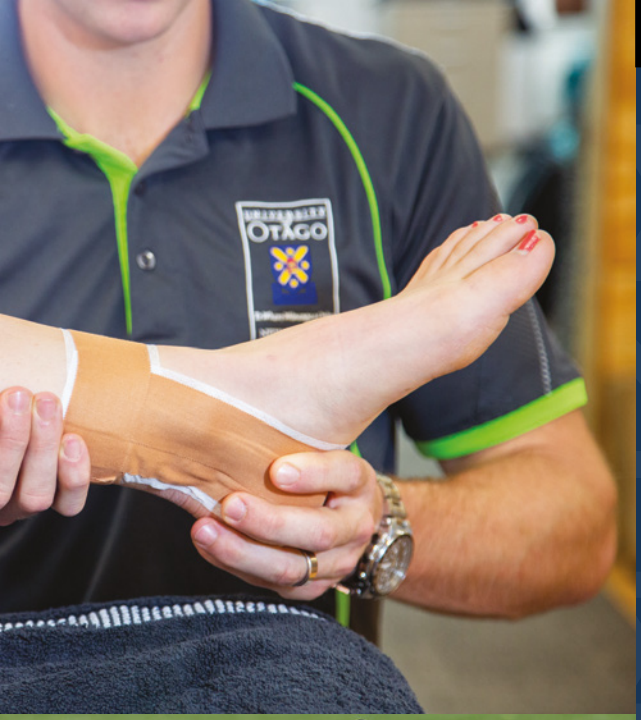

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