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December 2010 IFOMPT Newsletter

Dear Member Organization & Registered Interest Group Delegates and Special Friends

Welcome to Ralf Schesser, who has taken over from Fiona Morrison as the delegate for Germany and to Jeppe Tuesen who has taken over from Inge Ris in Denmark. We would like to extend our sincere thanks to Fiona and Inge for their valuable input as MO delegates for many years, which has been greatly appreciated. Welcome to Turkey and Poland who have recently joined as Registered Interest Groups

President's Report

It is hard to believe that another year has passed. We had a very successful and enjoyable conference in Zaragoza, Spain. I would like to thank Prof. Tricás and his Organising Committee for a well organised and varied programme. We were wined and dined in style and enjoyed the Spanish hospitality. Another teachers meeting was held the day before the conference, and from feedback received it was felt to be very interesting and useful to the OMT teachers.

The committee has been very busy on various projects. Our new website is up and running thanks to Michael. Feedback has been very positive. Now that everything is running smoothly we need to find help with uploading and day to day maintenance.

The Maitland award and criteria was developed by Ken and is up for discussion. From feedback it seems as if there are only one or two small adjustments to be made to the criteria for the award. The conference bidding document has been completed by Erik and his group and is already up for discussion on the forum. The elections/nominations committee will be discussed in the New Year. The criteria for EC members that were developed by Erik will form part of the discussion around an elections committee. In the New Year we will commence forum discussion on the changes to the constitution. It is very important to us that all the changes are well understood and we look forward to your feedback.

The upcoming WCPT conference has kept us busy on many fronts. Thanks to Duncan, Alison and Erik, IFOMPT will be very prominent in the programme. We are presenting two focused symposia as well as a satellite programme. Erik has collaborated with the International Federation of Sports Physiotherapy. We are very happy

about the opportunity to work with another WCPT interest group.

The International Monitoring (IM) of MO's continues. I would like to thank the Standards Committee for the enormous amount of work they are doing on IM and other projects, such as the glossary and the cervical spine document. Alison and Ann have been collating all the information on the history of IFOMPT and the Standards Committee. They have received wide input and the new history, which should be ready for distribution by the end of January, is very comprehensive. Alison and I have also written an abridged version of the history for the website.

With the help of Marina and Alison a document on specialisation was developed. We will be sending out a questionnaire to help us address outstanding issues.

At the Executive Committee meeting in Spain we reviewed the Strategic Plan and I am happy to report that we are well on target with achieving our aims. Overall a year in which we have accomplished a lot. I would like to thank my committee for their continued commitment and hard work. Lastly, but not least, I would like to thank Vicki for keeping the office in such good order.

I wish you all a peaceful and happy festive season. I look forward to an exciting new year with the IFOMPT family.

Annalie Basson

Treasurer's Report

As treasurer (and secretary) I can report to you that we have finalized the provisional budgets for 2010-2011-2012 and that we made them so that results (or alterations) in one budget year, will automatically be transferred into the budget of connecting years. One of our main expenditures, apart from Vicki Reid's well deserved salary, is the cost for meetings for the Executive Committee and Standards Committee. We have specified this item in a separate file which is connected to the main budget. This way we are able to be more transparent in our expenditure. It again highlights the need for sponsorship of individual SC members, if we are to be able to allow them to meet each year at a conference.

The Standards Committee members have all been graciously sponsored by MOs as well as by the Spanish conference organisation recently, so they were able to meet at the ECE conference and Teachers Meeting. Duncan Reid's presence (as Executive Committee representative) had also been sponsored, leaving only

Annalie Basson's and my own (Erik Thoomes') travel for the budget.

The net result is that we now are far better off financially than we previously thought, but are still not quite breaking even. The next issue for me will be to find sponsorship for the Executive Committee and Standards Committee members to meet prior to the WCPT conference in June 2011 in Amsterdam. Finally, we have used some of our financial reserves to pay for rebuilding and re-designing the website.

From my portfolio I can also inform you that we have finished revising the procedure for application, submission and voting for the next IFOMPT conference and it is presently on the forum for discussion for all MO-delegates. I hope you will all contribute to this discussion, so we have an idea how many MOs are supportive of this document

As this has been such a rewarding process, we have used our combined efforts to also come up with criteria for Executive Committee Members candidates.

We have followed the same procedure with my team (Germany, UK, Denmark and Australia). They all have worked very hard at completing this current project. We now have come up with a final draft document that we will shortly post on the forum for discussion for all MO delegates.

Lastly, together with Alison Rushton, we have been negotiating with Elsevier in an effort to achieve a limited open access for IFOMPT members to full text articles of contemporary musculoskeletal research outcome.

So far we have negotiated an extra discount, the amount of which would be depended on:

- # of journals subscribed to in 'suite'
- # of members in MO
- Current subscriptions to any journal – the online suite will be an add-on to any journals currently subscribed to by a MO and hence discounted further due to subscriptions already – i.e. MACP and Manual Therapy
- Geographical location of Member Organization (and currency exchange rates etc)

We will continue our negotiations and we hope to get back to the MO's as soon as possible.

Information on other projects we have just started will follow soon.

Erik Thoomes

Website Report

The new website has been up and running for 8 months now, and is certainly much easier to administer and edit than the previous website. This is due to the excellent Content Management System (CMS) designed and built by Zeald, a website builder in Auckland, New Zealand. As website editor, I am able to update news, events, and content in a timely and efficient manner. As an executive member, I am able to participate in executive and SC discussions, and upload/edit information gleaned from activities of the executive for dissemination to MO

delegates and other website visitors. We are slowly adding content, and if you would like to see additions, editing, or have navigation suggestions, I would be only too happy to consider your comments.

The website forums seem to be easily navigated, and there is now a help section in the forum/login if you have difficulty logging on, or navigating the deep waters of the forum.

We are slowly adding commercial partners, if you have any good suggestions for companies that may wish to advertise on the website, please contact Vicki Reid at admin@ifomt.org. Please note that Vicki has the address of ifomt.org, NOT ifompt.org until we are able to arrange a redirection of mail.

We now have 12 Learning Institutions from Member Organisation programmes that meet the IFOMPT standards listed under 'The Classified' section. We would like to encourage more listings in this section, with a very reasonable fee of \$100.00 for a one year posting, and see this as a valuable central point for people wishing to find information about where to study at post graduate level. It also confirms the programmes that meet the standard internationally.

We are delighted to advise that Anders Nygard of Finland, and Nils Ruso of Austria have offered to assist me with the website, which is greatly appreciated.

Michael Ritchie

Research

The research portfolio has been quiet as far as ongoing projects relating to the MO's. The reason for this is that with the new website development it has not been appropriate to push this area until the website development has been complete. Now this has happened we can review the research priorities.

However there has been five areas of development that relate to research:

1. The Teacher's symposium was held in November, kindly hosted by the Spain MO in Zaragoza, as part of the ECE / MO meeting. This was a well supported event with over 60 participants from 20 countries. There were 12 great presentations with speakers from Spain, Belgium, South Africa, Canada, Netherlands, Australia, and the UK. The Standards Committee also had a very interesting set of presentations towards the end of the day. The feedback on the day was very positive, especially for the presentations that focused on assisting teaching practice and providing a greater understanding of the standards document and how this influences the curricula of the MO programmes. There was great support for future teacher's symposia and a request to have a practical component at the next meeting. These and other suggestions will help to shape the meeting planned for Quebec in 2012.
2. IFOMPT is delivering two focussed symposia at the WCPT conference in Amsterdam in June

2011. One is being led by Dr Alison Rushton from the Standards Committee, the topic being "Developing and advancing international post-professional educational standards in physical therapy" Authors: Karen Beeton, Jan Pool, Darren Rivett and Jackie Sadi. The second symposia is being led by Dr Duncan Reid titled "High Velocity Thrust - should physiotherapists still deliver this modality to patients?" Authors: Darren Rivett Tim Flynn Chris McCarthy Peiter Westerhuis. We look forward to your support of these two symposia.

3. With the new website up and running we will be adding a research links button. In this area we will have the links to clinical guidelines and links to invitations to potential research projects. Once this button has been placed on the website I will be in contact with MO's to update any clinical guidelines that may have been developed in your countries. IFOMPT is getting a lot of requests to disseminate research projects from researchers who see they could use the global network. IFOMPT will not be endorsing individual research requests unless they come formally to Executive for approval (as per the one below in point 4), however we will let the requests go on the website and then it is up to the MO's to accept or decline invitations to participate. There will be such a request going onto the website soon. The relevant researchers will need to demonstrate they have received ethical approval for the studies. If this is not evident I suggest you don't engage with the requests.
4. A number of IFOMPT MO representatives have also been part of an international collaboration on neck pain (ICON) led by Anita Gross from Canada.
5. The Conference in Quebec 2012 is progressing with a recent call for pre and post conference courses. The website is now live and MO's should encourage members to visit the site <http://www.ifomptconference.org/>

Duncan Reid

Communication

My primary focus on the Executive Committee has been on coordination of the constitution revisions, development of the Maitland award criteria, Newsletter, and participation in executive committee dialogue.

We are due to have another forum regarding the proposed constitution revisions, which should begin in 2011. The proposed constitution revisions can be divided into the revisions that clarify the current constitution and revisions that make real changes in the constitution. The next forum will focus on pointing out the real changes and asking for further input from the delegates on the proposed revisions. The proposed revisions will be voted on at the next IFOMPT General Meeting in 2012.

I feel that the current Executive Committee has an excellent blend of individuals with various strengths and

backgrounds that has allowed us to work well together. It is important to note that all 5 Executive Committee positions are up for election in 2012. Some of the current Executive committee members may run for re-election, but it must be made clear that all positions are up for election and for IFOMPT to continue to grow and thrive; the MO delegates must encourage potentially strong candidates to run for the IFOMPT executive committee positions. I also feel that an elections committee would be helpful to assure that the next election runs smoothly. MO delegates, with the help of an elections committee, should strive to find candidates with strengths that complement each other.

The Newsletter format we have settled on is to have the June Newsletter be the traditional report format and the December Newsletter have a theme. The theme for this newsletter is emerging areas of OMPT practice with particular emphasis on surveying MO delegates on the use of rehabilitative ultrasound imaging and dry needling. I am open to feedback from MO delegates on ways to enhance the Newsletter and on a theme for next year's December issue.

Ken Olson

Report from Standards Committee

The Standards Committee (SC) is continuing to work on key educational issues and to act as a resource for MOs and RIGs, particularly in assisting development towards membership for RIGs and towards International Monitoring for MOs. We have new RIGs since the last newsletter and have also received a curriculum from Turkey, who are working towards MO status in Quebec 2012 subject to the development of their curriculum.

Meeting in Spain November 2010

The meeting in Spain was a great success from the SC's perspective. Our meeting in advance of the conference was busy and enabled us to discuss all IM issues in depth to assist our feedback to MOs. Feedback on the teacher's meeting was very positive and the SC members presented short sessions on key educational issues that those present found valuable. All powerpoint presentations will be uploaded onto the website shortly to act as a resource for all MOs. Most importantly, our opportunity to meet and discuss educational issues including IM with MOs and RIGs was valuable.

International Monitoring (IM)

The SC continues to be busy with the processes of IM. First submissions of IM from Netherlands (2009), Denmark (2010), Finland (2010), and Hong Kong (2010) are ongoing; and the MOs are continuing to work hard to complete their processes. Second submissions of IM from Australia (2010), and UK (2010) are also ongoing.

A reminder letter has been sent to the MOs working towards submission of IM in 2011 (deadline 31.3.11):

First occurrence: Germany, South Africa, USA, Ireland, Japan, Switzerland.

Second occurrence : Canada, Norway, Sweden.

An additional letter is being sent in the New Year to those submitting for second monitoring to provide a further

framework to assist the structure of their submissions. Submissions for IM in 2011 still need to include evaluation of progress on their plan for implementation of the new Educational Standards (2008).

Following our useful discussions in Spain, a workshop will be organised for MOs in Amsterdam centred on experiences of IM to date and assisting future submissions.

Implementation of Standards Document 2008

The deadline for implementation of the 2008 Standards into all programmes is September 2011. A letter will be coming out to all MOs to remind them again of this deadline in the New Year. We will then be writing to all MOs in September asking them to confirm in writing that all of their programmes now meet the 2008 standards following updating of their curricula. The SC will then confirm the evidence of this across all programmes within the IM submissions from 2012 onwards.

IFOMPT International Standard for examination of the cervical region

The working group has agreed a first draft of this document that is currently with all MOs for review and comment.

Reciprocal Recognition

In Spain, the SC discussed the feedback from all MOs re taking reciprocal recognition forwards, and have made their recommendations to the Executive Committee for them to consider.

WCPT Amsterdam 2011

The SC are looking forward to meeting again in Amsterdam in

2011 and to having another opportunity to meet and discuss current educational issues with MOs and RIGs. The SC are presenting a symposium titled 'Developing and advancing international post-professional educational standards in physical therapy'. The presenters are: Alison Rushton, Karen Beeton, Jan Pool, Darren Rivett and Jackie Sadi.

History of IFOMPT Educational Standards

This document is currently under review with MOs and those individuals who have contributed to OMT educational standards to date. The aim of this document is to ensure that the history of the development of educational standards is carefully recorded. We look forward to receiving your comments to then produce a definitive document that will be uploaded onto the website as a resource for everyone.

IFOMPT Website

We hope that you have all had an opportunity to visit the Standards area of the new website and that you are finding it a useful resource. If anyone has any suggestions about how to improve this area further please let us know.

Resource of the Standards Committee

Please remember that the SC is here for advice and guidance on all educational issues and in particular to provide support to assist your development as an MO.

Best wishes for a wonderful Christmas and a prosperous New Year 2011!

Dr Alison Rushton (on behalf of the Standards Committee)



Spain November 2010. Left to right: Ann Porter Hoke, Alison Rushton, Erik Thoomes, Vicki Reid, Duncan Reid, Annalie Basson, Jan Pool, Karen Beeton, John Langendoen, Lorrie Maffey.
Absent from Executive – Michael Ritchie & Ken Olson. Absent from Standards Committee: Darren Rivett

Report from Spain Conference & Meetings

Thank you to the Spain OMT group for this submission



I OMT-Spain National Congress

During the 26th, 27th and 28th of November 2010 the 1st OMT-Spain National Congress was held in Zaragoza.

OMT education conducted by the OMT-Spain association is the only education in Orthopedic Manual Physical Therapy in Spain that meets the educational standards of IFOMPT. This specialization is taught at the University of Zaragoza and divided into two levels: a first level corresponding to the OMT Postgraduate Certificate and the Second corresponding to the Master's Certificate in OMT. After fulfilling 10 years of training in Orthopedic Manual Therapy in Zaragoza, OMT-Spain decided to organize this event in our city, addressed to all physiotherapists, especially those who have completed the education in OMT.

The conference was attended by Spanish and foreign physiotherapists experienced in the practice of OMT, among which were, José Miguel Tricás president of the OMT-Spain Association and Freddy Kaltenborn and Olaf Evjenth, founders of the OMT concept.

The aim of this event was to bring together all manual physiotherapists trained in OMT to share the experiences generated in clinical practice and update all the scientific evidence available in Manual Therapy, and advise and provide valid strategies that allow therapists to integrate the OMT system in their daily practice. Within the Congress Programme there was also a theoretical and practical seminar, in which Professor Michael Shacklock, creator of the concept of Neurodynamics, showed the application of Neurodynamics in the clinical practice.

On this marked occasion, the OMT-Spain Association was presented and the Stretching and Self-stretching book described by Olaf Evjenth and translated into Spanish by the Physiotherapy Research Unit of University of Zaragoza. The scientific program consisted of 17 papers and 16 free communications divided into 5 tables according to their content, also a poster session was held. Here are the conclusions reached after conducting the lectures and communications of the various sessions.

Table 1: Clinical Reasoning in the Examination: symptom localization and differentiation.

The implementation of adequate communicative tools during clinical interview allows for obtaining precise, wide and high quality information guiding

the clinical reasoning process. Valid and reliable tests help the physical therapists to make the correct decisions.

In order for these tests to be useful, we need to have reliable data. Moreover, the procedure must be faithful to clinical implementation and interpretation. The election of these clinical tests depends on many factors: duration of symptoms, the way symptoms are provoked or alleviated and the examiners experience. Spurling test, traction and distraction tests of the cervical spine and Valsalva test, when they are positive they can indicate the presence of a cervical radiculopathy, if they are related to patient's history and clinical findings.

When the neural tension test of the upper extremity is negative, we can rule out a cervical radiculopathy. An adequate myofascial examination system allows establishing the indication of muscle stretching.

The system suggested consists of the following phases:

- Muscle localization test to stretching.
- Passive examination of physiological movements.
- Examination of accessory movements.
- Examination of active muscle function.
- Muscle palpation.

Neurodynamics can be assessed from a microscopic and macroscopic level. But the most important aspects are clinical effects which guide the examination and treatment process. Neurodynamic examination and treatment techniques produce macro or microscopic effects but overall they can modified patients symptoms and improve function.

More studies about diagnostic validity of cervical radiculopathy detection are needed. It is necessary to identify the muscle-skeletal dysfunction pattern which correlates with pain pattern and history of headache. Intraexaminer reliability for traction joint play test in C0-C1 is acceptable to moderate. Interexaminer reliability for traction joint play test in C0-C1 is low. Palpation should be included in the final step of the assessment as it depends on the patient's subjective perception. This allows us to confirm the findings obtained from clinical history, examination and other assessment tests.

It is very important to improve the safety and comfort in the evaluation and treatment of cervical spine to minimize possible adverse reactions

resulting from our intervention. A correct interpretation of joint biomechanics of the upper cervical spine ensures an adequate and safe examination and treatment.

It is essential, prior to an intervention of physiotherapy in the cervical area, to identify risk factors and apply the stability test premanipulative for cervical vertebral artery flow.

Although there is no clear evidence for the reliability and validity of pre-manipulative tests, it is important to consider the subjective examination of the patient and in certain cases we recommend performing pre-manipulative tests in positions that will be used as a treatment and even assess vertebral flow with Doppler ultrasound.

Traction has been applied since the ancient times with therapeutic purposes. The refinement of the technique has allowed delineating the specificity of its therapeutic effects.

Manipulation in Physiotherapy evolves into the non-application of rotatory impulse techniques and the application of traction manipulation in the resting position.

The lumbar self-traction technique increases the space between lumbar vertebrae L3-L4, L4-L5 and L5-S1 in healthy subjects. The increased space between the lumbar vertebrae appears to be related to the amount of motion detected by the test of segmental mobility in the lumbar spine.

A mathematical model of two degrees of freedom, which describes the range of displacement or translation of the geometric center as the product of the average humeral radio and the humeral rotation angle, predicts all humeral translations according to the Concave-Convex Rule. Convex Rule is applied in the kinematic studies of the glenohumeral joint.

The inclusion of a grade II traction technique in the treatment protocol of patients with osteoarthritis of the knee improves pain and function parameters but not significantly.

OMT treatment based on translatory joint mobilizations, functional massage and muscle strengthening helps in reducing pain and functional recovery in patients after long immobilization of Colles fracture.

Sustained grade III joint mobilization of thoracic facet joints and costovertebral joints produces a decrease in thoracic kyphosis and increases thoracic mobility after 6 weeks of treatment in patients with thoracic kyphosis, as well as changes in position and mobility of the shoulder improving the quality of life.

Table 3: Neural Evaluation and Treatment in Orthopaedic Manual Therapy.

The evaluation techniques of the nervous system have been used since ancient times.

The Clinical Neurodynamics provide new ideas for a more specific evaluation of the nervous system highlighting the neural mechanosensitivity and the structural differentiation and it is appropriately integrated in the OMT assessment.

We can deliberately choose the knowledge level in which we want to use the Clinical Neurodynamics.

We can direct treatment and physiology of the nervous system and eliminate the system's tension.

It is possible to solve the conflicts between the neurodynamic and the musculoskeletal system. Dream with neurodynamics.

The signs and symptoms should be the base for choosing the treatment techniques and its evolution in the neural syndromes.

All those approaches based on anatomy, biomechanics and physiology and which respect these principles should be integrated and combined in benefit of the patient.

Integration of motor imagery in OMT treatment can help in pain relief and improving motor control.

Stretching technique for the hamstrings frequently described in the literature is performed in knee extension.

The effect of stretching in hamstring muscles is determined by the duration of the maintenance of the stretching and the type of stretching used.

It is necessary to integrate the structural differentiation procedure in every hamstring stretching technique.

The most specific stretching technique for the hamstrings follows the principles of Olaf Evjenth in OMT.

Intertester reliability is moderate or low in passive lumbar mobility tests in patients with lumbar pain except to detect normality in segment L3-L4 where we find good reliability.

Relationships between MRI findings and lumbar mobility are unknown except for the segment L5-S1 when hypermobility is present.

When segment L5-S1 is hypermobile according to OMT evaluation tests, the magnetic resonance gives information which confirms the existence of morphological dysfunctions.

Stabilization programs in patients with non specific low back pain decrease pain and lumbar symptoms.

Table 4: Other intervention procedures in Orthopaedic Manual Therapy.

The mechanotransduction and tensegrity allow explaining the therapeutic results of the manual

therapy and especially of the Diacutaneous Fibrolysis

An micro and macrophysiological approximation is needed in order to understand the effects of the mechanical forces application.

The neck stability programs in case of hypermobility, should be designed from the actual resting position to postures which provoke symptoms in a progressive and supervised way.

The neck deep muscle activation explain the stabilization in this region.

The dysfunctions in the occlusion plane provoke TMJ dysfunctions with craneovertebral cause.

Dysfunctions in the cranium midline, asymmetries in upper cervical spine joint spaces, dysfunctions in the horizontality of the occlusion plane modify the 50% of the craneovertebral relation.

Manual therapy can restore the occlusion plane.

It is needed to promote the professional relationship between physical therapist and dentist for the treatment of occlusion dysfunctions.

In neuromyostatic theory the hypopressive techniques represent a group of ordered postural rhythmic exercises which allow the integration, the memorization and the posterior automatization of the sensitive proprioceptive messages related to a particular postural state.

We can consider that hypopressive techniques as systemic muscle reprogramming therapies which promote manual and instrumental techniques such as the treatment of biomechanical

dysfunctions of pelvic internal organs o the treatment of all type of hernias.

The OMT exercise programs based on isokynetic exercises and exercises in closed kinetic chains in patients after ACL surgery, seem to be effective in order to gain muscle force and functionality regardless the used surgery technique.

Diacutaneous Fibrolysis is a complementary technique recommended in order to increase the hamstring flexibility.

The static self-stretching have a positive effect in order to elongate muscles, although the effect is greater when it is combined with Diacutaneous Fibrolysis.

In patients with impingement syndrome, adding Diacutaneous Fibrolysis to protocolized treatment of movement therapy and electrotherapy, allows a faster improve, a decrease on pain and a significant increase on the extension and external rotation movement y glenohumeral joint and a greater satisfaction in patients.

Table 5: How to organize OMT clinics in Spain.

The creation of the orthopedic manual therapy specialist physical therapist in Spain, is based on:

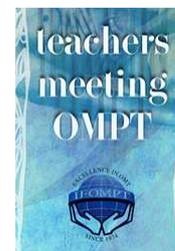
- A quality training program approved by the IFOMPT's Standards Committee
- Professional development of the orthopedic manual therapy through its clinical practice in public and private scopes.
- The adaptation of the European models of manual therapy specialists.



César Hidalgo, Dr Alison Rushton, Annalie Basson and Dr. José Miguel Tricas following Alison and Annalie being awarded Honorary Membership of OMT Espana (Orthopaedic Manual Therapy Spain) for their contribution to the development of Orthopaedic Manual Therapy in Spain. Congratulations!

IFOMPT'S TEACHERS SYMPOSIUM

Thank you to the Spain OMT group for this submission



Zaragoza (Spain) welcomed the last 25th of November 2010 IFOMPT's Teachers Symposium. This meeting was held in the Auditorium of the University of Zaragoza, the current rector of the old School of Medicine and Science. This landmark building, located in the center of the city, contributed to the renewal of the Aragonese architecture from the late nineteenth and early twentieth centuries.

During the opening ceremony, Dr. José Miguel Tricas (President of OMT-Spain), Dr. Alison Rushton (Chairman of Standards Committee IFOMPT), Annalie Basson (President of IFOMPT) and Pilar Zaragoza (Vice-Rector of Institutional Relations at the University of Zaragoza) welcomed the 72 participants of 21 nationalities and outlined the importance of the meeting.

The four sessions of the day, chaired by Dr. Duncan Reid and Dr. Alison Rushton, presented new learning methodologies and content presentation for the training of orthopedic manual therapy.

This way, Lenerdene Levesque (Canada), Erik Thoomes (Netherlands), and Bart Vanthillo (Belgium) showed how The Planetary Model or the modified rehabilitation problems solving form (RPS-Form) can help to guide the clinical reasoning process following the principles of the International Classification of Function (ICF). On the other hand, Elena Bueno (Spain) proposed a framework for assessment and treatment of contractile tissue based on a process of logical reasoning and guidance based on patient responses.

The second session was opened by Roar Robinson (Norway) who presented the basis for the symptoms provocation and alleviation tests in the Kaltenborn –Evjenth Concept, both indications as proper procedure for a more precise result. César Hidalgo (Spain) took the witness speaking about the importance of training high-speed and short amplitude impulses in the resting position for undergraduate students, advocating the need for acquisition of speed and other skills as of this technique. Afterwards in the same session, Helen Clare (Australia) addressed the issue of the challenge of distance learning.

During the third session, Lenerdene Levesque (Canada) showed the possibilities of teaching and learning of digital technologies in some of the content of orthopedic manual therapy training through the integration of web based learning. These non-presence methodologies, can help delivering new content, maintaining a more active

and permanent contact with the student and making training more accessible.

Clare Hebron (UK) outlined the importance of group activities among students, educational benefits of such activities. She showed her experience in tutoring Group research projects.

Beverly Bolton (South Africa) highlighted the importance of learning appropriate communication skills in OMT, to conduct the clinical interview and the therapeutic relationship with the patient. These skills are based on the ability to listen to the patient and develop empathy. Therefore, for proper learning, she introduced the Calgary-Cambridge Model based on videos display and role playing.

During the fourth session members of the Standards Committee presented key issues or challenges in education in manual therapy. Lorrie Maffey (Canada) addressed the need for students to use evidence to inform their clinical decisions and emphasized the need to educate them on relevant evidence and identify the different levels of evidence.

John Langendoen (Netherlands), addressed the issue of taping and elastic bandage in OMT practice and education, emphasizing the dispute between these techniques and practice of OMT and also the guides that could be followed for its implementation.

Also a member of the Standards Committee, Karen Beeton (UK) discussed the issue of the shortage of clinical practice, she spoke about the importance of mentoring practices in which there is a direct observation of student to mentor. As reflection messages she mentioned to examine whether other models of practice in OMT should be considered.

Ann Porter Hoke (USA) addressed the issue of development and monitoring of clinical reasoning from a distance, she spoke about educational skills that can be met through online education and that could be questioned, at the same time presented a model of this type of education, online.

Finally, Dr Alison Rushton (UK) broke up the proceedings of a research study in physiotherapy, which is required for students of OMT at the end of the program and emphasized the importance of a healthy development of each of the parties and a good selection of relevant hypothesis.

Also in this session, the IFOMPT Congress being held in Quebec in October 2012 was presented.

In the closing ceremony, Elena Estébanez, representing OMT, Spain, and Dr. Duncan Reid, representing IFOMPT, congratulated the speakers for their brilliant teaching approaches, encouraged delegates to incorporate them and thanked the participants for their attendance.

After a busy day of work, social activities began that day with a visit to the exhibition of Mudejar art at the Auditorium. Following this, a stroll through the historical sites and architectural highlights of the city, the route began walking down the

Independence Street which is the center of social and commercial life of the city and has become one of the main images the Aragonese capital. The route went down along the Alfonso Street which had a perfect panoramic view of the Basilica del Pilar to be visited later. On the way to the restaurant where dinner was held we saw La Seo, Zaragoza's cathedral built and dedicated to San Salvador.

IFOMPT social activities were completed with an excellent dinner in the restaurant Entrebastidores, a contemporary place in which innovation is the main ingredient tasted in the menu and as a wonderful social program closing.



Louise Keating (Ireland), Annelies Pool (Netherlands), Harry Herrewijn (Switzerland), Heather Nicol (Norway), Ina Diener (South Africa), Ralf Schesser (Germany), Ragnar Faleij (Sweden), Marcus Hackl (Austria), Dr. José Miguel Tricas (Spain), Olli Aranko (Finland), Laura Finucane (UK)

Member Organisation Reports

Austria: Delegate – Jutta Bauer

I would like to introduce Niels Ruso to every one of you who did not have the chance to meet him in Zaragoza. Niels is going to be the MO Delegate for Austria for 2011 as I will end my work for IFOMPT by the end of this year. Thanks to everyone and especially to the IFOMPT Executive and Vicki who are doing an amazing job for all of us and for the further development of Musculoskeletal Physiotherapy.

Austria is currently working on the IM process. The external assessors will probably start in January 2011 to evaluate the Masters programme at the University in Krems. The OMT Education, which is embedded in the Masters programme of the Donau University in Krems, started in September for the 3rd time. In May 2011 the students of the ongoing course will graduate by finishing off with their practical exams and their masters thesis. They will graduate as "MSc in Musculoskeletal Physiotherapy." Furthermore for therapists, who already did their OMT education,

a programme was introduced to upgrade the OMT to a Masters degree.

Hello everybody! I would like to take this opportunity to introduce myself to all of you whom I did not get the chance to meet in Zaragoza. My name is Niels Ruso and I will take over the MO Delegate post for Austria from Jutta Bauer as of January 2011. When I am not busy looking after my 2 kids (6 & 4 years) or renovating our house, I work in my own physio clinic in Vienna and teach undergraduates at Vienna University. I very much enjoyed my "first IFOMPT contact" in Zaragoza and are looking forward to meeting most of you (again) at the WCPT conference in Amsterdam next year. Merry Christmas & happy 2011, Yours Niels

Belgium: Delegate – Axel Beernaert

The National Board for Physical Therapy, which is an advisory body in the Department of Health Care, has approved in June 2010 six specific competences in the field of physiotherapy. The specific competence in manual therapy is one of them. These projects of ministerial decree are actually further screened in different commissions of the Federal Department of Health Care before the final approval from the authorized Minister.

Canada: Delegate – Anita Gross

Our national symposium entitled "Physiotherapy Health Wellness and Innovation" was held in partnership with the Canadian Physiotherapy Association (CPA) National Congress and the Orthopaedic Division which houses CAMPT's national conference in St John's, NL in July 22 to 25, 2010. We were pleased with the quality of research exchange. The Canadian Academy of Manipulative Physiotherapy (CAMPT) has pledged an annual \$5,000 for OMT related research and a call grant applications will be initiated in 2011 through the Physiotherapy Foundation of Canada under the umbrella of CPA. The CPA Guidelines for Clinical Specialty Program will be put into place in June 2011 following a successful pilot; we anticipate that this will have a positive impact for CAMPT in the near future.

We have linked with CPA to establish a survey of our customers (physicians, practitioners and the public). This foundational information will help us establish a better targeted communication plan to our customers. Canada will have its second round of monitoring for IFOMT Standards in 2011. We have two programs in Canada – one university based and the second based in the Orthopaedic Division of the Canadian Physiotherapy Association. We are working closely with the Standards Committee to ensure the required standards are met. We are gearing up for our

second round of Standards monitoring. The first Canadian university-based of orthopaedic manual therapists (OMT) that opened in 2008 is running at capacity each year and has produced not only excellent OMT clinicians but has contributed to research publications on varied topics. CAMPT has a new initiative to support the advancement of knowledge translation by sending e-blast article summaries and critiques to each of our members that emerges from the critical appraisal within the research University of Western Ontario (UWO) coursework; these are also available on the CAMPT website.

The UWO program is in its first round of IFOMPT Standards monitoring; we do not anticipate any major barriers. We currently have two systems in Canada, one under the CPA umbrella and the second within University of Western Ontario and the second the CPA – Orthopaedic Division Program. To achieve the required IFOMPT Standards research element, the later program has linked with on-line research courses tailored to OMT at University of Toronto. Our current challenge is to establish research projects for a large number of participants. This web-based system allows equal access to OMT research training for physiotherapists from across our vast country.

IFOMPT 2012: Rendez-vous of Hands and Minds in Québec City is the current focus of many many of our CAMPT members in the next two years. IFOMPT 2012 planning is going well. We have achieved a government grant from the province of Québec. We have established a critical path for advertisement and scientific program; We have booked all the venues - the Quebec Conference Centre and the conference head quarters – the Hilton Hotel, and a firm has been hired that is helping us with conference organization. We are in the final negotiation phases with our US counterparts (AAOMPT) to link with their national OMT conference. The IFOMPT 2012 website is well under way and details about the conference will be posted by early December. A 'Call for Courses' has been distributed to all MOs. Each MO is reminded to distribute this to their OMT members and teachers. A call for Abstracts and Focus Symposia will be posted soon and will open May 1, 2011. Figure 1 gives you a preview of the conference theme and main tracks. Our key note speakers have been confirmed. Critical paths have been established for conference exhibitors and sponsors. The organization of the social events is well underway. Don't miss it. Rendez-vous of Hand and Minds in Quebec City for IFOMPT 2012 – Sept 29 to Oct 5 2012 - is well underway put it into your agenda. SPREAD THE OMT WORD!



Rendez-vous of Hands and Minds September 30th to October 5th, 2012

Thanks to our sponsors:



THEMES: 1) Research ; 2) Knowledge Translation ; and 3) Clinical Excellence
Programme Tracks:

Track 1: Neuroscience: Neuroplasticity and Neurophysiology

Track 2: Biomechanics

Track 3: Manual Therapy- Assessment & Diagnosis

Track 4: Therapeutic Intervention and Outcome measures

Track 5: Global Issues in Manual Therapy

<http://www.ifompt.com/About+IFOMPT/2012+IFOMPT+Conference.html>

Call for Course for IFOMPT 2012!

This is an open call for courses for consideration to be run as either a pre-conference or post-conference course in conjunction with the IFOMPT 2012 conference to be held in Quebec City, Canada from Sept. 31st to Oct 5th.

In your submission please include:

- Your name, credentials and any affiliated teaching institutions
- Full contact details including mailing address, e-mail, work telephone, fax number
- Short Resume (1 page outlining all teaching experience including past renditions of this course and peer reviewed publications)
- Name of the course (10 words or less)
- Key learning points of the course (maximum of 5)
- Course audience (50 words)
- Relevance to Physiotherapy (100 words)
- Evidence based nature of the course (500 words + references)
- How the course will be presented (lecture, lab, interactive)
- What the room requirements would be (plinths, A-V needs, equipment etc.)
- What the maximum number of course attendees
- How many days the course run and number of presenters
- Would there be a course binder and how many pages
- Proposed fee for teaching
- Funding acknowledgements (Note: these sessions should not be used for marketing purposes)
- Please Note: The language of the course will be English and all decisions made be the organizing committee regarding selection of courses is final

Please send all submission electronically to: rjwersti@uwo.ca

Ireland Delegate – Niamh Moloney

2010 was another busy year for the CPMT in Ireland. It saw the launch of the alternative pathways for level II membership (direct pathways had been launched in 2009). There has been some interest in the alternative pathways but no actual applications as yet. The uptake on automatic qualification for level II membership continues to be steady. The CPMT has 419 level I

members and 35 level II members. Level II membership is being promoted amongst physiotherapists throughout the country, but we are encountering some resistance from the Irish Society of Chartered Physiotherapists about the use of a title. The CPMT voted to use the title "Chartered Musculoskeletal Physiotherapist". This issue has been discussed at a number of national council meetings but a formal decision has yet to be reached. Once this is achieved, promotion of

levels of specialization will be undertaken within the wider medical community.

Much of the work of the CPMT continues to focus on post-graduate education with many courses and evening seminars run throughout the country. The CPMT have continued to run the spinal series of courses aimed at new graduates and plans are afoot to develop courses for peripheral regions. International speakers in 2010 included Dr Neil O'Connell, Dr Chad Cook and Dr Wim Dankaerts.

In our continued support for research within musculoskeletal physiotherapy, research grants were awarded for a research project, a research presentation and a research publication.

Italy: Delegate – Davide Albertoni

This year has been really busy for the GTM. The Gruppo di Terapia Manuale was finally able to realize the "Bridge Project", that is a recognition of Manual Therapy Practical Expertise of colleagues that attended different courses in Manual Therapy and that are interested in getting the University Master in Manual Therapy and the OMT Title. After three years of work, trying to involve all the physiotherapists interested in this project, giving a lot of information to overcome the initial resistance or fears of the other Manual Therapy Association, we were finally able to realize the exam to evaluate the practical expertise in Manual Therapy that will allow people who passed the exam to attend a shorter and less expensive course in the Master of Manual Therapy, and get the same University title of other normal students of the Master. This process required a lot of energy of our Group because we decided to create a list of techniques and a Reference Manual in which all the techniques were described. In this way the candidates could look at the manual to try to give them a common point of view about the exam, but during the exam, it had been accepted other techniques, but with the same aim and similar efficacy. We could say that this approach had been quite successful, with a good feedback from the candidates. Next year will start the shorter Master in Manual Therapy for those colleagues.

The Gruppo di Terapia Manuale organized also an interesting National Congress about the role of Manual Therapy in the treatment of joint and tendon pathologies, which took place near Brescia, in the north of the country on the 2nd-3rd October 2010. The Scientific Committee invited 4 foreign speakers – Martin Kelley from USA, Ingrid Hultenheim Klintberg from Sweden, Massimo Barcellona from the UK and Matthew Morrissey from Slovenia – and we saw 180 Physiotherapists attending the Congress, in the beautiful setting of Villa Fenaroli Palace Hotel.

On the second day of the Congress our Group also had to vote to renew the Executive Committee and after 13 years of great work, our past President Guido Frosi decided to stand as a candidate no more. The members of the Association then elected as new President the MO delegate the last year, Davide B. Albertoni and other 8 people in the Committee. The aim of the new Committee is to try to bring the different Manual Therapy Groups in Italy near each other, improving their communication and their relationship with different points of view, and of course, we want to be more representative of the Italian OMTs trying to give our members more services and help.

Japan: Delegate – Isamu Sunagawa

In the field of orthopaedic manipulative therapy (OMT), sufficient efforts are not being made to improve clinical technique and promote research activities in Japan. It is, therefore, very important to give education to physical therapists engaged in clinical practice and interested in OMT.

JFOMT implements fundamental educational activities – delivering lectures to make OMT widely known – designed for physical therapists as a joint project with the Japanese Physical Therapy Association. The first lecture is scheduled to be held in Tokyo in February 2011, and subsequently fundamental educational activities to publicize and spread OMT techniques will be performed once every year for 300-400 attendants.

New Zealand: Delegate – Wayne Hing

The big news for the NZMPA this year is that Vicki Reid resigned as Executive Officer after working in this role for 13 years, in order to give more time to IFOMPT. Ingrid Du Toit has taken on this role and is proving to be a real asset to the Association. Next year the Rugby World Cup is being held in New Zealand, so if anybody is interested in coming over for it you may wish to plan to come to the NZMPA conference being held prior to the cup on 27th & 28th August in beautiful Rotorua. For more details please go to www.nzmpa.org.nz

Switzerland: Delegate - Harry Herrewijn

First of all we would like to thank Spain for inviting and hosting IFOMPT at their national Congress in Zaragoza. Everything was perfectly organised and the kindness and hospitality was great. Over the last 6 months a lot has been going on within our organisation. We as an organisation are trying to redefine our role in Switzerland. With the OMT education being part of the university now our role has changed a little bit. At the university the MAS program has been running since February and in fall the MSc started.

We are preparing now for the international monitoring of the curriculum which will take place in 2011, and hoping that everything works out well.

We would like to wish all MO's and everybody within IFOMPT a very merry Christmas and all the best wishes and success for 2011. Hoping to see you all at WCPT in Amsterdam.

United Kingdom: Delegate – Laura Finucane

Manipulation Association of Chartered Physiotherapists (MACP)

We have had a busy year with the second submission for the monitoring of standards. Despite having to resubmit our documentation we are confident that it will be successful and it has been a valuable process in examining our processes.

We held a successful conference in September which was well attended. The conference was entitled 'The Great Debate' and did just that!

We have consulted the membership regarding a name change. The membership has supported

looking into changing our name to Musculoskeletal instead of Manipulation. The process has started to see if this is possible and a number of groups will need to be consulted.

We have struggled to offer clinical placements due to lack of mentors. Two years ago we set up a central system to support the Universities and clinical mentors. Unfortunately we have had to abandon the system for a number of reasons. We have however committed to maintaining an up to date database which appears to be working well. We have offered incentives to mentors such as 25% off courses if they take students and an award for clinical mentors.

A big thank you to the Spanish Member Organisation for hosting the ECE meeting in November. It was a great forum for networking and discussing our issues.

Finally the MACP would like to wish you a very Happy Christmas and New Year and we look forward to seeing you in Rotterdam in 2011.

Registered Interest Groups:

Iceland: Delegate - Hólfríður Thorsteinsdóttir

The educational system here in Iceland regarding musculoskeletal physiotherapy (MSK) is as follows: after finishing our undergraduate studies which involve certain amounts of MSK we have to go overseas to attend accepted post-graduate programs. The Icelandic physios have mainly undergone their postgraduate studies in Australia or Norway. Every year we get leading international specialists in MSK physiotherapy to Iceland. Usually the Icelandic Physiotherapist Association is then involved in the arrangement and the cost.

In January, we had a presentation of MSK physiotherapy in the biggest mall here in Iceland.

It went quite well. We are constantly working on getting acknowledgement of our work as MSK physiotherapists both from the medical profession and the public. Hopefully in the near future we will get rid of the mandatory doctor's referral for our patients if they want to seek a physiotherapy treatment as a first choice.

We are working on changing the name of the specialisation from Manual Therapy to Musculoskeletal Physiotherapy. The new name is better for us to translate to Icelandic and is giving the specialisation more depth.

I wish you all happy holidays.

ITEMS OF INTEREST

Nordic Countries 2011 – and www.nordic2011.eu 11th Nordic Congress

We are gathering the Nordic MO countries for sharing experiences and challenges regarding MT in the Nordic countries; the topics involve MT-educational programmes, specialization issues and international monitoring processes in the Nordic countries, amongst other things.

These meetings will likely take place during spring 2011 and later in relation to the 11th Nordic Congress on Musculoskeletal (Manipulative) Physiotherapy and Medicine, which is arranged by the Danish MO (DFFMF) and DSMM (Medicine).

This congress is promising to be really great with a lot of preliminary speakers lined up for "Pain and Dysfunction – Clinical and Scientific Update". Please look at the website for further information www.nordic2011.eu

IFOMPT Collaboration: As a recognized journal of IFOMT, JOSPT is currently working with IFOMT member organizations to provide their individual members a

discounted rate on online access to the Journal. Contact JOSPT's Editor-in-Chief, Guy Simoneau, or the Executive Director/Publisher Edith Holmes for more information at www.jospt.org

As a recognized journal of IFOMPT, Manual Therapy is delighted to offer all IFOMPT member organizations the opportunity to provide their individual members a discounted rate to the journal, including online access to archive material. Contact Sarah Davies (s.davies@elsevier.com) for further information.

Website: Many MOs have now listed their Learning Institutions on the new website, which is turning out to be a great resource and central point to find out about post graduate OMT study. If you have not already done so, please contact your respective Universities / programme leaders and ask them to contact me for further information about listing.

Office: Vicki will be on annual leave from **23rd December until 10th January**, so the office will be closed over this time.

On behalf of the IFOMPT Executive and Standards Committee we would like to wish you all a wonderful, happy Christmas in your various parts of the world. We trust you get to enjoy some well deserved time off to spend with friends and family.



Best wishes

Vicki Reid
IFOMPT Office Manager

December 2010 Newsletter Survey on Dry Needling and RUI

Ken Olson, Communications Portfolio, has requested the theme for the December newsletter be on Dry needling and Rehabilitative Ultrasound Imaging. Ken would like to request that MOs and RIGs provide information on these two emerging areas of OMPT practice as follows:

1. How prevalent is the practice of Dry Needling and RUI by physical therapists in your country?

Australia	It has grown probably over the last 5 years. This has been highlighted in the APA creating a new special interest group for acupuncture and dry needling in the last 2-3 years
Austria	Physiotherapists are not allowed to do dry needling
Belgium	Common
Canada	A portion of Orthopaedic Physical Therapists do acupuncture (2 of 5 therapists). This requires specialized certification
Denmark	Dry needling is today a well-integrated clinical tool in most private practice
Finland	Dry Needling is used by some physiotherapists and RUI by only a couple. Dry Needling is spreading quite fast but RUI only very slowly. We have one Physiotherapist who is also a MD and is very interested in RUI and teaching it for physios in courses a couple times in a year
Germany	In Germany dry needling is not used by physiotherapists. RUI is rarely used by physios
Greece	Not at all
Hong Kong	Dry needling is commonly practiced by physiotherapists in Hong Kong. RUI is not widely practiced by physiotherapists in Hong Kong. Ultrasonic Imaging machines are available in some public hospitals and private physiotherapy clinics
Ireland	Dry Needling is common place in OMPT practice in Ireland. The use of RUI is much less commonplace with only very few centres in possession of the equipment
Italy	In Italy Physiotherapist cannot do Dry Needling, the law does not allow physiotherapists to use needles at all. The RUI is really, really rare
Japan	The Japanese law does not allow a physical therapist to practice dry needling. It is necessary to obtain the certificate of the national acupuncture and moxibustion therapist in addition to the certificate of physical therapist. It takes more than three years of education to obtain the certificate of the national acupuncture and moxibustion therapist.

	(VR from Google: Moxibustion is a traditional Chinese medicine technique that involves the burning of mugwort, a small, spongy herb, to facilitate healing. Moxibustion has been used throughout Asia for thousands of years; in fact, the actual Chinese character for acupuncture, translated literally, means "acupuncture-moxibustion.") It is possible for a physical therapist to treat a patient using RUI under the direction of a doctor, but it is impossible for him to use RUI independently. However, there are many research results released by physical therapists who used RU in Japan
Netherlands	Not at all prevalent in practice and RUI is only present in a small amount of clinics
New Zealand	Prevalent in practice and also the use of RUI is increasing with the number of practices owning US machines also increasing
Norway	Dry needling is practiced by some therapists in Norway. RUI a more recent comer to Norway and is practiced by a small group of therapists
Poland	It is not common, there are some courses in Poland but physicians say it is not allowed for physiotherapists, according to Polish law it is not 100% clear, some lawyers say we can, but most therapists accept that we are not allowed to do it. I know that some therapists are using dry needling
Portugal	No response to survey
South Africa	Neither Dry needling nor RUI is included in the undergraduate curriculums in South Africa. There are, however, regular Dry Needling CPD courses and it is practiced by a substantial portion of the physiotherapists in the country. RUI is only used by one or two physiotherapists and more so in the Sport Interest group of PTs. Mostly courses are for medical practitioners
Spain	Dry Needling is frequently used in the practice of physical therapists. On the other hand Ultrasound is used for research and in the specialized private practice
Sweden	In Sweden we have had post graduate courses in Acupuncture/dry needling for the last 20 years. Regarding RUI (Musculoskeletal Ultrasound) the OMT-section started a course for PT's last year with assistance from teachers in Denmark where they have about 8 years of experience
Switzerland	For the practice of dry needling we don't have exact figures, but there are a few hundred who are practicing dry needling. For the use of RUI, we don't have figures but there are very few
USA	Dry Needling – Prevalence: Unknown. It is being adopted more regularly by PTs over the last decade as more continuing educations are being offered in this area. RUI - Prevalence: Unknown. It is being adopted more regularly by PTs over the last decade
United Kingdom	If RUI refers to its use in treatment rather than diagnosis there are a growing number of physios who include it in re-education of lumbar stability muscles. Dry needling is used by a large number of clinicians

2. Are these procedures taught in entry level or post-entry level PT education?

Australia	Not to my knowledge
Austria	They are not taught
Belgium	Post-graduate courses are needed. Only manual myofascial procedures are taught in the basic PT program and the MT program
Canada	All of our acupuncture procedures are at a post entry PT level
Denmark	The formal education is a post entry level, and is 375 hours/14 ECTS point. The RUI, is in Denmark not only RUI, but a formal post entry education in diagnostic ultrasound scanning, and in that we also teach them the RUI skills. It is about 100 hours. The diagnostic ultrasound scanning is also taught in an introduction level in entry level at Physiotherapy schools in Denmark
Finland	Both in post-entry level
Germany	No
Greece	Only dry needling but just a little bit. It is not per se a part of our teaching material
Hong Kong	RUI is taught at both undergraduate and post-graduate level PT education. Dry needling is taught at undergraduate PT education
Ireland	Dry Needling is not taught at undergraduate level. Post graduate weekend courses are run on a regular basis, however no formal qualification is required for practice in Ireland. The British Medical Acupuncture Association runs both weekend courses and formal qualifications in Ireland. There is an acupuncture masters available but this pertains to

	<p>traditional Chinese acupuncture.</p> <p>There has only been one post-graduate course run specifically on the use of RUI in practice, to our knowledge</p>
Italy	<p>No, these procedures are not taught in basic education. In Italy only physicians may require a clinical investigation and make diagnosis. Physiotherapists are formally allowed to provide a clinical assessment for the management of the rehabilitation process. Since the ultrasound imaging has been introduced as a diagnostic tool, physiotherapists are generally introduced to the imaging issues within the core curricula to get a really basic knowledge on the topic. There are no extra-curricular courses for physiotherapist that certificate the ability to use Ultrasound Imaging as an instrument for the clinical practice, even if the interest for the topic is increasing among the manual therapists who have an in-depth clinical training</p>
Japan	<p>Because no physical therapists are allowed to practice dry needling, they have to obtain another national certificate after graduation.</p> <p>Education in RUI may be adopted in the future. At present, many physical therapists attend lectures and lecture classes organized by RUI manufacturing companies and lecture classes and training workshops held by doctors after graduation</p>
Netherlands	<p>Dry needling is taught at postgraduate level within postgraduate courses, which just recently received accreditation. USI idem although no accreditation points can be earned with these courses</p>
New Zealand	<p>Dry needling taught at postgraduate level within postgraduate acupuncture papers / qualifications that are offered. USI introduced in labs at undergraduate and then RUI postgraduate paper offered at AUT within Masters</p>
Norway	<p>Taught at post -entry level in Norway in private courses (outside the University)</p>
Poland	<p>You have to graduate university, at least bachelor level, and after that look for special courses</p>
Portugal	<p>No response to survey</p>
South Africa	<p>Post-entry level</p>
Spain	<p>Both procedures are taught in the postgraduate education</p>
Sweden	<p>Acupuncture yes at entry level, RUI no</p>
Switzerland	<p>No</p>
USA	<p>Dry Needling - Some locations are introducing Dry Needling in professional level (entry-level) education. It appears that at this point this is more in the arena of “exposure” to the background and techniques and does not qualify a graduate. This is being actively evaluated by some PT programs.</p> <p>RUI - Some locations are introducing USI in professional level (entry-level) education; most of these locations are using ultrasound imaging to enhance their anatomy lectures. Below is a response from a U.S. physical therapist that is working on this issue with our professional association (APTA).</p> <p><i>Ultrasound physics and biophysical effects have been a component of physical therapist education for many decades. As the use of ultrasound imaging in musculoskeletal conditions has recently gained increased use in the United States physical therapists have been augmenting their education in using ultrasound as an imaging modality. Currently, as with most medical specialties, MSK ultrasound imaging training is undertaken in a variety of methods, primarily by continuing education and self-study. Physical therapy education prepares physical therapists to augment their initial training to enable the incorporation of ultrasound into practice. As the use of ultrasound in physical therapist practice becomes more widespread it is anticipated educational qualifications will be developed.</i></p> <p><i>There are currently no standards for training and competency within the profession. The Orthopaedic Section of the American Physical Therapy Association has established an Imaging Educational Interest Group to provide education and resources for physical therapists interested in expanding the use of imaging into their practice. There is work going on nationally and internationally at this time to meet this important need</i></p>
United Kingdom	<p>Both techniques are taught at post graduate level</p>

3. Are there additional certifications required to practice these two procedures?

Australia	Not to my knowledge
Austria	There are additional certificates required, but in Austria physiotherapists are not allowed

	to do invasive procedures such as dry needling - courses are only for medical doctors
Belgium	There are no legal requirements
Canada	Yes, but no different from the use of acupuncture alone. All advanced procedures require demonstration of advanced competencies as requested by the governing college
Denmark	Physio in Denmark can use bought skills with or without any courses or formal education!! Sadly no, but we are working on that politically
Finland	No certification is required. There is a strong recommendation to have education for using needles
Germany	There is no certificate for dry needling and for RUI, if you did a special course, there is no certificate required
Greece	No because Dry needling and RUI are not paid by the insurances and because officially Physiotherapists are not allowed to use needles to “penetrate the skin”
Hong Kong	RUI, no additional certification required. Legislative wise, Hong Kong PTs are allowed to perform dry needling. To ensure standard, Hong Kong Physiotherapy Association has introduced accreditation to physiotherapists who have gained certification
Ireland	No
Italy	Dry Needling is not allowed and there are no rules about RUI
Japan	It is necessary to obtain the national certificate for dry needling, and it takes more than three years to obtain it. It is possible to use RUI under the direction of a doctor. It is possible for a physical therapist to attend lecture classes on the operation and use of the machine. At present, no special qualifications are required to attend them
Netherlands	No
New Zealand	No, but acupuncture is looking at introducing something possibly
Norway	No additional certificate required
Poland	No, as I wrote before it is not a clear subject
Portugal	No response to survey
South Africa	No. Not Dry needling, but Acupuncture needs an additional qualification, if used – because in our country the Acupuncturists are registered at a different Health Professional Council = the Alternative HPC of South Africa
Spain	There are no additional certifications required to practice these two procedures
Sweden	No
Switzerland	Until now for Dry needling and RUI there are not. The only thing you had to have was insurance for professional practice. Apparently this is about to change for dry needling. In the future for the practicing of dry needling, you have to have a certification from an organisation which is allowed to teach dry needling
USA	Dry Needling – This is a state by state issue. For example, in the state of Colorado, Physical therapists completing their initial Level I training (typically 3 days) can implement limited dry needling of certain muscles instructed in Level I. During this time they must complete a log of 200 patients and submit it to course instructors prior to qualifying for Level II (additional 2-3 days) instruction. Colorado physical therapists must complete their training within 6-8 months of starting their training per Colorado's specific rules and regulations. Dry Needling is pending or has currently been accepted in the scope of practice for physical therapists in the following states; Alabama, Colorado, Georgia, Maryland, New Hampshire, New Mexico, Ohio, Pennsylvania, South Carolina, Texas, and Virginia. RUI - No certifications currently required
United Kingdom	Physio must attend a recognised course with a recognised tutor with learning outcomes and some sort of assessment

4. Are there regulatory or legislative issues that PTs have to overcome to practice in these areas?

Australia	There have been in the past, where there have been state to state differences. Now we have national registration which has somewhat unified the states. There may be regulatory practices to performing 'traditional acupuncture' in some states
Austria	Legally dry needling is not possible
Belgium	No
Canada	Additional procedures are covered under our current legislation governing PT – competency has to be demonstrated for performance of these acts

Denmark	Sadly no, but we are working on that politically. Please see the website www.icepus.com for more info about ultrasound scanning
Finland	No, but when using needles (invasive methods) it is strongly recommended to have proper education for practice
Germany	No
Greece	As it has to do with the dry needling Physiotherapists are not officially “allowed” to “penetrate the skin” with a needle and RUI is something that since the insurances don’t pay for, it is totally up to the physio if he wants to buy the equipment and use it and depreciate this investment by charging his patients privately
Hong Kong	No
Ireland	No
Italy	The law says that Physiotherapists cannot do invasive treatment: needles are considered invasive
Japan	Dry needling is subject to legal rules and regulations. In addition, they cannot use the technique on invasion in the human body, such as acupuncture and injection. In principle, no physical therapists are allowed to use RUI unless they are under the direction of a doctor
Netherlands	Not at this stage
New Zealand	Not at this stage here in NZ
Norway	No
Poland	Yes
Portugal	No response to survey
South Africa	No – not for any of these two mentioned
Spain	There are no regulatory or legislative issues that PTs have to overcome to practice in these areas
Sweden	No
Switzerland	Until now, for both, legislatively everything is defined a little vaguely and is interpreted pragmatically. The Organisation who teaches Dry needling only demands that people who enter the education, have certification in an education of myofascial triggerpoints
USA	Dry Needling - Regulatory Issues: See response in #3. In the USA, each of the 50 states have different regulatory statutes and as such we need to do a state-by-state analysis of the practice acts and any decisions by the states’ Departments of Regulatory Authority. RUI - Regulatory Issues: This is currently being studied and we do not have detailed data. In the USA each of the 50 states have different regulatory statutes and as such we need to do a state-by-state analysis of the practice acts and any decisions by the states’ Departments of Regulatory Authority. It appears that there currently are not physical therapist restrictions. Sonographers are licensed in 3 states and Physical Therapists are exempt from the related regulation in each of these states.
United Kingdom	It is not a requirement to be a member of the Acupuncture Association of chartered Physiotherapists, but there is some talk about the Health Professional Council regulating the use of acupuncture /dry needling which would require them to be a member of the AACP or British Medical Acupuncture Society

Denmark additional information: Regarding Dry Needling and RUI in Denmark.

In Denmark there are postgraduate courses in both dry needling and RUI. Courses are not connected to university or other educational institutions but are provided by interest groups. There is until now, no formal criteria for who may use these techniques and no certifications are formally required. And as well, there are no regulatory or legislative issues to overcome to practice in these areas. The courses end with a kind of certification.

Here is some information on the ultra sound course:

Aim of the course:

With ultrasoundscanning physiotherapists will be able to reject or confirm pathological conditions faster and more accurately in tendons, muscles and joints, and thereby provide a more accurate physiotherapeutic diagnosis as a prerequisite to initiate a proper treatment. The US scanning is a good complement to the subjective interpretation of the functional anatomy. It will also serve as a follow-up study to evaluate the treatment effect and thus help to optimize a treatment course. For feedback and educational purposes, the

US scanning can be used to give the patient a better understanding of their own physical problems and of physical therapist treatment. Ultrasound guided activation of muscles is a more specific and thus effective training. No similar modalities can provide the same kind of visual biofeedback. The whole process gives 4 ECTS points.

The purpose of the training course is to qualify physiotherapists to be able to:

- master the use of technical equipment
- identify normal anatomic structures on an ultrasound scan
- identify, interpret and describe specific ultrasound scans with clarification of the clinical problem, including relevant findings supporting the clinical investigation
- using ultrasound scanning as a pedagogical tool for training and treatment.

Form:

3 x 2 day with homework assignments in the two intermediate periods of approx. one month, and final assignments after the last module. Lectures, demonstrations and practical training in small groups. The participant must in the process have approved 100 supervised ultrasound scans – partly on training days and partly in the intervening periods.

The dry needling post graduate education courses are done by the Danish Association of Acupuncture and Pain. Here some information of the course:

Purpose

- o learn how to use acupuncture, which is based on modern health sciences
- o learn to treat musculoskeletal pain with acupuncture
- o learn to treat other physiotherapy related disorders with acupuncture
- o updated with relevant knowledge about modern pain theory
- o gain insight into basic research methods in acupuncture
- o receive theoretical and practical knowledge of clinical measurement.

Contents

The program consists of four three-day courses, each consisting of 25 lessons (100 hours). For the courses preparation is required in the form of compulsory literature and theoretical work (minimum 125 hours). At the same time the participants keep a log of at least 30 patients treated with acupuncture (minimum 150 hours). The total volume of training is equivalent to 375 hours or 14 ECTS.

Synopsis

- o Background on acupuncture
- o Pain Physiology
- o Clinical pain assessment, pain treatment and management of patients with pain
- o Indications and contraindications
- o Hygiene and safety rules
- o Scientific evidence and ethics
- o Diagnosis, differential diagnosis and clinical reasoning
- o Acupuncture Method and point to learn
- o Supervised practical acupuncture treatment principles and treatment strategies
- o Record keeping and evaluation of effectiveness
- o Literature Studies and theoretical tasks

Approval of completed education

To achieve professional directories formal training in medical acupuncture (DFFAS Medac) requires:

- A. Absolutely presence and active participation on the courses
- B. That the individual theoretical written assignment is approved
- C. That the "logbook" with 30 patients treated with acupuncture is approved
- D. That the demonstrations of clinical patient cases are adequately performed.