5th International Conference
Utrecht, The Netherlands

Physical Therapy in Psychiatry and Mental Health:
“Presence” in the world of today

Organization:

Support:

www.icppmh.org
www.wcpt.org/ioptmh
www.linkedin.com/groups/Physiotherapy-in-Psychiatry-Mental-Health-3300087
Dear colleagues, welcome!

On behalf of the international organization of physical therapy in mental health (IOPTMH), I feel proud and honored to present you our conference programme. 21 countries are involved in our conference. 80 abstracts were send in. This guarantees you an interesting programme of your choice.

Theme - Knowledge in the field of physical therapy in Psychiatry and Mental health emerges faster every day and develops from intuitive interventions, to empirical to, in some cases, precise interventions. Sharing innovative knowledge is essential in the world of today.

Changes and challenges in health care in the world of today are rapidly emerging as well. Members of the IOPTMH have to be present and mindful in the world of today, for meeting these emerging challenges in society. Therefore the theme of our conference is: Physical Therapy in Psychiatry and Mental Health: “Presence in the World of Today”

Purpose - Our goal is to create a calm and secluded forum for the cultivation of international contacts and relationships through strengthening links across borders. The focus is on the development of a Global network around a scientific and evidence-based practice in this field and to make an inventory of the unique and varied skills of physiotherapists in mental health. All participants are therefore encouraged to stay at the Mitland Hotel/Conference center.

Who? - The conference appeals to physiotherapists and professionals who work in psychosomatic medicine, musculoskeletal conditions, pain management, psychiatry and mental health. We welcome therapists who would like to learn more about and/or present the latest developments of physiotherapy in the field. Applicants with an interest in psychiatry, anxiety disorders, personality disorders, dissociate disorders, eating disorders, lifestyle-problems, traumatic stress disorders, complex long-lasting chronic pain etc., are welcome to the 5th Conference, in Utrecht, The Netherlands.

With this initiative we want to bring the contribution of physiotherapists in mental health into the spotlight. It is important for society, the client, the physiotherapy profession and our relationship with other professionals to create and strengthen a culture of physiotherapy in mental health. In addition, this conference aims to stimulate a dialogue between colleagues, to promote the exchange of experiences and new ideas, to strengthen a global network around a scientific and evidence-based practice in this field and to make an inventory of the possibilities for physiotherapy in mental health.

The conference provides a forum for physiotherapists to meet and share knowledge about education, research, clinical practice, role and organization and to discuss important professional issues within the field of Physiotherapy in Psychiatry and Mental Health.

We wish all the participants a fantastic and memorable conference, on behalf of the organising committee,

Rutger Jntema MBA Pt
Project leader conference and editor of the abstract book
5th International Conference
Physical Therapy in Psychiatry and Mental Health:
“Presence” in the world of today

Organised by

Supported by

Scientific Board
Prof. dr. Michel Probst Belgium
Dr. Daniel Matamoros Spain
Associate prof. Dr. Amanda Lundvik Gyllensten Sweden
Prof. Liv Helvik Skjaerven Norway
Anne Parker Pt United Kingdom
Prof. dr. Harriet Wittink The Netherlands

Local organising committee
Rutger Ijntema MBA Pt
Project leader ICPPMH 2014
Head of Master programme Physiotherapy in Psychiatry and Mental Health
University of Applied Sciences Utrecht, The Netherlands

Harald Riisnaes
Travel Planners of Scandinavia
Professional Conference Organiser for IC-PPMH 2014
## Programme overview

**Wednesday 5th of February**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>15.00</td>
<td>Conference registration</td>
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<tr>
<td>16.00 - 17.00</td>
<td>Official Opening</td>
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<tr>
<td>17.00</td>
<td><strong>TEN YEARS OF PHYSIOTHERAPY IN MENTAL HEALTH: TIME FOR A BALANCE</strong></td>
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<td>Prof. dr. Michel Probst</td>
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<td>Belgium</td>
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<td>17.30</td>
<td><strong>COMMUNICATION AND JOURNALISM AS STRATEGIC PARTNERS FOR</strong></td>
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<td><strong>MENTAL HEALTH PHYSIOTHERAPY. A QUALITATIVE STUDY.</strong></td>
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<td>Dr. Daniel Catalan Matamoros</td>
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<td>Spain</td>
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<tr>
<td>18.00-19.00</td>
<td>Opening reception</td>
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<td>19.15 - ??</td>
<td>Friendly local colleagues will be available to advise on eateries and places to visit</td>
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## Programme overview

### Thursday 6th of February

<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>7.00-8.00</td>
<td>Breakfast</td>
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<tr>
<td>8.00-9.00</td>
<td>Morning Round Table discussions – groups 1-10</td>
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<td>9.00-9.30</td>
<td><strong>Break</strong></td>
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<tr>
<td>9.30</td>
<td><strong>Plenary Sessions</strong></td>
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<tr>
<td></td>
<td>ILLNESS PERCEPTIONS IN PATIENT CENTERED PHYSIOTHERAPY</td>
<td>57</td>
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<td></td>
<td>Edwin de Raaij Msc, University of Applied Sciences Utrecht, Master</td>
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<td>Physical Therapy, The Netherlands</td>
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<td>10.00</td>
<td>CLUSTERING PATIENTS ACCORDING TO PAIN ACCEPTANCE, DIAGNOSIS OR PATIENT PERCEPTION DIFFERENTIALLY PREDICTS RESPONSE TO REHABILITATION TREATMENT</td>
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<td></td>
<td>Rovner, Graciela MSc, Section of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden</td>
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<td>10.30-11.00</td>
<td><strong>Break</strong></td>
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<td>11.00-12.15</td>
<td><strong>Parallel sessions</strong></td>
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<td>Parallel A  Body Awareness practical implications</td>
<td>13 20 21 24</td>
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<td>Parallel B  Physiotherapy and severe psychiatry</td>
<td>26 42 45 55</td>
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<td>Parallel C  Medically unexplained symptoms</td>
<td>12 40 49 61</td>
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<td>12.15-13.30</td>
<td><strong>LUNCH</strong></td>
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<td>13.30-14.00</td>
<td><strong>Poster – a guided tour</strong></td>
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<td>23 25 26 28 36 37 56 58 63 67 75 76 79</td>
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<td>14.00-15.15</td>
<td><strong>Parallel sessions</strong></td>
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<td>Parallel D  Psychosocial factors and physiotherapy</td>
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<td>Parallel E  Physiotherapy and depression</td>
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<td>Parallel F  Physiotherapy and eating disorders</td>
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<td>15.15-16.00</td>
<td><strong>Break</strong></td>
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<td>16.00-17.00</td>
<td><strong>Workshops</strong></td>
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<tr>
<td></td>
<td>I  Basic Body Awareness</td>
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<td>II Biofeedback stress profile</td>
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<td>III Physiotherapy Multidisciplinary Family Treatment Refugees</td>
<td>18</td>
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<td>IV Body Awareness of Women Subjected to Violence</td>
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<td>V Patients stories of their experiences from a clinical BBAT treatment</td>
<td>44</td>
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<td>VI How to deal with body image and drive for exercise in physiotherapy of patients with eating disorders?</td>
<td>51</td>
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<td>VII Grip on medically unexplained symptoms (MUS), a practical approach with a combined exercise- and behavioural program from a neuro-biological perspective</td>
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<td>17.15-18.15</td>
<td><strong>Board Meeting</strong></td>
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<td>19.30</td>
<td><strong>DINNER</strong></td>
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## Programme overview

### Friday 7\textsuperscript{th} of February

<table>
<thead>
<tr>
<th>Time</th>
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<td>8.00-9.00</td>
<td>Morning Round Table Discussion</td>
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<td>9.30-10.30</td>
<td><strong>Plenary session</strong></td>
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<td>WHAT ARE THE BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY</td>
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<td>PARTICIPATION IN COMMUNITY DWELLING ADULTS WITH DEMENTIA?</td>
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<td>A SYSTEMATIC REVIEW OF PHYSICAL ACTIVITY COORELATES AND IMPLICATION</td>
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<td>FOR PHYSICAL THERAPY PRACTICE</td>
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<td>Brandon Stubbs</td>
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<td>WHAT METHODS ARE COMMUNITY MENTAL HEALTH CLINICIANS USING TO</td>
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<td>ASSIST FOR PAIN IN PEOPLE WITH DEMENTIA WHO LIVE AT HOME?</td>
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<td>Lauren Fordham</td>
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<td>Parallel G Physiotherapy and anxiety</td>
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<td>Parallel H Education</td>
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<td>Parallel I Physiotherapy and torture/violence</td>
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<td>12.15–13.15</td>
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<td>13.15–13.45</td>
<td><strong>Poster presentation - a guided tour</strong></td>
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<td>Abstract numbers</td>
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<td>13.45-15.00</td>
<td><strong>Plenary session</strong></td>
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<td>Parallel J Physiotherapy and schizophrenia</td>
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<td>Parallel K Research/Clinimetrics</td>
<td>16 38 52 64 78</td>
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<td><strong>Workshops</strong></td>
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<td>VIII: A WORKSHOP IN TAI CHI FOR ARTHRITIS (TCA)</td>
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<td>IX: EGON Measurement</td>
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<td>15.00-15.15</td>
<td><strong>BREAK</strong></td>
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<td>15.15-15.45</td>
<td>Closing the conference</td>
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<td>Poster award</td>
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Programme Wednesday, February 5th 2014

1500  CONFERENCE REGISTRATION

1600-1700  OFFICIAL OPENING

Rutger IJntema,
Head of master programme physiotherapy and mental health, University of Applied Sciences Utrecht.

Michel Probst
Chairman of the International Organization of Physiotherapy in Mental Health

Harm Drost
Director Faculty of Health, University of Applied Sciences Utrecht

1700-1800  PLENARY SESSION KEY NOTE SPEAKERS
ABSTRACT NUMBERS: 50 31

(50) TEN YEARS OF PHYSIOTHERAPY IN MENTAL HEALTH: TIME FOR A BALANCE
Prof. dr. Michel Probst ,Belgium

(31) COMMUNICATION AND JOURNALISM AS STRATEGIC PARTNERS FOR MENTAL HEALTH PHYSIOTHERAPY. A QUALITATIVE STUDY.
Dr. Daniel Catalan Matamoros , Spain

1800-1900  WELCOME DRINK AND CANAPES
1900  Evening programme of your choice –opportunity for exploring Utrecht

WEDNESDAY EVENING:
All participants
1: Register for your choice of group-discussion for the Morning Round Table: 1-10
2: Register for your choice of Workshop session: I-VII.

Presenters
1: Speakers: Bring your USB / DVD /CD; Contact the registration-desk
2: Posters: Hang your POSTERS; Contact the registration-desk.

Chair persons
1: Chairs in the Morning Round Table: Meet at the registration-desk at 1915;
2: Chairs in the Scientific Sessions and Workshops: Meet at the registration-desk at 1915;
Programme Thursday, February 6th, 2014

0700 – 0800 BREAKFAST

0800 - 0900 MORNING ROUND TABLE DISCUSSION Groups 1-10

GR 1: Building evidence for physiotherapy
Chair: Farmer
*What are the Research Questions we need to ask within the field of PT in Psychiatry and Mental Health? What are the “answers” we need in order to develop the profession?*

GR 2: Education PT Psychiatry and Mental Health
Chair: May
*Education and professionalism – how can we build the future PT in Psychiatry and Mental Health? What are the needs in society that the PT must be prepared to respond to? How can they be reflected in the Bachelor and the Master education?*

GR 3: Building a national network of Physiotherapy in Mental health
Chair: Rumke
*How can we establish a national network in PT and mental health in your country? What action strategies can be developed?*

GR 4: Physiotherapy for persons suffering from Schizophrenia
Chair: Connaughton
*What are the action strategies and future challenges for PT in MH working with persons suffering from schizophrenia?*

GR 5: Body Awareness Therapy
Chair: Gyllensten
*How are Physiotherapists in Mental Health using body awareness in their clinical work?*

GR 6: Physiotherapists role in a psychiatric team?
Chair: Parker
*What is the PT’s Role and Level of Communication in the psychiatric team? How is the Physiotherapist organized at your work or in your country in this particular field?*

GR 7: Presence in the world of today: PT in Psychiatry and Mental Health?
Chair: Matamoros
*How can we communicate and distribute information about the PT in Psychiatry and Mental Health? How can we be present in the world of today?*

GR 8: Biofeedback in physiotherapy and mental health
Chair: Kempenaar
*How can we, as physiotherapists apply biofeedback in our way to meet and relate with our patient? What is a scientific base for this?*

GR 9: Chronic pain
Chair: Rovner
*Pain is a common phenomenon in physiotherapy. What (scientific) models do we use to look at this? What are suitable models to share voor physiotherapy in mental health?*

GR 10: What are the demands from the society we need to respond to?
Chair: Skjærvøn
*Since we are an international organization, we are obliged to be aware and react on health problems in the world. Which problems do we see, we can act on?*
REGISTER: Register on a list, Wednesday evening, for the Morning Round Table Discussion, GROUP 1-10, Thursday and Friday. Each group will be limited to 10-12 participants. If one group is full, you can register in another.

0900-0930 BREAK
Coffee, tea, lemon water

0930-1030 PLENARY SESSIONS KEY NOTE SPEAKERS
ABSTRACT NUMBERS 57 22
Chair:

0930 (57) ILLNESS PERCEPTIONS IN PATIENT CENTERED PHYSIOTHERAPY
Edwin de Raaij MSc
The Netherlands

0930 (22) CLUSTERING PATIENTS ACCORDING TO PAIN ACCEPTANCE, DIAGNOSIS OR PATIENT PERCEPTION DIFFERENTIALLY PREDICTS RESPONSE TO REHABILITATION TREATMENT
Rovner, Graciela MSc, Section of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

1030-1100 BREAK
Coffee, tea, lemon water

1100-1215 PARALLEL SESSIONS A- C
PARALLEL SESSION A  BODY AWARENESS PRACTICAL IMPLICATIONS
ABSTRACT NUMBERS: 13  20  21  24

Chair:

1100-1115:

(13) Body awareness – a vital aspect in mentalization. Experiences from collaboration between psychomotor physiotherapist and clinical psychologist.
Kirsten Ekerholt, Associated professor, PT. Specialist of Psychomotor Physiotherapy. Oslo and Akershus University College of Applied Sciences, Faculty of Health Sciences, Department of Physiotherapy, Oslo, Norway.

1115-1130:

(20) PHYSIOTHERAPY STUDENTS’ WAYS OF EXPERIENCING HUMAN MOVEMENT IN PHYSIOTHERAPY EDUCATION
Sirpa Ahola, Senior Lecturer, M.Sc, PT, Welfare and Human Functioning, Physiotherapy and Rehabilitation, Helsinki Metropolia University of Applied Sciences, Metropolia, Finland,

1130-1145:

(21) “I HAVE A TOOL FOR DAILY LIFE”. PATIENT EXPERIENCES FROM BASIC BODY AWARENESS GROUP THERAPY IN MUSCULOSKELETAL AND RHEUMATIC DISEASE
A. L. Olsen, Department of Rheumatology, Haukeland University Hospital, Bergen, Norway

11.45-1200:

(24) BODY AWARENESS GROUP IN PSYCHIATRIC HOSPITAL FOR PRISONERS
Tanja Balk, Physiotherapist, Helsinki, Finland

1200-1215:

AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION B          PHYSIOTHERAPY AND SEVERE PSYCHIATRY
ABSTRACT NUMBERS: 26  42  45  55

Chair:

1100-1115:

Graciela Rovner MSc in Clinical Medical Sciences, MPT and supervisor, Rehabilitation Medicine, Sahlgrenska Academy at Gothenburg University, Göteborg, Sweden.

1115-1130:

(42) PHYSICAL ACTIVITY MENTOR FOR PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDERS - A NEW PRACTICE FOR PHYSIOTHERAPY STUDENTS
Elisabeth Moyner, Norway.

1130-1145:

(45) Physical activity in patients with severe mental illness
Lene Nyboe, PT, Msc, AUH, Risskov, Skovagervej 2, DK 8240

11.45-1200:

(55) Physical Therapy in Psychiatry and Mental Health in People with Intellectual Disabilities
Erik Gielen, Student Master Programme Physiotherapy in Mental Health UAS Utrecht, The Netherlands

1200-1215:

AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION C  
MEDICALLY UNEXPLAINED SYMPTOMS 
ABSTRACT NUMBERS: 12 40 49 61

Chair:

1100-1115:

(12) A PILOT STUDY INVESTIGATING ASSOCIATIONS BETWEEN PHYSICAL ACTIVITY, FATIGUE, SLEEP QUALITY AND PAIN IN PEOPLE WITH MENTAL ILLNESS. 
Joanne Connaughton, Associate Professor, The University of Notre Dame Australia, Fremantle Campus, Australia

1115-1130:

(40) GRIP ON MEDICALLY UNEXPLAINED SYMPTOMS (MUS), A PRACTICAL APPROACH WITH A COMBINED EXERCISE- AND BEHAVIORAL PROGRAM FROM A NEURO-BIOLOGICAL PERSPECTIVE. 
Bert Kallen (Physiotherapist), Centrum voor SOLK, Bachstraat 103, Sittard, The Netherlands

1130-1145:

(49) EFFECT OF EXERCISE THERAPY IN PATIENTS WITH THE CHRONIC FATIGUE SYNDROME: A SYSTEMATIC LITERATURE REVIEW. 
L.B.C. Slootweg, MSc 
Lecturer at the Master programme Physiotherapy in Psychiatry and Mental Health 
Master Programme Physiotherapy, Centre for Human Movement studies, University of Applied Sciences Utrecht, Utrecht

11.45-1200:

(61) THE EFFECT OF MINDFULNESS-BASED STRESS REDUCTION ON PAIN INTENSITY IN PATIENTS WITH CHRONIC PAIN AND MUSCULOSKELETAL PROBLEMS 
Ariane Hagen, MPT HU University of Applied Science Utrecht, The Netherlands 
Birgitte IJntema-Claessen MPT, Physical Therapy Centre Groene Biezen IJsselstein Utrecht, The Netherlands

1200-1215:

AUDIENCE - Questions and reflections with the speakers
1215-1330
LUNCH

1330-1400
POSTER PRESENTATION  A GUIDED TOUR  
ABSTRACT NUMBERS 23 25 26 28 36 37 56 58 63 67 75 76 79
1330-1400
POSTER PRESENTATION  A GUIDED TOUR
ABSTRACT NUMBERS 23 25 26 28 36 58 63 67 75 76 79

23  TELETRAINING TO SUPPORT PATIENTS WITH SCHIZOPHRENIA OR UNIPOLAR DEPRESSION TO UNDERTAKE PHYSICAL ACTIVITY IN DAILY LIFE – AN INNOVATION STUDY
Birgit Linnet Clemmensen PT, Pernille Byrial PT, AUH, Risskov

25  Is there a role for routine physiotherapy assessment for falls prevention following electroconvulsive therapy?
Chris Plakiotis,¹,² Fay Barson,² Bharathi Vengadasalam,³ Terry P Haines,⁴ Daniel W O'Connor¹,²

Maria Jivegård (medical student), Graciela Rovner (MSc in Clinical Medical Sciences, MPT and supervisor)

28  PHYSIOTHERAPY NEED ON PICU
Mr Ross Farmer, Patrick Mundy, Jade Nelson, Rachel Figg, Emma Anderson, Ellie Robinson

36  Anxiety group, from a physiotherapeutic view.
Birthe Kingo Christensen PT, Pernille Duun PT, Irene Smith Lassen PT

37  THE SHORT-TERM EFFECT OF RELAXATION GROUP THERAPY IN OLDER PSYCHIATRIC INPATIENTS.
Irene Smith Lassen, PT; Lene Nyboe, PT, MSc., Ph.D.Stud.

56  THE EXPERIENCE OF BASIC BODY AWARENESS GROUP THERAPY IN PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME
Daniel Catalán-Matamoros, PT, PhD, Patricia Serranos de Andrés, Liv Helvik Skjærven.

58  Basic Body Awareness Therapy: treatment for patients with prolonged musculoskeletal disorders, focusing on Movement Quality, salutogenesis and daily life use.
D.Holterman , L.H. Skjaerven

63  FIRST YEAR PHYSIOTHERAPY STUDENTS EXPERIENCES FROM BASIC BODY AWARENESS THERAPY GROUP INTERVENTION
Marin Randur, Liv Helvik Skjaerven

67  Master programme physiotherapy in mental health University of Applied Sciences The Netherlands
Rutger IJntema

75  INFLUENCE OF COGNITIVE IMPAIRMENT IN GAIT AND BALANCE IN OLDER ADULTS
Antonia Gomez Conesa

76  THE COGNITIVE IMPAIRMENT IN THE DAILY LIFE ACTIVITIES IN THE ELDERLY
Antonia Gomez Conesa
PILOT STUDY INTO THE EFFECTIVENESS OF BASIC BODY AWARENESS THERAPY IN AN INPATIENT ANOREXIA NERVOSA UNIT

Jody Boyes, Specialist Physiotherapist, The Regional Eating Disorder Unit (REDU), St John’s Hospital, Edinburgh, Scotland. Anne Parker, Superintendent Physiotherapist, Royal Edinburgh Hospital, Edinburgh, Scotland.

1400-1515 PARALLEL SESSIONS D-F
PARALLEL SESSION D  Psychosocial factors and physiotherapy
ABSTRACT NUMBERS 53 11 71 72 73 74

1400-1412

(53) SELFMANAGEMENT IN CHRONIC PRIMARY INSOMNIA

1412-1424

(11) PERCEPTIONS OF PSYCHIATRY AND CLIENTS WITH MENTAL HEALTH COMORBIDITY IN GENERAL PRACTICE PHYSIOTHERAPISTS IN WESTERN AUSTRALIA.
Associate Prof. Joanne Connaughton
Australia

1424-1436

(71) Is a Behavioral Graded Activity Program More Effective Than Manual Therapy in Patients With Subacute Neck Pain?
Jan J. M. Pool, PhD, PT, MT, Associate professor, Research Group Lifestyle and Health, Research Centre for Innovations in Healthcare, University of Applied Sciences Utrecht The Netherlands

1336-1348

(73) Using the Four-Dimensional Symptom Questionnaire (4DSQ) to detect psychological problems in primary care physiotherapy in mental health, Willemien Fokke, MPT, Hogeschool Utrecht, University of Applied Science Utrecht, The Netherlands

1348-1500

(74) How to define in and exclusion criteria for physical therapy in mental health
Evelien Swiers, MPT, Hogeschool Utrecht, HU University of Applied Science Utrecht, The Netherlands

1500-1512

(72) Does focus on psychological aspects in neck pain patients have an added value.
Jan Pool PhD, MSc epid, PT, Associate professor, Research Group Lifestyle and Health, Research Centre for Innovations in Healthcare, University of Applied Sciences Utrecht The Netherlands

1512-1515

AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION E PHYSIOTHERAPY AND DEPRESSION ABSTRACT NUMBERS 4 9 47 64 77

Chair:

1400-1415:

(4) EXERCISE WITHIN PHYSICAL THERAPY FOR MINIMISING DEPRESSION IN ELDERLY
Davy Vancampfort, University Psychiatric Centre Catholic University Leuven, campus Kortenberg, Kortenberg, Belgium

1415-1430:

(9) “I’M KIND OF NOT THERE”: THE LIVED BODY IN EXPERIENCES OF DEPRESSION
Louise Danielsson, PhD-student, RPT, Narhalsan Gibraltar Rehabilitation Clinic, Gothenburg, Sweden.
Susanne Rosberg, PhD, RPT, Institute of Neuroscience and Physiology at the Sahlgrenska Academy, Gothenburg University, Gothenburg, Sweden

1430-1445:

(47) Expressive Arts Physiotherapi for Patients with Burnout
Author: A. Hove-Christensen, Mag. PT, Burnout Clinic Sonnenpark, Pro Mente, Lans, Tyrol, Austria Mail.

1445-1500:

(64) “best practice” protocols for the treatment of individual patients in primary care
Mieke van Wijk-Engbers Mft
Psychosomatic physiotherapist and manual physiotherapist in The Hague
Teacher master psychosomatic physiotherapist University of applied Sciences Utrecht
President science commission Dutch Association for psychosomatic physiotherapy (NFP)

1500-1515:

(77) Postural Alignment in Major Depressive Disorder: Comparisons between recurrent and non-recurrent depression
Janete Z. Canales, Mood Disorders Unit (GRUDA), Department of Psychiatry, University of São Paulo Medical School, São Paulo, Brazil.
PARALLEL SESSION F  PHYSIOTHERAPY AND EATING DISORDERS
ABSTRACT NUMBERS  2  3  17  46

Chair:

1400-1415:

(17) COMPULSIVE/EXCESSIVE PHYSICAL ACTIVITY IN EATING DISORDER PATIENTS
Marit Danielsen, Phd student, Specialist in Norwegian psychomotor physiotherapy. Specialized unit for eating disorders, Levanger Hospital, Norway.

1415-1430:

(2) PHYSICAL THERAPY IN ANOREXIA AND BULIMIA NERVOSA: STATE OF THE ART
Davy Vancampfort, University Psychiatric Centre Catholic University Leuven, campus Kortenberg, Kortenberg, Belgium

1430-1445:

(46) PHENOMENOLOGICAL APPROACH IN ANOREXIA NERVOSA PHYSIOTHERAPY
Janne Alaloukusa, Master of Arts (Philosophy), Tampere, Finland;

1445-1500:

(3) PHYSICAL THERAPY IN BINGE EATING DISORDER: STATE OF THE ART
Davy Vancampfort, University Psychiatric Centre Catholic University Leuven, campus Kortenberg, Kortenberg, Belgium

1500-15.15:

AUDIENCE - Questions and reflections with the speakers
1515-1600: BREAK
Coffee, tea

1600-1700: WORKSHOP I-VII
ABSTRACT NUMBERS 5 14 18 34 44 51 60
1600-1700 WORKSHOP I-VII
ABSTRACT NUMBERS 5 14 18 34 44 51 60

(5) WORKSHOP I
Chair:
A WORKSHOP IN BASIC BODY AWARENESS THERAPY (BBAT) – A HOLISTIC APPROACH ON HUMAN MOVEMENTS USED IN PHYSIOTHERAPY AND MENTAL HEALTH CARE.
Kent Skoglund, Vaxholms sjukgymnastik, Stockholm Sweden.

(14) WORKSHOP II
Chair:
The added value of the Biofeedback stress profile
Eveline Kempenaar, PT, BCIA, Praktijk voor psychosomatische fysiotherapie. Hillegom NL.

(18) WORKSHOP III
Chair:
HOW PHYSIOTHERAPY CAN CONTRIBUTE TO MULTIDICIPINARY FAMILY TREATMENT OF TRAUMATIZED REFUGEES?
Laila Jacobsen, physiotherapist, DIGNITY - Danish Institute against Torture; Copenhagen, DENMARK

(34) WORKSHOP IV
Chair:
WORKSHOP: BODY AWARENESS OF WOMEN SUBJECTED TO VIOLENCE
Presenting author: Charlotte Redin, Physiotherapist, ATT

(44) WORKSHOP V
Chair:
THREE PATIENTS’ STORIES OF IMPLEMENTING ASPECTS OF BASIC BODY AWARENESS THERAPY (BBAT) INTO DAILY LIFE, – A DOCUMENTARY FILM.
Physiotherapist Specialist Else Martens Kobbe, PT, Licenced practioner;

(51) WORKSHOP VI
Chair:
HOW TO DEAL WITH BODY IMAGE AND DRIVE FOR EXERCISE IN PHYSIOTHERAPY OF PATIENTS WITH EATING DISORDERS?
Michel Probst, PT, PhD, KU Leuven, Department of Rehabilitation Sciences & University Psychiatric Center KU Leuven, campus Kortenberg, Belgium.

(60) WORKSHOP VII
Chair:
GRIP ON MEDICALLY UNEXPLAINED SYMPTOMS (MUS), A PRACTICAL APPROACH WITH A COMBINED EXERCISE- AND BEHAVIORAL PROGRAM FROM A NEURO-BIOLOGICAL PERSPECTIVE.
Bert Kallen (Physiotherapist), Centrum voor SOLK, Bachstraat 103, 6137 RX Sittard (NL),

REGISTER: Register on a list, Wednesday evening, for the Workshop I-VII, Thursday and Friday. Each group will be limited to 20-25 participants. If one group is full, please register with an alternative.
1715 – 1815  MEETING: General assembly of IOPTMH

Chair: Probst

Subject 1: Announcements from the IOPTMH Board
Subject 2: Next ic-ppmh Conference, Where? When?

1930  DINNER
Programme Friday, February 7th, 2014

0700 – 0800         BREAKFAST

0800 - 0900         MORNING ROUND TABLE DISCUSSION  Groups 1-10

GR 1: Building evidence for physiotherapy  Chair: Farmer
What are the Research Questions we need to ask within the field of PT in Psychiatry and Mental Health? What are the “answers” we need in order to develop the profession?

GR 2: Education PT Psychiatry and Mental Health  Chair: May
Education and professionalism – how can we build the future PT in Psychiatry and Mental Health? What are the needs in society that the PT must be prepared to respond to? How can they be reflected in the Bachelor and the Master education?

GR 3: Building a national network of Physiotherapy in Mental health  Chair: Rumke
How can we establish a national network in PT and mental health in your country? What action strategies can be developed?

GR 4: Physiotherapy for persons suffering from Schizophrenia  Chair: Connaughton
What are the action strategies and future challenges for PT in MH working with persons suffering from schizophrenia?

GR 5: Body Awareness Therapy  Chair: Gyllensten
How are Physiotherapists in Mental Health using body awareness in their clinical work?

GR 6: Physiotherapists role in a psychiatric team?  Chair: Parker
What is the PT’s Role and Level of Communication in the psychiatric team? How is the Physiotherapist organized at your work or in your country in this particular field?

GR 7: Presence in the world of today: PT in Psychiatry and Mental Health?  Chair: Matamoros
How can we communicate and distribute information about the PT in Psychiatry and Mental Health? How can we be present in the world of today?

GR 8: Biofeedback in physiotherapy and mental health  Chair: Kempenaar
How can we, as physiotherapists apply biofeedback in our way to meet and relate with our patient? What is a scientific base for this?

GR 9: Chronic pain  Chair: Rovner
Pain is a common phenomenon in physiotherapy. What (scientific) models do we use to look at this? What are suitable models to share voor physiotherapy in mental health?

GR 10: What are the demands from the society we need to respond to?  Chair: Skjærven
Since we are an international organization, we are obliged to be aware and react on health problems in the world. Which problems do we see, we can act on?

REGISTER: Register on a list, Wednesday evening, for the Morning Round Table
0900-0930        BREAK  
  Coffee, tea  

0930-1030        PLENARY SESSIONS KEY NOTE SPEAKERS  
  ABSTRACT NUMBERS 66 70  

Chair:  

0930  

(66) What are the barriers and facilitators to physical activity participation in community dwelling adults with dementia? A systematic review of physical activity correlates and implications for physical therapy practice  
Brendon Stubbs, School of Health and Social Care, University of Greenwich, London, United Kingdom  

1000  

(70) What methods are community mental health clinicians using to assess for pain in people with dementia who live at home?  
Lauren Fordham MCSP, Physiotherapist, Derbyshire Healthcare NHS Foundation Trust, Physiotherapy Department Ashbourne Centre, Kingsway, Derby, United Kingdom  

1030-1100        BREAK  
  Coffee, tea  

1100-1215        PARALLEL SESSIONS G- I
PARALLEL SESSION G  Physiotherapy and anxiety
ABSTRACT NUMBERS 7 8 35 41

1100-1115:

(7) PATIENTS WITH POSTTRAUMATIC STRESS DISORDER: A PHYSIOTHERAPEUTIC PERSPECTIVE ON SYMPTOMS, FUNCTION AND EXPERIENCE OF MOVEMENTS
Conny Blaauwendraat PT, MSc, Tornhusets Fysioterapi, Arvika, Sweden,

1115-1130:

(8) Anxiety Management Through Psycho-physical Exercises; A Short Term Group Intervention
Ms Erja Karjalainen, Physiotherapist, Finland, City of Helsinki, Health and Social -, Psychiatric and Substance Abuse -, Physiotherapy Services

1130-1145:

(35) BASIC BODY AWARENESS GROUP PHYSIOTHERAPY FOR PTSD
Lone G. Hvilsom, Physiotherapist, Department for Trauma and Torture Survivors (ATT), Mental Health Services of the Region of Southern Denmark, Vejle, Denmark

11.45-1200:

(41) ICF FOR MONITORING AND EVALUATING PHYSICAL THERAPY FOR PATIENTS WITH PTSD
Aarhus University Hospital, Risskov
Samuel Olanderson, Dept. Q – Department of Depression and Anxiety Disorders, Clinic for PTSD and Transcultural Psychiatry, Aarhus C, Denmark

1200-1215:

AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION H Education
ABSTRACT NUMBERS 48 30 43

1100-1115:

(48) THE FINNISH EDUCATION OF BASIC BODY AWARENESS THERAPY INTEGRATED IN PHYSIOTHERAPY IN MENTAL HEALTH
Kirsti Niskala

1115-1130:

(30) PSYCHOSOMATICS IN THE BACHELOR PHYSICAL THERAPY PROGRAM IN UTRECHT, THE NETHERLANDS
Selma May, Master physical therapy in psychosomatics
University of applied sciences, Institute for Human Movement studies Physical Therapy, Utrecht, The Netherlands

1130-1200:

(43) WINDOW ON A MOVEMENT AWARENESS TRAINING APPROACH - DOCUMENTARY FILM AND TUTORIAL FILM SEQUENCES ON MOVEMENT QUALITY IN BASIC BODY AWARENESS THERAPY (including film)
Professor in Physiotherapy Liv Helvik Skjærven, PT, MSc, Licenced BBAT Teacher;
Department of Occupational Therapy, Physiotherapy and Radiography, Faculty of Health and Social Science, Bergen University College, Norway;

1200-1215:

AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION I  Physiotherapy and Torture/Violence  
ABSTRACT NUMBERS 19 32 33 59

1100-1115:

(19) SHARED LEARNING ENVIRONMENT FOR A BODY APPROACH TO MULTIPROFESSIONAL CLIENT WORK WITH IMMIGRANT WOMEN  
Sirpa Ahola, Senior Lecturer, M.Sc, BBAT therapist and teacher candidate, Welfare and Human Functioning, Physiotherapy and Rehabilitation 

1115-1130:

(32) BODY FUNCTION AND SYMPTOMS AMONG TORTURED AND TRAUMATISED REFUGEES MEASURED BY BODY AWARENESS SCALE – A DESCRIPTIVE STUDY  
Anette Klahr, PT, MSc, DIGNITY – Danish Institute Against Torture, Copenhagen, Denmark.

1130-1145:

(33) TREATMENT OF TRAUMATISED REFUGEES: THE EFFECT OF BBAT VERSUS MIXED PHYSICAL ACTIVITY AS ADD-ON TREATMENT. A RANDOMISED CONTROLLED TRIAL.  
Maja Nordbrandt, MD, PhD fellow, Helena Bjørn Andersen, PT, Jessica Carlsson, MD, PhD

1145-1200:

(59) “HOW CAN I JOIN A BBAT GROUP WHEN I DON’T TRUST OTHER PEOPLE”  
Ann-Mari Dramstad, Psyciatric ward Røyse, Ringerike Hospital, Hønefoss, Norway.

1200-1215

AUDIENCE - Questions and reflections with the speakers
1215-1315 LUNCH

1315-1345 POSTER PRESENTATION - A GUIDED TOUR
ABSTRACT NUMBERS 23 25 26 28 36 37 56 58 63 67 75 76 79

23 TELETRAINING TO SUPPORT PATIENTS WITH SCHIZOPHRENIA OR UNIPOLAR DEPRESSION TO UNDERTAKE PHYSICAL ACTIVITY IN DAILY LIFE – AN INNOVATION STUDY
Birgit Linnet Clemmensen PT, Pernille Byrial PT, AUH, Risskov

25 Is there a role for routine physiotherapy assessment for falls prevention following electroconvulsive therapy?
Chris Plakiotis,¹,² Fay Barson,² Bharathi Vengadasalam,³ Terry P Haines,⁴ Daniel W O’Connor¹,²

Maria Jivegård (medical student), Graciela Rovner (MSc in Clinical Medical Sciences, MPT and supervisor)

28 PHYSIOTHERAPY NEED ON PICU
Mr Ross Farmer, Patrick Mundy, Jade Nelson, Rachel Figg, Emma Anderson, Ellie Robinson

36 Anxiety group, from a physiotherapeutic view.
Birthe Kingo Christensen PT, Pernille Duun PT, Irene Smith Lassen PT

37 THE SHORT-TERM EFFECT OF RELAXATION GROUP THERAPY IN OLDER PSYCHIATRIC INPATIENTS.
Irene Smith Lassen, PT; Lene Nyboe, PT, MSc., Ph.D.Stud.

56 THE EXPERIENCE OF BASIC BODY AWARENESS GROUP THERAPY IN PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME
Daniel Catalán-Matamoros, PT, PhD, Patricia Serranos de Andrés, Liv Helvik Skjaerven.

58 Basic Body Awareness Therapy: treatment for patients with prolonged musculoskeletal disorders, focusing on Movement Quality, salutogenesis and daily life use.
D.Holterman, L.H. Skjaerven

63 FIRST YEAR PHYSIOTHERAPY STUDENTS EXPERIENCES FROM BASIC BODY AWARENESS THERAPY GROUP INTERVENTION
Marin Rändur, Liv Helvik Skjaerven

67 Master programme physiotherapy in mental health University of Applied Sciences The Netherlands
Rutger IJntema MBA Pt

75 INFLUENCE OF COGNITIVE IMPAIRMENT IN GAIT AND BALANCE IN OLDER ADULTS
Antonia Gomez Conesa

76 THE COGNITIVE IMPAIRMENT IN THE DAILY LIFE ACTIVITIES IN THE ELDERLY
Antonia Gomez Conesa
PILOT STUDY INTO THE EFFECTIVENESS OF BASIC BODY AWARENESS THERAPY IN AN INPATIENT ANOREXIA NERVOSA UNIT
Jody Boyes, Specialist Physiotherapist, The Regional Eating Disorder Unit (REDU), St John’s Hospital, Edinburgh, Scotland. Anne Parker, Superintendent Physiotherapist, Royal Edinburgh Hospital, Edinburgh, Scotland.

1345-1500 PARALLEL SESSIONS J, K and Workshops VIII, IX
PARALLEL SESSION J  Physiotherapy and schizophrenia

ABSTRACT NUMBERS  1 10 27 29 39 69

1345-1357

(1) THE SELF DETERMINATION THEORY AND PHYSICAL THERAPY: FROM RESEARCH TO CLINICAL RECOMMENDATIONS
Davy Vancampfort
University Psychiatric Centre Catholic University Leuven, campus Kortenberg, Kortenberg, Belgium
Leuvensesteenweg 517, B-3070 Kortenberg, Belgium.

1357-1409

(10) PREVELANCE, CHARACTERISTICS AND IMPACT OF HEADACHES EXPERIENCED BY PEOPLE WITH SCHIZOPHRENIA AND SCHIZO-AFFECTIVE DISORDER
Associate Professor Joanne Connaughton, The University of Notre Dame Australia, Fremantle Campus

1409-1421

(27) WHAT MAKES ‘SELF’ SO UNIQUE? THE RELATIONSHIP BETWEEN ‘SENSE OF AGENCY’ AND ‘MOTOR CONTROL’ IN SCHIZOPHRENIA
Taisei Yamamoto, PhD 1, Course of Physical Therapy, Department of Medical Rehabilitation, Faculty of Rehabilitation, Kobe Gakuin University, Kobe, Japan.

1421-1433

(29) EXERCISE THERAPY FOR PATIENTS WITH SCHIZOPHRENIA – A SYSTEMATIC REVIEW WITH A QUALITATIVE ANALYSIS
Pernille West-Nielsen¹, PT, MPH; Mental Health Centre North Zealand, Unit for Quality and Development, Hilleroed, Denmark.

1433-1445

(39) Disturbed bodily experiences in patients with first-episode schizophrenia
Lene Nyboe,
Aarhus University Hospital, Risskov, Skovagervej 2, 8240 Risskov, DK,

1445-1457

(69) A systematic review and meta-analysis of osteoporosis and low bone mass in patients with schizophrenia: Implications for physical therapy practice
Brendon Stubbs, School of Health and Social Care, University of Greenwich, Southwood Site, London, UK

1457-1500

AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION K   RESEARCH/Clinimetrics
ABSTRACT NUMBERS 16  38  52  67  78

Chair:

1345-1400:

(16) LINKING THE MIND & BODY – EVIDENCE BASED WAYS TO EXPAND THE ROLE & RELEVANCE OF THE MENTAL HEALTH PHYSIOTHERAPIST
Ross Farmer  Senior Lecturer – University of Hertfordshire, Hatfield, UK
Head of Physiotherapy & Clinical Exercise - South London & Maudsley NHS Foundation Trust, London, UK

1400-1415:

(38) The development of the Body Awareness Scale Movement Quality and Experience (BAS MQ-E)
Amanda Lundvik Gyllensten, Department of Health Sciences, Lund University, Lund, Sweden

1415-1430:

(52) Research on your own clinical data
Why and how?
Marit Danielsen, Phd student, Specialist in Norwegian psychomotor physiotherapy.
Specialized unit for eating disorders, Levanger Hospital, Norway

1430-1445:

(67) THE PSF7; A SCREENING INSTRUMENT FOR PSYCHOSOCIAL FLAGS.
H.E. Roozenburg MPt, The Netherlands

1445-1500:

(78) Jarricot dermatome pain test (TDRJ) validation as a test associated with suffering physical stress.
Maite Cenoz Huarte, Adacen Asociación Daño Cerebral de Navarra, Spain
Workshops

ABSTRACT NUMBERS 6 80

1345-1445

6 Workshop VIII
**A WORKSHOP IN TAI CHI FOR ARTHRITIS (TCA)**
Kent Skoglund, Vaxholms sjukgymnastik, Vaxholms sjukgymnastik, Vaxholm, Sweden

80 Workshop IX
**Prototype of EGON**
Kjölstad Gunhild, Sweden
1500-15.15  BREAK

1515-1545  CLOSING OF CONFERENCE
           Poster award
Abstract book

The 5th International Conference
Physiotherapy in Psychiatry and Mental Health
5-7 February 2014
Utrecht The Netherlands

“Presence in the world of today”
PLENARY SESSION PROPOSITION

Purpose and relevance: The self-determination theory (SDT) is uniquely placed among theories of human motivation to examine the differential effects of qualitatively different types of motivation that can underlie behavior. SDT may provide insight into reasons why patients with schizophrenia adopt and maintain certain health behaviors. The purpose of this presentation is to offer scientific evidence for the use of SDT within physical therapy for patients with schizophrenia. General recommendations will be discussed.

Description and evaluation: A total of 129 patients (44♀) with schizophrenia filled in the Behavioral Regulation in Exercise Questionnaire-2 (BREQ-2) and the International Physical Activity Questionnaire (IPAQ). Our data show significant positive correlations between the total IPAQ score and the BREQ-2 subscales amotivation (r=-0.44, p<0.001), external regulation (r=-0.27, p<0.001), and autonomous regulation (r=0.57, p<0.001). Outpatients reported more external (p<0.05) and introjected (p<0.05) regulations than inpatients. Conclusions: Our results suggest that the level of self-determination may play an important role in the adoption and maintenance of health-promoting behaviors in patients with schizophrenia.

Implications: Clinical practice guidelines that seek to increase self-determined types of motivation might be of added value in the treatment of patients with schizophrenia.

Keywords: physical therapy, self-determination, schizophrenia
PHYSICAL THERAPY IN ANOREXIA AND BULIMIA NERVOSA: STATE OF THE ART
Davy Vancampfort¹,2,*, Johan Vanderlinden¹, Marc De Hert¹, Milena Adámkova³, Liv Helvik Skjaerven⁴, Daniel Catalán Matamoros⁵, Amanda Lundvik-Gyllensten⁶, Antonia Gómez Conesa⁷, Andrew Soundy⁸, Michel Probst¹,²

¹University Psychiatric Centre Catholic University Leuven, campus Kortenberg, Kortenberg, Belgium
²Catholic University Leuven, Faculty of Kinesiology and Rehabilitation Sciences, Leuven, Belgium
³Purkyne University, Department of Psychology, Ústí nad Labem, Czech Republic
⁴Bergen University College, Faculty of Health and Social Sciences, Department of Occupational Therapy, Physiotherapy and Radiography, Bergen, Norway
⁵University of Almeria, Department of Health Sciences, Almeria, Spain
⁶Lund University, Department of Health Sciences, Division of Physiotherapy, Lund, Sweden
⁷Research Group in Physiotherapy and Health Promotion, Regional Campus of International Excellence "Campus Mare Nostrum", Murcia University, Murcia, Spain
⁸Department of Physiotherapy, University of Birmingham, Birmingham, UK

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SPECIAL INTEREST REPORT
Purpose and relevance: The purpose of this special interest report is to summarise the evidence from randomised controlled trials examining the effectiveness of physical therapy compared with care as usual or a wait list condition on eating pathology and on physiological and psychological parameters in patients with anorexia and bulimia nervosa.

Description and evaluation: EMBASE, PsycINFO, PubMed, Cumulative Index to Nursing and Allied Health Literature, Physiotherapy Evidence Database and Cochrane Library were searched from their inception for relevant RCTs comparing physical therapy with a placebo condition, control intervention, or standard care.

Conclusions: Eight randomised controlled trials involving 213 patients (age-range: 16-36 years) met all selection criteria. Three of the 8 included studies were of strong methodological quality (Jadad score≥3). Major methodological weaknesses were attrition and selection bias. The main results demonstrate that aerobic and resistance training result in significantly increased muscle strength, body mass index and body fat percentage in anorexia patients. In addition, aerobic exercise, yoga, massage and basic body awareness therapy significantly lowered scores of eating pathology and depressive symptoms in both anorexia and bulimia nervosa patients. No adverse effects were reported.

Implications: The paucity and heterogeneity of available studies limits overall conclusions and highlights the need for further research.

Keywords: physical therapy, aerobic exercise, massage, anorexia nervosa, bulimia nervosa

Funding / Acknowledgements: None
PHYSICAL THERAPY IN BINGE EATING DISORDER: STATE OF THE ART
Davy Vancampfort¹,²,*, Johan Vanderlinden¹, Marc De Hert¹, Milena Adámkova³, Liv Helvik Skjaerven⁴, Daniel Catalán Matamoros⁵, Amanda Lundvik-Gyllensten⁶, Antonia Gómez Conesa⁷, Rutger Ijntema⁸, Michel Probst¹,²

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²Catholic University Leuven, Faculty of Kinesiology and Rehabilitation Sciences, Leuven, Belgium
³Purkyne University, Department of Psychology, Ústí nad Labem, Czech Republic
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⁵University of Almeria, Department of Health Sciences, Almeria, Spain
⁶Lund University, Department of Health Sciences, Division of Physiotherapy, Lund, Sweden
⁷Research Group in Physiotherapy and Health Promotion, Regional Campus of International Excellence "Campus Mare Nostrum", Murcia University, Murcia, Spain
⁸Institute of Human Movement Studies, Faculty of Health Care, HU University of Applied Sciences Utrecht, Utrecht, the Netherlands

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SPECIAL INTEREST REPORT
Purpose and relevance: Since a distorted body experience and a sedentary lifestyle are central in the course of binge eating disorder (BED), physical therapy might be an interesting add-on treatment. The purpose of this special interest report is to present a systematic review of randomised controlled trials (RCTs) evaluating physical therapy on binge eating and physical and mental health in BED patients.

Description and evaluation: EMBASE, PsycINFO, PubMed, Cumulative Index to Nursing and Allied Health Literature, Physiotherapy Evidence Database, and Cochrane Library were searched from their inception for relevant RCTs comparing physical therapy with a placebo condition, control intervention, or standard care.

Conclusions: Three RCTs involving 211 female community patients (age-range: 25-63 years) met all selection criteria. Review data demonstrate that aerobic and yoga exercises reduce the number of binges and body mass index (BMI) of BED patients. Aerobic exercise also reduces depressive symptoms. Only combining cognitive behavioural therapy (CBT) with aerobic exercise and not CBT alone reduces BMI. Combining aerobic exercise with CBT is more effective in reducing depressive symptoms than CBT alone.

Implications: The limited number of available studies and the heterogeneity of the interventions prevent us to make overall conclusions and highlight the need for further research before any clinical recommendations can be formulated.

Keywords: physical therapy, aerobic exercise, yoga, binge eating

Funding / Acknowledgements: None
EXERCISE WITHIN PHYSICAL THERAPY FOR MINIMISING DEPRESSION IN ELDERLY
Davy Vancampfort¹,²,*, Filip Bouckaert¹, Cindy Teixeira Mota¹,², Marc De Hert¹, Michel Probst¹,²

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²Catholic University Leuven, Faculty of Kinesiology and Rehabilitation Sciences, Leuven, Belgium

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SPECIAL INTEREST REPORT
Purpose and relevance: The prevalence of depression in elderly is high, treatment is inadequate, it creates a substantial burden and is a public health priority for which exercise has been proposed as a therapeutic strategy. The aim of this presentation is to discuss an evidence-based physical activity guideline for older people.

Description and evaluation: Systematic review of randomized controlled trials of exercise for depression in older people.

Conclusions: In older people exercise has short-term positive outcome for depression or depressive symptoms, although more research is needed to define the optimal mode, intensity and duration. Medium- to long-term effects of intervention are less clear.

Implications: The current scientific evidence suggests that, for older people who present with clinically meaningful symptoms of depression, prescribing structured exercise within physiotherapy programmes will reduce depression severity.

Keywords: physical therapy, depression, elderly

Funding / Acknowledgements: Davy Vancampfort is a FWO post-doctoral research fellow at the KU Leuven.
A WORKSHOP IN BASIC BODY AWARENESS THERAPY (BBAT) – A HOLISTIC APPROACH ON HUMAN MOVEMENTS USED IN PHYSIOTHERAPY AND MENTAL HEALTH CARE.

Author: Kent Skoglund, Vaxholms sjukgymnastik, Stockholm Sweden.
Contact: Kent Skoglund, Vaxholms sjukgymnastik, Östra Ekuddsgatan 6, 185 31 Vaxholm.
E-mail: kenta1497@hotmail.com, phone:+46 8 541 321 59, fax:+46 8 541 321 59

Aim: In all physiotherapeutic fields and in mental health care there is a need for patients to get in touch with themselves through increased awareness of their bodies. The aim of this workshop is to experience yourself through the holistic method Basic Body Awareness Therapy (BBAT).

Description: BBAT consists of simple movement exercises from daily life. These exercises are done lying, sitting, standing, walking and also relational exercises done with a partner. Breathing and use of the voice are integrated in the exercises.

Awareness of yourself is very fundamental. Man is looked upon as a whole consisting of physical, physiological, psycho-social-relational and existential aspects. It is considered important to be in touch with all of these aspects of yourself to be able to grow as a whole person. To better understand yourself and to reflect on yourself and your behaviour bodily and mentally is important. When you are concentrated and aware of yourself doing these exercises you get involved in the movements through experiencing different aspects such as balance, flow, rhythm, intention as well as emotional aspects.

For the physiotherapist it is important to be in touch with himself as well as the patient in order to be able to stimulate personal growth both bodily and mentally.

In this workshop we will try to find some of these movement qualities doing BBAT exercises and there will also be time to put questions and to share experiences with each others.

Relevance: BBAT started in psychiatric physiotherapy more than 30 years ago. Due to its growing popularity it is today used within all physiotherapeutic fields. It is a health-and resource oriented rehabilitation program/ methodology working with body/mind unity. BBAT is used individually as well as in group therapy. The method has been thoroughly evaluated in several scientific studies and has been found to be effective in treating patients with different kinds of problems such as depression, anxiety, personality disorders and muscle-skeletal pain.

Keywords: Basic Body Awareness Therapy, movement quality, body/mind unity

Funding acknowledgement: unfunded
WORKSHOP

Name: A WORKSHOP IN TAI CHI FOR ARTHRITIS (TCA)

Authors:
Kent Skoglund, Vaxholms sjukgymnastik, Stockholm Sweden
Amanda Lundvik Gyllensten, Lund University, Dept. of Health Sciences, Sweden
Contact: Kent Skoglund, Vaxholms sjukgymnastik Östra Ekuddsgatan 6, 185 31 Vaxholm
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Purpose and relevance: In physiotherapy and in healthcare there is today an increasing need to find methods that emphasize awareness of the whole and awareness of balance and movements. Many persons suffer from problems with muscular tension and pain, mood disorders like depression or anxiety and/or problems with balance both in the body and/or social situations. There is strong evidence of the effects of Tai Chi in multiple areas, like fear of falling, balance difficulties, fear of movement and everyday physical activity, kinesiophobia, mood disorders and stress-related problems. Tai Chi for Arthritis (TCA) is a short form focusing on pain, stiffness and depression. There are several scientific articles in international journals some written by Physiotherapist revealing TCA to be effective in promoting balance, pain relief and improved functioning. There are also some thesis in Physiotherapy using TCA as an intervention.

Methods and patients: The aims and methods of this workshop is to move and practice Tai Chi for Arthritis (TCA), together with some preparatory warm up exercises. The participants are the ones that enrol in this workshop and also wants to discuss what makes TCA one of the methods in Physiotherapist practice.

Results: TCA is nowadays gaining more and more popularity as a method promoting health and harmony. It is done slowly and with full concentration and therefore it is safe. Your body balance is improved and also your strength, flexibility and mood. This is very important especially when you are getting older in order to prevent falling, depression or other age-related illnesses. There are many professionals that use Tai chi as an intervention for different patient groups. Physiotherapists here have company with Medical Doctors and Nurses. As professionals Physiotherapists have a profound knowledge about body function and movements that makes us especially suited to promote methods like TCA.

Keywords: Tai chi for Arthritis, evidence, health, body/mind function, Physiotherapy practice.

Funding acknowledgement: no funding
RESEARCH REPORT

PATIENTS WITH POSTTRAUMATIC STRESS DISORDER: A PHYSIOTHERAPEUTIC PERSPECTIVE ON SYMPTOMS, FUNCTION AND EXPERIENCE OF MOVEMENTS

Authors: Conny Blaauwendraat PT, MSc, Amanda Lundvik Gyllensten PT, PhD, Riitta Keskinen-Rosenqvist PT, MSc

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Purpose: The main objective of this pilot study was to describe symptoms, function and experience of movements for patients with Posttraumatic Stress Disorder (PTSD), from a physiotherapeutic perspective.

Relevance: Patients with PTSD often consult a physiotherapist, because highly emotional traumatic events are experienced physically. It is important to increase competences in physiotherapy of physical examination, therapeutic relationship and treatment modalities of PTSD patients.

Participants: Twelve patients with PTSD were recruited by consecutive sampling from two clinics between June 2012 and April 2013. The selection criteria included patients with PTSD diagnosis (ICD-10: F43.1 / DSM IV) Type I or Type IIA showing physical symptoms.

Methods: The study was a cross-sectional survey with both quantitative and qualitative approaches. This pilot study is meant to constitute the baseline for an experimental study to come. Patients with PTSD Type I and Type IIA assessed with Visual Analog Scale (VAS), Body Awareness Scale Movement Quality and Experience (BAS MQ-E) and Impact of Event Scale-Revised (IES-R). Excel and Statistical Package for the Social Sciences (SPSS) version 21 were used for interpretation of the quantitative data. The qualitative data were analyzed by manifest content analysis.

Results: The study indicated that pain occurs at a large proportion of PTSD patients. Patients showed clear deviations or difficulties concerning most items correlating with co-ordination/breathing as well as with stability and flexibility in the center line. High scores have been observed for flow of breathing. A clear discrepancy appeared between the assessors and the experiences of the patients regarding their breathing; the assessors evaluated the breathing more hampered than the patients reported themselves. On the items which correlated with relating/awareness, patients only indicated minor problems. As expected, symptoms of intrusion, avoidance and hyper arousal occurred in PTSD patients.

Conclusion: Pain is a commonly experienced symptom among PTSD patients. Physiotherapists ought to be sensitive to identify hampered bodily functions such as stability, co-ordination of movements and breathing.

Ethical considerations: The Regional Ethical Committee in Uppsala approved the study. The patients gave their consent to participation after being provided with written information on the study.

Key words: Posttraumatic Stress Disorder, body function, pain

Funding acknowledgements: Värmland County Council (FoU) has contributed with funding the ethical review.
Special Interest Report

**Anxiety Management Through Psycho-physical Exercises; A Short Term Group Intervention**

Finland, City of Helsinki, Health and Social -, Psychiatric and Substance Abuse -, Physiotherapy Services
Ms Erja Karjalainen, Physiotherapist, Supervisor/ Mr. Tapio Valli, Physiotherapist

1. **Purpose and relevance**
The main reason for developing the new group intervention was the growing demand for anxiety management within the physiotherapy referrals from psychiatric and substance abuse services. Our secondary objective was to identify clinical alternatives to relaxation techniques traditionally used with temporary anxiety reduction.

2. **Description**
The primary method was short term group intervention composed by four sessions. Each session was 45 minutes in length and exercises focused to a specific theme.
Themes were: 1.session: Tension 2.session: Power 3.session: Movement and 4.session: Senses.
A specific manual "Anxiety Management Card" was developed to provide patients with written self-help instructions in a format they could use in everyday situations. The card was given to each patient.
These groups were conducted in several treatment facilities and departments of Helsinki City Health and Social Services. Groups took place in both inpatient and outpatient psychiatric settings. They were also tried out in closed treatment unit for violent psychotic patients. In substance abuse services the groups were provided in walk in-outpatient services, in two detoxification facilities and in three intensive outpatient programs. Similar groups were also offered to treatment program for compulsive gambling.
Anxiety management groups have been running since August 2012, so far total 90 groups have taken place with 419 participants. Altogether 10 physiotherapists have alternated facilitated groups.

3. **Evaluation**
The evaluation of the program is in progress. The patient satisfaction survey will take place 12-2013.

4. **Conclusions**
The short term groups for anxiety management seem to be most efficient when integrated to patient’s comprehensive rehabilitation and recovery process and patient have practiced techniques in everyday life outside clinical physiotherapy setting. Both psychiatric and substance dependent patients appear to benefit equally from this intervention.

5. **Implications:**
Short term group intervention has allowed expanding physiotherapy practice to new patients in area of anxiety management. Patients have received concrete and practical tools to use outside clinical setting.

6. **Keywords:**
Anxiety management, short term group, physiotherapy intervention

7. **Funding acknowledgements:**
No funding has been received. All physiotherapists facilitating groups have been full time employees of City of Helsinki.

8. **Ethical considerations:**
The services were offered in equal manner to all referred patients. No patient was turned away and groups were free of charge to patients. The self-help approach to manage anxiety is respectful, empowering and allows the patient to be the advocate for his own health and life.
“I’M KIND OF NOT THERE”: THE LIVED BODY IN EXPERIENCES OF DEPRESSION

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Abstract type: Research report

1. Purpose: The purpose of this study was to explore experiences of living with depression.

2. Methods:
   a) 10 adults, ages ranging between 24-64 years, with mild to moderate depression were recruited, using a purposive selection to gain a variety of background and clinical characteristics.

   b) A hermeneutic, phenomenological approach inspired by van Manen (1997) and Dahlberg, Dahlberg & Nystrom (2008), was employed. Narrative-based, individual interviews were conducted and audio-recorded, each lasting between 1-1.5 hour. Themes addressed in the interviews were: how depression became noticeable, bodily experiences, impact on daily life, thoughts on recovery and future.

   c) The analysis was guided by procedures described by van Manen (1997) and Dahlberg, Dahlberg & Nystrom (2008). Initially, the authors aimed at grasping the meaning of the data as a whole followed by discussing preliminary themes. Secondly, a structural analysis was conducted; extracting, condensing and coding meaning units. Codes were then discussed and compared, searching for a structure of themes that would illuminate experiences of living with depression. Finally, a more comprehensive understanding of the results was formed in a reflexive process guided by phenomenological theories on the lived body.

3. Results: Experiences of living with depression were understood as two central themes, one reflecting the participants’ lived experiences of depression and the other one relating to these experiences as the participants’ attempts to approach depression. The first central theme evolves around the lived experience of a withdrawing, shrinking movement, narrowing in on life; towards a sense of feeling dried out, reluctant and empty. This theme is labelled “Withdrawing from being-in-life” and involves three subthemes in relation to the withdrawing experience: “The confined flow”, “The burden of weariness” and “The body as appendage”. The other central theme is called “Striving against fading away” and represents the struggling movement, towards breaking through and out, and feeling alive as someone. This theme also involves three subthemes: “To reconnect to feeling alive”, “To belong as a person” and “To balance ability and vulnerability”. The results were discussed in relation to phenomenological theories on the lived body.

4. Conclusions and implications: This study highlights the significance of the lived body in experiences of depression. It is reflected both in the experience of withdrawing from being-in-life - as a detachment in which the normally mediating process of the living body gets disrupted - and in the experience of striving against fading away, attempting to reconnect to feeling alive in a tangible way and to “retune” to life. Treatment approaches focusing on experiencing body and movement might be useful in facilitating this process, which will need further exploring in future studies.

5. Keywords: depression, lived experiences, hermeneutic phenomenology

6. Ethical considerations: The Regional Ethical Review Board of the local university approved of the study.

7. Funding acknowledgements: This work was supported by Gothenburg Centre for Person-Centred Care.
PREVALENCE, CHARACTERISTICS AND IMPACT OF HEADACHES EXPERIENCED BY PEOPLE WITH SCHIZOPHRENIA AND SCHIZO-AFFECTIVE DISORDER

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Purpose
To provide insight into the prevalence, characteristics, classifications, impacts and current management of headaches within the schizophrenic population

Relevance
Headache is the most common pain reported by people with schizophrenia. Despite this there is very little research around the issues. People experiencing chronic headache have a poor quality of life as do people with schizophrenia or schizo-affective disorder. It could be suggested that people with schizophrenia or schizo-affective disorder who also experience chronic headache may have an even poorer quality of life and that appropriate treatment directed towards alleviating headache could importantly contribute to improving quality of life. Evidence supports the efficacy of physiotherapy treatment of cervicogenic headache. It is hoped that information from this study will support the need for physiotherapists to be involved in the management of this population.

Method
Participants: One hundred consecutive people with schizophrenia or schizo-affective disorder utilising the inpatient or outpatient services of a metropolitan mental health facility.
Instrument: A valid and reliable headache questionnaire was used to collect information about headache prevalence and characteristics with additional questions on current headache and psychiatric management. Questions from the SF-36 were also included to determine perceived impact of headaches on quality of life. Information on medication use and co-morbidities were extracted from participant’s medical records.
Analysis: An algorithm was developed based on the International Classification of Headache Disorders to classify headaches into possible: cervicogenic headache; tension type headache; migraine or other headache type. Descriptive statistics will be used to describe the prevalence of headache, headache type, current headache management and perceived impact of headache on mental state, hospital admissions and quality of life. Logistic regression will be used to investigate which factors contribute to explaining the presence or not of headache of any type. A similar approach will also be to identify which factors contribute to explaining the presence or not of cervicogenic headache within the headache population.

Results and findings
To date 85% of data has been collected. Data collection will be completed by December 2013. It is anticipated that preliminary results will be available at the time of the conference.

Conclusion and implications
An outcome of this research will be a better understanding of headache in this population with possible guidelines for better management of headache including the provision of physiotherapy.
Keywords – Headache, Schizophrenia, Schizo-affective Disorder

Ethical Considerations
Ethical approval was granted from The University of Notre Dame Australia and Fremantle Hospital.
Funding – This project was unfunded
Purpose To determine the perception of psychiatry amongst Western Australian (WA) physiotherapists, how often they encounter patients with mental illness and their perceptions of mental health content in their physiotherapy course to evaluate if undergraduate courses in WA cover relevant information about mental health.

Relevance Forty-five percent of Australians will be diagnosed with a mental illness at some time in their life. People with mental illness have poorer physical health, increased morbidity and mortality from preventable diseases and a high prevalence of chronic pain. Due to the prevalence, physiotherapists in general practice in WA assess and treat people with a comorbid mental illness. A positive attitude towards mental illness is essential to provide the best holistic care for these people. Studies have shown that psychiatric content as part of the undergraduate curriculum in allied health courses can influence positive or negative attitudes to psychiatry.

Methods Participants: Physiotherapists (n=110) working in general practice were invited to complete an electronic survey. Consent was assumed by undertaking the survey.

Instrument: A questionnaire was developed including demographic details, exposure to mental illness, the Attitudes to Psychiatry (ATP-30) and open ended questions about current and graduating knowledge of psychiatry and mental illness and what respondents would perceive to be important in content areas in a post graduate programme.

Analysis: Attitudes to psychiatry were determined and univariate approach was undertaken to determine any significant characteristics associated with positive and/or negative attitudes towards psychiatry. Answers to the open ended questions were coded and sorted into themes for analysis.

Results There was a 78% (n=86) response rate of to the questionnaire. Attitudes to psychiatry were generally positive (median score 108.0). Using a Mann Whitney U test a more positive attitude was seen in females (median=109.5) as opposed to males (median = 103.0, p=0.001), those who saw mental health clients at least weekly (median = 109.0) as opposed to those who saw them less frequently median=102.5, p=0.001) and those who had experienced personal mental illness (median=113.0) as opposed to those who didn’t (median=108, p=0.026).

Responses to the open ended questions are summed up in this response ‘How poorly prepared we are as undergraduate Physiotherapists to work with patients with psychiatric issues. Although you might not specialise in this area, you will treat patients with psychiatric conditions therefore some basic skills are required.’

Participants identified they need more information on pathophysiology of mental illnesses and psychiatric treatments including medications, communication strategies and a better knowledge of how to deal with ‘yellow flags’

Conclusions and implications Physiotherapists have generally a positive perception towards psychiatry and identify a need for inclusion of more information in the undergraduate programmes.

Keywords – Perceptions, generalist physiotherapist, comorbid mental illness
Ethical considerations – Ethical approval was granted from The University of Notre Dame Australia
Funding – This project was unfunded
A PILOT STUDY INVESTIGATING ASSOCIATIONS BETWEEN PHYSICAL ACTIVITY, FATIGUE, SLEEP QUALITY AND PAIN IN PEOPLE WITH MENTAL ILLNESS.

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Purpose
This honours student’s study observed physical activity, sleep quality, pain and fatigue in 4 people hospitalised with severe mental illness at a metropolitan mental health inpatient facility during March – April 2011. This pilot was a prospective short-term observational design, testing proof of research concept and feasibility with the aim to provide information to guide future investigations of the effect of physical activity and exercise on symptoms commonly experienced in people with mental illness.

Relevance
Symptoms of fatigue, chronic pain and poor sleep are common in people with mental illness and contribute to substantial loss of functioning. Physical exercise interventions have shown to decrease these symptoms in a range of populations, however their possible association with physical activity related to day-to-day functioning have not been explored in people hospitalised with severe mental illness.

Method
Participants
Long term inpatient of the hospital enrolled in the rehabilitation program (n=18) were invited to participate. Five people consented to participate, however one withdrew soon after the pilot commenced. Diagnoses included bipolar disorder (n=3) and personality disorder (n=1)

Instruments
Participants were fitted with an Actiwatch which collected physical activity and sleep measures over a fourteen day data collection period. Baseline measures of pain and fatigue were recorded using the Brief Pain Inventory (BPI) and Fatigue Symptom Inventory (FSI). A brief questionnaire was used to collect data morning and evening on pain and fatigue. A sleep log was used to record measurement of sleep and wake intervals and was matched against the actigram readout downloaded from the Actiwatches at the end of data collection.

Analysis
Actiwatch data was extracted via manufacturer’s software and an average daily physical activity measure for each participant was automatically calculated as an average activity counts per minute. Fatigue and pain scores from the daily questionnaires were analysed across individuals using the linear mixed model to assess the possible associations between physical activity, pain, fatigue and sleep quality. To investigate the intensity of pain versus fatigue and the interference of pain versus fatigue the BPI and FSI scores were analysed using the paired t-test. These scores were matched in that each participant completed both questionnaires.

Results/findings
Significant associations were found between morning pain and morning fatigue scores (β= -0.44, p= 0.023), morning pain and physical activity (β= 12.34, p= 0.042) and physical activity and evening pain scores (β= 0.20, p= 0.017). Fatigue tended toward interfering more with quality of life than did pain, but this was not significant (p= 0.07).

Conclusions and implications
This study provided preliminary data suggesting associations between pain and fatigue, and intensity of pain and physical activity levels and information for future research into this complex issue.

Keywords
Fatigue, pain, physical activity

Ethical considerations
Ethical approval was granted from The University of Notre Dame Australia and Graylands Hospital.

Funding
This project was unfunded.
Body awareness – a vital aspect in mentalization. Experiences from collaboration between psychomotor physiotherapist and clinical psychologist.

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Research report:

1) **Purpose and relevance.** The main reasons for doing this study was to investigate how a psychomotor physiotherapist and a clinical psychologist had collaborated on patients, and to investigate their understanding of their patients and the therapeutic processes they had been involved in.

2) **Methods:**

A: Participants: Two strategically selected therapists, both of whom had had about 30 years of clinical experience. The psychomotor physiotherapist has a municipal contract and a private practice, the psychologist has a contract with a public health organization as well as a private practice. Both work in a medium sized municipality in Norway.

B: Instruments: The study is based on qualitative interviews. A mini-focus group was established, consisting of the two therapists and the moderator (first author). The participants reflected upon and discussed their experiences during the meetings, seven times over a period of six months, in total 30 hours.

C: Analysis: The analysis in this qualitative study is based on grounded theory approach, using Open and Axial Coding of the audiotaped and transcribed material.

3) **Results:** The analysis revealed an overarching theme: Body awareness – a vital aspect in mentalization, appearing in the two main categories: “The overstretched children in the grown-up patients” and “The traumatized children in the grown-up patients”.

4) **Conclusions & Implications:** The therapists had mainly collaborated on patients who were all severely distressed as grown up persons because of negative or traumatic relational experiences in their childhood. The connection between body awareness and the ability to mentalize turned out to be essential both in the assessment of the patients as well as in the therapeutic approaches. The therapists’ focus on body awareness and mentalization taught and motivated the patients to see the meaning of their embodied reactions. Therapeutic changes occurred when the patients managed to integrate bodily sensations and emotions.

5) **Keywords:** Dynamic psychoanalytical psychotherapy, Norwegian psychomotor physiotherapy, body awareness, mentalization.

6) **Ethical considerations:** No patients were involved in the study. The study was approved by the Data Inspectorate.

7) **Fundings and acknowledgements:** Oslo and Akershus University College of Applied Sciences supported the work by giving first author time to work with the project. No further funding for the authors. Colleagues have carried out peer reviews of the material.
Workshop

The added value of the Biofeedback stress profile

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Purpose:
Getting introduced to biofeedback as a method for assessment and treatment of psychosomatic disorders.

Relevance:
In psychosomatic therapy the mind-body connection is a key issue. In our experience it is difficult to explain this connection to the patient just by talking about it. In biofeedback the reaction of the body is measured during stress and relaxation, which makes it an excellent way to show the patient how emotions and thoughts influence the body. Because biofeedback is seen by the patient as a more body oriented as opposed to psychological approaches it is easier to discuss the effect of emotions on the body. Also the measurement helps the therapist to see more clearly the stress response and relaxation skills of the patient, which can aid in determining the best way of treatment.

Description:
In biofeedback body functions, like respiration, heart rate, muscle tension, hand temperature and galvanic skin response are measured. One way to do this is by performing a biofeedback stress profile. During this stress profile the patient is measured during different situations: rest, mental activity and during slow breathing. The measurement gives the physical therapist information about the patient’s baseline autonomic state, his stress response during a mental stressor, his ability to relax after the stressor and his relaxation skills. The outcome of the stress profile helps the therapist to determine the best way of treatment. Explaining the result to the patient with focus on the self-regulation abilities that can be learned, helps the patient to take an active approach to the therapy. During the treatment the therapist can test the efficacy of the treatment by measuring the patient when he is doing the exercise. The workshop shows two case studies in which biofeedback is used during assessment and treatment.

Evaluation:
Biofeedback is useful as a method during assessment, during treatment and can be used as an evaluation tool to monitor interventions in psychosomatic physical therapy.

Conclusions:
At the end of the workshop participants will have some knowledge how to use biofeedback in the psychosomatic physical therapy. They will need more education to work with the equipment.

Keywords
Biofeedback, stress profile, mind-body connection.

Funding acknowledgements: None

Ethical considerations: No ethical obstacles
Abstract for Morning Round Table Discussion

BUILDING ROBUST EVIDENCE FOR PHYSIOTHERAPY IN MENTAL HEALTH

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RELEVANCE
Throughout the mental health community, physiotherapists are coming under increasing pressure to justify their practice and provide evidence, or risk members of staff being lost. At a time when the “physical health within mental health” agenda is growing in popularity it seems nonsensical that physiotherapy would be reducing its numbers.

DESCRIPTION
This morning round table discussion would give people the opportunity to:
- share ways of working
- resources they use and where to find them
- how people have been asked to justify their services and the outcome
- share data that informs management on decisions (e.g. how big a caseload can a physiotherapist working in acute psychiatry handle and how they decided on that number)

Information from the group can then be pooled and placed into a password protected Dropbox which people from the conference can access and use as a resource when their own services are under pressure. It would be the intention that the information gathered in the workshop would be the beginning on an international shared resource for the ongoing benefit of the profession as a whole.

CONCLUSIONS
To create a network of like minded professionals sharing resources for the good of the profession as a whole.

This abstract is linked to another abstract (Special Interest Report - LINKING THE MIND & BODY – EVIDENCE BASED WAYS TO EXPAND THE ROLE & RELEVANCE OF THE MENTAL HEALTH PHYSIOTHERAPIST). This morning round table discussion would compliment the proposed plenary session. The plenary session would be about sending out the message of where and how to be an evidenced based mental health physiotherapists, whereas this morning round table discussion would be about both sending and receiving information from the group, ideally resulting in a network of people and resources that can help each other when they need to evidence their service or challenge for entry into new services.

IMPLICATIONS
It will be far easier to develop new ways of working and acquire robust evidence to help protect services from future healthcare cuts.

KEYWORDS
Evidenced based practice, new ways of working

ETHICAL CONSIDERATIONS - Nil
Special Interest Report

LINKING THE MIND & BODY – EVIDENCE BASED WAYS TO EXPAND THE ROLE & RELEVANCE OF THE MENTAL HEALTH PHYSIOTHERAPIST

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RELEVANCE-Throughout the mental health community, physiotherapists are coming under increasing pressure to justify their practice and provide evidence, or risk members of staff being lost. At a time when the “physical health within mental health” agenda is growing in popularity it seems nonsensical that physiotherapy would be reducing its numbers.

DESCRIPTION-This potential plenary session looks at ways to harness well established and emerging research from other areas of physiotherapy to not only secure the posts we currently have but to explore new and exciting areas of mental health where we can look to grow.

Using Graded Motor Imagery research opens up the possibility of challenging:

- Body Dysmorphia in Eating Disorders
- Laterality in Mutism and Catatonia
- Education on Pain can be used as a model to develop Chronic Fatigue interventions
- Why Neuropsychiatric disorders should be treated with a Physiotherapy lead model e.g. conversion / functional / somatoform disorders
- The role of treating Peripheral Sensitisation in chronic conditions such as Conversion Disorder
- How Physiotherapy can offer a tactile / kinaesthetic approach when auditory & visual hallucinations are present
- How touch communicates

By understanding how the mind affects the body and vice-versa we are able to hypothesise a number of new ways we can make mental health treatments more meaningful and effective.

EVALUATION-I have been doing various talks of this nature in the UK e.g. National Association Psychiatric Intensive Care Units conference 2012, Chartered Physiotherapists in Mental Health – Introduction to Mental Health Day 2013, Institute of Psychiatry – Neuropsychiatric MDTs 2013. I am also due to do an interview for the Royal College of Psychiatrists on the importance of physiotherapy in mental health and its role in long-term conditions.

CONCLUSIONS-There is potential for physiotherapy in mental health to grow and consolidate its position in light of changing trends. This session aims to send that message out to those in the audience. This abstract can be linked to another abstract (Abstract for Workshops - BUILDING ROBUST EVIDENCE FOR PHYSIOTHERAPY IN MENTAL HEALTH)

IMPLICATIONS-A talk to empower physiotherapists to look for new opportunities in their working environments. Practical guidance on where to find free resources and how to stay up to date without investing large amounts of time. Access to a Dropbox containing references and links for like-minded people. An example of the recent Institute of Psychiatry lecture is attached (this version was aimed at Neuropsychiatry but would be re-written for the ICPPMH audience).

KEYWORDS-Justifying physiotherapy in mental health, evidenced based practice, new ways of working

ETHICAL CONSIDERATIONS-Ni
COMPULSIVE/EXCESSIVE PHYSICAL ACTIVITY IN EATING DISORDER PATIENTS

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The presentation will include results from a pilot study where eating disorders patients are compared to a control group in connection to physical activity, and our treatment intervention and treatment chain from rest to exercise.

Purpose and relevance: According to clinical experience, research and diagnostic criteria; compulsive / excessive physical activity is a well-known symptom in eating disordered patients. There was a need for more knowledge of the problems in connection to compulsive/excessive physical activity in inpatient units to develop effective treatment programmes. We have developed a questionnaire that identifies different aspects of this activity (2005).

Methods, procedure and analyses: Fifty female eating disorder patients (anorexia nervosa n=25, bulimia nervosa n=10, EDNOS n=15) in a specialized inpatient unit and 51 female age-matched student controls were assessed with the Exercise and Eating Disorders (EED). The EED consists of 20 items in three subscales (1) Intentions to exercise, (2) Consequences of not exercising (3) Bodily sensations. The maximum score was 100. Higher scores indicated unhealthier exercise and more compulsivity. We also assess quantity of activity and if the activity was performed alone or not.

Result: There was a statistical difference between the groups in total score and all three subscales (p<0.001), and acceptable internal consistency of EED (Cronbach alpha total score = 0.92) were found.

Conclusions and implications: The results confirmed our hypothesis that the inpatient females with eating disorders differed from age-matched student controls as regards the aspects of physical activity on which we focused. The preliminary test of the new questionnaire in connection with physical activity (EED) was promising, and the aspects in the EED, clearly distinguished significantly between patients with eating disorders and student controls.

The multidisciplinary team in our unit has developed a treatment chain from admission to discharge, from rest to exercise. The intention is to help the patients to distinguish between their neutral bodily sensations and negative emotions in connection to physical activity, achieving coherence between body and mind in here and now situations, and to increase the ability to participate in social interactions. In addition we address the role of the physical activity in the eating disorder. The physical activity interventions are an integrated part of the treatment programme, adjusted to the stages of the treatment programme and the capacity of the patients. Members of staff are specialized in body oriented therapy (Nordic physiotherapy tradition), education and knowledge of physical activity and outdoor life. One day a week the focus was directed towards experiences outside the unit, for example different outdoor activities (e.g. climbing, kayaking, and skating in the winter). Two regular groups of physical workouts were scheduled for the patients in stage two (BMI ≥ 17) per week, one including aerobe activity and one with strength training.

Keywords: Eating disorders, compulsive/ excessive exercise, treatment.

Funding: This work is part of the regular research, and is unfunded.

Ethical considerations: The Regional Ethical Committee approved the study. The patients provided written informed consent to participation. Control group: Participation was voluntary and anonymous.
HOW PHYSIOTHERAPY CAN CONTRIBUTE TO MULTIDICIPILINARY FAMILY TREATMENT OF TRAUMATIZED REFUGEES?

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Abstract:
The presentation will begin with a video demonstration of how physiotherapy (Body Awareness Therapy and acupressure ball massage) and systemic family therapy were combined simultaneously in the treatment of a traumatized refugee family at DIGNITY. The video illustrates how within one treatment session these different treatment methods were used to approach the same therapeutic theme from complementary angles.

The purpose of the presentation is to open up a discussion for how these different treatment methods can be optimally combined within therapeutic practice.

Questions include:
Does the simultaneous collaboration of professions increase the therapeutic impact for the client?
Within this setting, how can physiotherapy best contribute to the practice of family therapy?
Within this context, which verbal and non-verbal relational skills will the physiotherapist need to enhance treatment outcome?

Discussion outcomes will inform future therapeutic practice at Dignity, and also inform future research.

Keywords: Refugee families, multidisciplinary intervention, Body Awareness Therapy

Funding Acknowledgements:
DIGNITY provided the professional setting within which this pilot study was conducted. Journalist Ms Anne-Mette Holm edited the video on a pro bono basis.

Ethical Considerations:
Client identities have been kept anonymous, and they have provided formal consent for participating in this video.
Special Interest report:

**SHARED LEARNING ENVIRONMENT FOR A BODY APPROACH TO MULTIPROFESSIONAL CLIENT WORK WITH IMMIGRANT WOMEN**

Sirpa Ahola, Senior Lecturer, M.Sc, BBAT therapist and teacher candidate, Welfare and Human Functioning, Physiotherapy and Rehabilitation, Anna-Riitta Mäkitalo, Senior Lecturer, M.Sc, psychotherapist, Merja Reijonen, principal lecturer, Ph.D, trauma psychotherapist Helsinki Metropolia University of Applied Sciences (MUAS), Po Box 4031, FI-00079 Metropolia, Finland. E-mail: sirpa.ahola@metropolia.fi, tel. +358 40 641 8378

**Purpose:** A new program on body approach to immigration work. How students, professionals and clients can learn together and from each other through group work.

**Relevance:** Degree programs in universities of applied sciences use to having separate educational classes even if the client and the subject was a shared one. Working with traumatized immigrant women often focuses on cognition, verbal expressions and narratives. Our goal is to change the focus on body, sensation and mindfulness.

**Description:** In Spring 2013 we planned a shared class for students of the degree programs of physiotherapy and social services together with immigration work professionals. The teaching method was based besides teaching on learning by doing and experiencing. In autumn 2013 students and working life partners launched together four groups in real social work units for immigrant women.

The content of the body approach in this project is based on principles adapted from ideas of sensory motor psychotherapy, bodyflow movement method and very early stabilizing phase exercises and mindfulness. One exercise takes 60 minutes. The communication in classes is based on visualization and easy and simple instruction model. The exercise is based on 8-10 drills.

**Evaluation:** In Spring: The evaluation was done by the teachers and it was based on learning diaries. In Autumn: The experiences of running the groups are documented to learning diaries by the students. Two physiotherapy students do a final project on the body groups. Students focus on the realization of the body groups. The informants are those students who run the groups.

**Conclusions:** Shared classes for different degree programs together with professionals from the field are from a pedagogical point of view a very versatile method.

**Implications:** For physiotherapy practice the need to understand multiculturalism is obvious. It is important in encounters, creating client-therapist relationships and evaluating and choosing the working methods when working with often time traumatized people.

In educational context in the future we need more contents that are based on a phenomenon and clientele opposite to fragmented and degree program based and separate contents.

**Keywords:** multiprofessional shared learning environments, body approach, traumatized immigrants

**Funding acknowledgements:** Funding to this project comes from Ministry of Interior of Finland, European Fund for the Integration of Third-country Nationals and Helsinki Metropolia University of Applied Sciences

**Ethical considerations:** The participation to the project was voluntary. In teaching we respected the students’ privacy and integrity. The students we supervised by both the working life professionals and teachers from the MUAS.
PHYSIOTHERAPY STUDENTS’ WAYS OF EXPERIENCING HUMAN MOVEMENT IN PHYSIOTHERAPY EDUCATION

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Purpose: The aim of the wholly research study is to understand the core phenomena of human movement as a part of physiotherapists’ professional development. The purpose of this study is to explore the phenomena of human movement by using physiotherapy (PT) students’ movement experience as a primary entry point.

Relevance: Human movement is an essential element of health and wellbeing (WCPT 2011). In the future it is increasingly important diversify and deepen human movement aspects (Nicholls & Gibson 2011). Development of curriculum is topical issue and that is way human movement awareness approach is actual in PT education. Human movement awareness approach can be seen as important part of physiotherapist’s professional development (Higgs 2004, Skjaerven 2010, Wikström-Grotell & Eriksson 2012).

Methods: All PT students (6) participated to elective human movement awareness studies and the participants took part open group interviews (2) where they reflected their own experience of human movement. Interviews were audiotaped and transcribed. The data consists 11 A4 pages. The data was analyzed by qualitative phenomenographic analysis (Marton 1994, Åkerlind 2005).

Results/findings: After preliminary phenomenographic analysis the focus is to deepen the analysis of the phenomena of human movement by using PT students’ bodily experience and analyze is still going on.

Conclusions: The study’s preliminary findings suggest that by using PT students’ own human movement experience as a primary entry point increased understanding the phenomena of human movement. This also inspires to improve the andragogy of human movement awareness approach in physiotherapy education.

Implications: The study’s preliminary findings support that by using human movement experience as a primary entry, being in human movement, increase PT students’ understanding and orientation about themselves from different perspectives.

Keywords: Human movement, experience, physiotherapy student

Ethical considerations: Participants were informed and invited to voluntarily participate after signing the written informed consent. The design of the study was approved by organization.

Funding acknowledgements: Unfunded. Funding search is in progress.
Background: Rheumatic diseases have physical and psychological impact on movement, function, body image and self-confidence. Physiotherapy interventions have to include promotion of psychological factors and personal resources through movement. Basic Body Awareness Therapy, BBAT, is a movement modality that includes bodily, psychological and existential perspectives. It focuses on promoting movement quality by involving the patient in an active learning process, based on mental contact with the body in daily life movements.

Objectives: The study aimed at evaluating an existing physiotherapy movement group for inpatients with rheumatic disease at Haukeland University Hospital, Bergen, Norway. BBAT was implemented as group intervention twice a week during three weeks of rehabilitation. Movement elements and aspects were explored in lying, sitting, standing and walking, in relational movements and with use of voice. The aim was to study patients’ experiences from participating in the group and how the experiences were used in every-day life. Factors for developing the movement group were sought.

Methods: A phenomenological approach was chosen, including focus group interview of 7 persons and individual in-depth interview of 4 persons. Interviews were transcribed and analyzed according to the Giorgi four-step phenomenological method, aiming at the essence of participants’ descriptions. Meaning units in the text were identified, categorized, extracted and recontextualized.

Results: From the data, 4 main themes emerged. Theme one, “Group structure – relating as an individual” concerns factors that promote learning in the group situation. Becoming aware of own bodily and mental resources, the participants described strengthened beliefs and confidence in interpersonal relations. Theme two, “Experiencing movement”, describes participants’ exploration of bodily signals, based on contact with the body during movement and rest. Movement patterns were linked to physical, mental and emotional aspects of every-day activity. Theme three, Reflecting and learning”, illustrates a learning process, based on understanding relations between pain, movement quality and actions, and resulting in becoming active for change. In theme four, “Changing every-day movement” participants transform experiences into new strategies for movement and action in daily life, finding rhythm, easiness and economic energy levels.

Conclusions: In this study, experiences from participants suffering from long-lasting musculoskeletal disease, including rheumatic disease, indicated that BBAT group intervention involved and activated the participants. Movement experiences led to increased body confidence and the ability to adjust movement patterns to life challenges. This study indicated that a learning process based on contact with the body in daily life movements might influence on movement quality, body image and self-confidence. Physiotherapy interventions should include these elements.

Key-words: Movement awareness learning.

Ethical considerations: were followed.

Funding: None.
CLUSTERING PATIENTS ACCORDING TO PAIN ACCEPTANCE, DIAGNOSIS OR PATIENT PERCEPTION DIFFERENTIALLY PREDICTS RESPONSE TO REHABILITATION TREATMENT

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Abstract

Background: Pain relief has been the primary target of treatment and research in the area of chronic musculoskeletal pain. Knowledge of the importance of psychosocial factors influencing pain, and advances in behavioral medicine have prompted the development of multi-professional rehabilitation. One contemporary development in this field is Acceptance & Commitment Therapy, which seeks to influence how the individual relates to their pain. Whilst treatment outcome studies provide strong research evidence in its support, the assessment and selection procedures for allocating patients to rehabilitation programs is an under-researched area.

Aim: To explore whether dividing and sub-grouping patients according to (1) their diagnoses, (2) the patient’s perception of their pain, or (3) the patients’ acceptance behavior yields distinct descriptions of their psychosocial profile and prediction of differential response to rehabilitation.

Method: Self-report questionnaires about mood, quality of life and pain acceptance, included in a National Registry for Pain Rehabilitation were investigated using one way and mixed ANOVA and k-means cluster analyses.

Results: The grouping according to pain acceptance yielded four clusters with distinct psychosocial profiles and responsiveness to rehabilitation. The other two grouping methods failed to show clear patterns of differences.

Conclusion: Empirically-based assessment procedures focusing on acceptance behaviors are a strong indicator for flexibility and capacity for change, and can offer clinicians and researchers a pragmatic framework that may be useful in determining who will derive the most benefit from pain rehabilitation programs.

Key words:
Behavioral medicine, Acceptance processes, Cluster analyses, Acceptance clusters, Pain/psychology, Patient care management, Patient Selection, Outcome and process Assessment (Health Care), Pain-Measurement – Clinics, Population Characteristics – Heterogeneity – Health Status
Poster

TELETRAINING TO SUPPORT PATIENTS WITH SCHIZOPHRENIA OR UNIPOLAR DEPRESSION TO UNDERTAKE PHYSICAL ACTIVITY IN DAILY LIFE – AN INNOVATION STUDY

Authors: Birgit Linnet Clemmensen PT, Pernille Byrial PT, AUH, Risskov

Purpose: This project is an innovation project aiming primarily to investigate whether a special designed training application can support and motivate patients with mental illness to pursue physical activity (PA) in daily life. To investigate if the patients feel more empowered in relation to their own health specifically their PA. To investigate if teletraining changes the physiotherapeutic approach in promoting PA.

Relevance: Studies indicate that patients with mental illness have an extremely low level of physical activity (PA). As physical inactivity may be a serious cardiometabolic risk factor, increasing physical activity is essential to prevent premature morbidity and death. Smartphone’s are an integrated part of our daily lives, and could potentially be a media and a tool to motivate, improve and increase PA among patients with mental illness.

Description: The innovation project is carried out from April to October 2013. Throughout the test period there have been regularly follow-ups with the patients and project physiotherapists where comments on functionality and effectiveness have been gathered to adjust and refine the application. The application is developed through patient’s involvement concerning design and functionality.

Four physiotherapists and 23 patients participate in the project. The participants are patients with schizophrenia or unipolar depression, 15-34 years of age who have a smartphone, and are attending an outpatient clinic.

Evaluation: The evaluation will consist of focus group interview with four physiotherapists, individual interviews with 23 patients concerning their experiences emerged from use of an application in physiotherapeutic treatment and analysing of quantitative data obtained from the application.

Conclusions: The project will be evaluated by the end of 2013. The projects preliminary findings are that teletraining can motivate to pursue PA among patients with mental illness. The application is in need of some additional features like push and sms reminders to be more efficient. The development of the application is an ongoing process to adjust and individualise the application to meet the patient’s individually needs and demands.

Implications: That teletraining in the future would be an integrated part of physiotherapeutic treatment to motivate and facilitate people with mental illness to undertake PA, and on the long to prevent cardiometabolic risk factor and premature morbidity. The projects preliminary findings will hopefully facilitate a future research project on the effect of teletraining and PA.

Keywords: Teletraining, physical activity, mental illness

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BODY AWARENESS GROUP IN PSYCHIATRIC HOSPITAL FOR PRISONERS
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Special Interest report

1. Purpose and relevance: The purpose of this paper is to establish whether body awareness therapy can be beneficial for male inmates in a psychiatric hospital for prisoners. The main reason for this project was to develop physiotherapy and rehabilitation of the inmates.

2. Description: Two small groups of prisoners (n=9) were practicing body awareness therapy for five weeks including nine sessions of physiotherapy. Based on the feedback of the inmates I gather information how useful the body awareness therapy is regarded as from the prisoners' point of view. The staff of the prison hospital evaluates the contents and usefulness of the physiotherapy group in the form of the written feedback. The information is gathered by interviewing, in writing and by observing and reported as qualitative data.

3. Evaluation: The prisoners who have participated in the group and the members of the staff who had followed the group evaluated used physiotherapy methods. They experienced the body awareness therapy as useful method. Especially emerged Progressive Relaxation, Tension Releasing Exercises and ball massage.

4. Conclusions: Body awareness therapy can be a useful method as a part of the prisoners’ rehabilitation. Physiotherapy group can be useful and cost-effective rehabilitation method. A large-scale randomized controlled trial should be conducted to further test effectiveness.

5. Implications: This report had two small sample groups and measures were self reported. The used physiotherapy methods were effective and appropriate for use in a psychiatric hospital for prisoners. Further recommendations for future developments are discussed.

6. Key words: Physiotherapy, Body awareness therapy, Psychiatric hospital for prisoners,

7. Funding acknowledgements: Unfunded.

8. Ethical considerations: The prisoners took part in the project on a voluntary basis and signed an agreement on the exploitation of the report.
Is there a role for routine physiotherapy assessment for falls prevention following electroconvulsive therapy?

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1. Purpose & relevance: Although electroconvulsive therapy (ECT) is safe and efficacious overall in treating depression in older adults, it is also a risk factor for falls in this population. The incidence of ECT-related falls has been examined in studies of ECT safety, but its effect on balance and gait has not, despite these factors being integral to instability and falls. Some susceptible individuals may hypothetically experience problems with balance and gait initially after ECT, which may improve over time as depression resolves.

This pilot study is the first to examine the impact of ECT on balance and gait in older adults before and after a single ECT treatment. Additional objectives were to explore associations between balance and gait, patient-related variables and treatment parameters; and build a case for a larger study to identify patients at greatest risk of falling following ECT.

2. Methods:
Participants: Participants were 21 individuals aged 65 years and older, treated with ECT in two public healthcare services for unipolar or bipolar depression (current episode or in remission). Participants were required to provide informed consent for study participation; be ambulant without aids; and have a good command of English. Involuntary psychiatric treatment and clinically overt mobility problems (increasing the risk of falls during testing or impairing test performance) were exclusion criteria.

Instruments: The following four tests were administered: steady standing test; perturbation of standing balance by self-initiated movements; perturbation of standing balance by an external perturbation; and the timed up and go test. Testing occurred 1 hour pre-ECT and 1, 2 and 3 hours post-ECT.

Analysis: Changes in balance and gait before and after a single ECT treatment were assessed using one-way repeated measures analysis of variance (ANOVA), in a prospective, repeated measures study design.

3. Results / findings: No decline in post-ECT performance was found on any test administered.

4. Conclusions & implications: Balance and gait were not found to deteriorate immediately after ECT. Possible explanations for our findings are the exclusion of participants with clinically overt mobility problems and other factors (such as post-treatment confusion) better accounting for falls in the aftermath of ECT. The occurrence of ECT-related falls is not disproven by this research. Rather, the utility of introducing routine physiotherapy assessment of the balance and gait of older ECT recipients without pre-existing mobility problems as a falls prevention strategy is called into question. Studying patients who have actually fallen following ECT may be a more viable direction for future research.

5. Keywords: electroconvulsive therapy, falls

6. Ethical considerations: The Human Research Ethics Committees of Monash Health and Barwon Health approved the conduct of this study. Exclusion of patients at high risk of falling was a limiting factor.

7. Funding acknowledgements: The John Cockayne Memorial Aged Care Research Fund supported this study. The authors alone are responsible for the content and writing of this research.
POSTER

Chronic pain: a cohort study in Buenos Aires, Argentina: psychosocial aspects and gender differences. Year: 2013

Authors: Maria Jivegård (medical student), Graciela Rovner (MSc in Clinical Medical Sciences, MPT and supervisor)

Institution, City, Country: Rehabilitation Medicine, Sahlgrenska Academy at Gothenburg University, Göteborg, Sweden.

Background: Chronic pain has great impact on individual and society with yearly costs of 87.5 billion SC. Psychosocial and behavioral factors are demonstrated to influence the experience and chronicification of pain, but in Argentina this condition is still treated invasively and pharmaco logically. Pain does not only consist of a physical sensation, but also psychosocial and behavioral components that need to be considered.

Aim: Map out patients’ psychosocial status and gender differences. Study the relationship between the main psychosocial variables.

Methods: Consecutively recruited patients with widespread pain (n=22) at a university hospital pain clinic answered questionnaires included in the Swedish Quality Registry of Pain Rehabilitation, about pain, sociodemographics, anxiety and depression (HAD), QoL (SF-36), kinesophobia (TSK-11) and pain-acceptance (CPAQ). Non-parametric tests; Spearman’s rho, Fisher’s exact test, Mann-Whitney U-test, Kruskal-Wallis test were computed with SPSS.

Results: The patients median age was 55, 77% of them were women, well-educated and half of them working. They had severe pain in several locations and experienced more restriction in daily activities. Mild levels of anxiety and kinesophobia but low levels of depression and decreased QoL was found. Pain-acceptance was correlated with anxiety, kinesophobia and some areas of QoL. The CPAQ subscale ’pain willingness’ was correlated to all psychosocial dimensions, but kinesiophobia. No correlations found with health-care use.

Conclusion: Results demonstrate need for a shift to biopsychosocial assessment and consideration of gender differences in development of rehabilitation programs. Pain acceptance might be important to take in consideration and be targeted in treatment. More clinical research is needed to increase awareness on how these aspects may impact in the rehabilitation of chronic pain.

Keywords: Chronic pain, Epidemiological study, Behavioral Medicine, Gender differences.
WHAT MAKES ‘SELF’ SO UNIQUE? THE RELATIONSHIP BETWEEN ‘SENSE OF AGENCY’ AND ‘MOTOR CONTROL’ IN SCHIZOPHRENIA

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²Geisei Hospital. Geisei-Mura, Kochi, Japan.

Purpose and relevance: The purpose of this study was to examine the relationship between ‘sense of agency’ and ‘motor control’ in schizophrenia. Sense of agency is one of the components of self-consciousness. An important aspect of awareness of the body and movement is our sense of agency: the feeling that we cause movements and their consequences. This concept suggests that self-consciousness is gained by strengthening body awareness. The present study focused on changing ‘sense of agency’ after ‘motor control’ improvement through basic body awareness therapy for schizophrenia.

Description: Recently, attempts have been made in the field of neuroscience to understand comprehensively the mechanism of ‘mind’, ‘action’, ‘sense of agency’, and even ‘self-consciousness’ through the knowledge of human action and brain function. Schizophrenia is one of the psychological health disorders that impair both self-consciousness as well as physical problems such as posture and motor control, pain, high muscle tone, dizziness, and tiredness. These severe symptoms decrease movement quality and disturb social interaction. This may provide a cue in understanding the role of physiotherapy as a fundamental treatment for schizophrenia provided the relationship between ‘sense of agency’ and ‘motor control’ is established more clearly.

Evaluation: The participants in this study are patients with schizophrenia diagnosed by Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). Before and after BBAT, the subjects were assessed by postural copy reflected by a mirror, postural control measured by a gravicorder, finger search test, deep sensory check as a body sign and sense of agency scale, an image of 10-m locomotion time, and mental rotation task for psychological conditions. These data were statistically analysed using analysis of variance and correlation. BBAT was structured twice a week, for a total of 12 times in a closed group.

Conclusions: This is an on-going study (from 2013 to 2014), and the final outcome will come in 2014.

Implications: The present study possibly contributes to the finding that BBAT is a fundamental treatment for schizophrenia. Body awareness and movement play an important role in enhancing self-consciousness, which is the core concept of schizophrenia. This study should be considered a further advancement that contributes to the treatment of schizophrenia.

Keywords: Basic Body Awareness Therapy, sense of agency, motor control

Funding acknowledgements: The study was funded by Kobe Gakuin University, Kobe Japan.

Ethical consideration: The Ethics Committee in Kobe Gakuin University, Kobe, Japan, approved this study design.
1. Purpose & Relevance: The physical health of mental health patients has been of growing concern over the past decade. Physiotherapists look beyond routinely considered physical health conditions within mental health services (metabolic syndrome, smoking) and consider physical impairments. Physical impairments can be considered to be a dysfunction of one or both of the musculoskeletal and neurological systems. They can impact upon day to day social participation, anxiety, frustration, aggression, adherence to treatment and overall quality of life. When physiotherapy is understood to have a role in quality of life and recovery; its place within Psychiatric Intensive Care Units becomes clear (PICU).

2. Methods:
Participants: This practice based project saw a physiotherapist join a 10 bed female PICU multidisciplinary team for 1 day per week. This time included attending a weekly management round where the physiotherapist was able to highlight patients likely to have physical impairments based on their present condition and history.
Instruments: The referrals made to physiotherapy from staff were collated and used to measure the presence of physical impairments on PICU.
Analysis: The problems diagnosed during the physiotherapy assessment were collected over a one year period and were grouped to aid interpretation.

3. Results / findings: In total 32 people were referred to physiotherapy between July 2012 and June 2013 for which 36 physical impairments were identified:

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Musculoskeletal condition (e.g.</td>
<td>13</td>
</tr>
<tr>
<td>negative postures, long-term neck pain</td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Injuries – During admission</td>
<td>6</td>
</tr>
<tr>
<td>Chronic LBP</td>
<td>4</td>
</tr>
<tr>
<td>Soft Tissue Injuries – Pre admission</td>
<td>3</td>
</tr>
<tr>
<td>Fracture</td>
<td>3</td>
</tr>
<tr>
<td>Body or Social Disengagement (incl. Catatonia)</td>
<td>1</td>
</tr>
<tr>
<td>Reduced Mobility</td>
<td>1</td>
</tr>
<tr>
<td>Severe Constipation</td>
<td>1</td>
</tr>
<tr>
<td>Post partum advice</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

4. Conclusions & implications: There were 36 physical impairments treated during the review. During the previous year (where there was not a physiotherapist in the MDT) no referrals were made despite the same referral pathway existing. The most common physical impairments were long-term musculoskeletal issues which would normally be treated in the community by a physiotherapists referred to by the patients GP. It was unsurprising that musculoskeletal conditions were the most prevalent as 3.383% of the UK population are referred to physiotherapy for similar condition each year. It is possible that this rate was high due to this population not routinely accessing mainstream services.
The next most common impairment came as a result of soft tissue injuries whilst in the PICU. These occurred due to either restraint or an assault by another patient. One of the three fractures also occurred whilst on PICU due to a finger being injured during restraint. It is of note that the physiotherapist performed a wide range of interventions including women’s health, respiratory, orthopaedics, social inclusion and communication. This data suggests that physical impairments are present in the PICU population and that their presence should be considered as part of the patients overall management plan. Without a physiotherapist being present these physical impairments are unlikely to be identified. A study looking at the impact of physical impairments on the exacerbation of psychological symptoms is recommended.

5. **Keywords:** PICU, Physiotherapy, Physical Impairments

6. **Ethical considerations:** Data was anonymised and approval obtained through the organisations audit committee.

7. **Funding acknowledgements:** No funding was received for this service evaluation.
EXERCISE THERAPY FOR PATIENTS WITH SCHIZOPHRENIA – A SYSTEMATIC REVIEW WITH A QUALITATIVE ANALYSIS

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Protocol

Abstract

Background: Studies investigating the effect of exercise interventions in patients with schizophrenia indicate reduced symptoms and increased subjective well-being, but profound knowledge of the underlying mechanisms and expected outcomes is as yet lacking.

Objective: To investigate theories and knowledge about mechanisms influencing the effect of exercise in patients with schizophrenia.

Participants: Scientific papers focusing on adults (18 years or older) diagnosed with schizophrenia or schizophrenia-like illnesses according to ICD-10 or DSM-IV including any length of illness and any nationality.

Intervention: Any kind of exercise intervention applied to the participants.

Outcomes: All used outcomes eligible such as physical activity, mental state and quality of life.

Data Sources: Clinical Guidelines, systematic reviews, and original studies were searched using the following databases: The Cochrane Schizophrenia Group Trials Register, The Cochrane Database of Systematic Reviews, The Cochrane Register of Controlled Trials, The Cochrane Database of Abstracts of Reviews and Effects, Scopus, PsycLIT, PsycARTICLES, Medline, EMBASE, CINAHL, PEDro, PsycINFO, The Physical Education Index, The Cochrane Database of Systematic Reviews (CDSR), Directory of Open Access Journals (DOAJ), and Web of Science. No restrictions in date or language. Search terms: Schizophrenia, yoga, mindfulness, movement, body awareness therapy, walking, stretching, swimming, dancing, exercise therapy, cycling, running, walking, cardiovascular exercise, strengthening exercise.

Qualitative analysis: The Grounded Theory Method is used to explore theories and/or mechanisms of effect on exercise in patients with schizophrenia. Coding: The iterative process is done after reading each document or study and includes Open-coding by a four step process to identify key points in the data; Axial coding (The Paradigm) by comparing categories in a conditional matrix to refine the analysis; and the Constant Comparison Method by comparing pieces of data for similarities and differences. Analytic tools: Asking questions about data; considering different meanings of words; implementing personal experience; recognizing biases, assumptions or beliefs by participants or the analyst (red flag warnings), looking at the use of language and for the exceptions that do not fit the pattern of the phenomenon. Memos and diagrams: Keeping record of analyses, storing information, working with concepts. Memos and diagrams will include e.g. dates, headings, quotes and phrases from data and references to the documents and data.

Perspective: Further knowledge of theories and mechanisms about exercise therapy for patients with schizophrenia will enable improvement of future research questions and design of clinical trials. Such knowledge will also benefit the progress of clinical recommendations, guidelines and clinical practice for patients with schizophrenia.

Keywords: Schizophrenia, exercise therapy, Grounded Theory

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Special Interest report

PSYCHOSOMATICS IN THE BACHELOR PHYSICAL THERAPY PROGRAM IN UTRECHT, THE NETHERLANDS

Selma May, Master physical therapy in psychosomatics
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1 Purpose and relevance:
During the Bachelor program of physical therapy at the University of applied sciences Utrecht (UASU), students develop general therapeutic competences including knowledge and skills related to patients with psychosomatic complaints. Furthermore, a specialization master program for psychosomatics is offered. Because of a growing interest in patients with medically unexplained physical symptoms, (MUPS) one of the goals of Bachelor curriculum innovation was to integrate psychosomatic aspects in physical therapy in a more structural manner.

2 Description
The European Qualification Framework (EQF) is used to distinguish between levels of competence development. Furthermore, the levels of patient complexity introduced by the Dutch Association of psychosomatic physical therapy (DAPPT) were used.

3 Evaluation
From September 2012 the bachelor curriculum has been innovated. Learning outcomes related to psychosomatics are described by an interdisciplinary team of lecturers at EQF level 6 and using the DAPPT complexity levels 1 and 2. As a new part of the program (1) a pain-related course of applied knowledge and skills related to sensitization, cognitive aspects and pain education and (2) a course on MUPS related to multidimensional problems were developed. Furthermore, the clinical reasoning process had been reorganized to hypothetical deductive methods on all aspects of the biopsychosocial model. First experiences show a better development of reasoning skills related to biopsychosocial aspects.

4 Conclusions
Bachelor students develop competences to treat patients with low levels of complexity, and recognize high levels of complexity according to the DAPPT.
To enable students who are interested in patients with psychosomatics, to treat patients with physical complaints and multidimensional problems, a minor program could be an addition to the regular bachelor program.

5 Implications:
Patient will profit from general physical therapist with capabilities to better understand and react to psychosomatic problems.

6 Keywords
Integration psychosomatics in education

7 Funding acknowledgements:
Institute of movement studies, University of applied sciences Utrecht

8 Ethical considerations: not applicable
COMMUNICATION AND JOURNALISM AS STRATEGIC PARTNERS FOR MENTAL HEALTH PHYSIOTHERAPY. A QUALITATIVE STUDY.

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Purpose & relevance: Communicating Mental Health Physiotherapy (MHPT) in ways that are useful and meaningful for both science and society remains a challenge. During the last decades, this field has been scientifically and clinically developed. However, efforts in dissemination and outreach outside the scientific community are still needed. This study explored which communication and journalism strategies could be used to promote MHPT in society.

Methods: 54 journalists who attended a specialization training in scientific journalism participated in 3 focus groups aimed at exploring ways to promote the MHPT through communication strategies.

Findings: Participants reported having active roles in the planning and implementation of outreach and communication activities in the field of MHPT. Strategies for the dissemination and outreach of MHPT were identification of target groups (general population, decision makers, patients’ organizations, health professionals, etc.), key messages (social needs, hot topics, etc.), implementation of communication activities (stakeholders/community relations, advertising, print materials, media relations, government relations, corporate communications and internal communications).

Conclusions & implications: This consultative study provided a more in-depth understanding of the need for greater levels of communication and opportunities for engagement by all stakeholders. Communication strategies play an important role in promoting young or junior scientific research fields among different stakeholder groups. MHPT organizations should focus not in more information but in more effective communication and dialogue.

Keywords: Communication, Journalism, Outreach.

Ethical considerations: The study meets all ethical principles according to the Helsinki Declaration.
Purpose and relevance: Although it is documented that a majority of tortured and traumatised refugees in addition to PTSD, anxiety and depression, suffer from chronic pain and reduced physical functioning, only little research has been made to explore body function among this group of patients. DIGNITY – Danish Institute Against Torture in Copenhagen, rehabilitates refugees who have been exposed to torture, mistreatment and strongly traumatised experiences such as war and organised violence. The rehabilitation programme at the institute is carried out by interdisciplinary teams comprising physicians, psychologists, physiotherapists and social counsellors. Our experience shows that the patients’ multiple bio-psycho-social problems highly interact with each other. The integration between body and mind and how these components interact is very prominent in our patients and provides a major challenge in efforts to improve the individual’s physical function. The Body Awareness Scale (BAS) is specially designed to measure physical and psychological symptoms, and physical function. The purpose here was to document body function and symptoms in a group of tortured refugees measured using the BAS.

Methods: All consecutive adult patients who started the interdisciplinary rehabilitation program at DIGNITY were asked to participate in BAS assessments. They were offered assistance of professional interpreters. During the study period of 8 months it was possible to collect data from 29 patients [16 men; 13 women; mean age 45 years (range 26-60 years)]. The BAS instrument consists of an interview and an observation test of movements and measures body awareness and movement function. Six experienced and in the field specialised physiotherapists performed the BAS tests together two and two. One physiotherapist first interviewed and then guided and observed the patient throughout the test after a “follow-me” principle. Another physiotherapist was observer during the whole test. The interview and the observations were scored from 0-3 also using half scores thus consisting of 7 scores. After the test the two physiotherapists first separately set their scores and thereafter a consensus result used for analyses was decided on. Descriptive data will be presented at the group level and single cases kept unidentified.

Results: The BAS interview revealed several psychological and physical symptoms such as anxiety, aggression, pain, muscle tension, sleep disturbances and vegetative symptoms. The BAS observation test showed dysfunction in balance, posture, co-ordination and breathing although there were large variations in the severity of symptoms and body function in the group. Further analysis is in progress and will be presented.

Conclusions and implications: The Body Awareness Scale seems to be useful for assessing body awareness and movement function among tortured and traumatised refugees and can thus contribute to clinical treatment planning.

Keywords: traumatised refugees, physical function, Body Awareness Scale

Ethical considerations: The assessments comply with the Helsinki II Declaration and the study is registered at the Danish Data Protection Agency.

Funding acknowledgements: The data was collected as part of the ordinary physiotherapy assessment procedures at DIGNITY.
TREATMENT OF TRAUMATISED REFUGEES: THE EFFECT OF BBAT VERSUS MIXED PHYSICAL ACTIVITY AS ADD-ON TREATMENT. A RANDOMISED CONTROLLED TRIAL.

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1. Purpose and Relevance: Currently, there is a considerable lack of studies on treatment effect in the target group of traumatised refugees. The majority of studies on PTSD have been carried out on road victims, rape victims and war veterans. The scarcity of empirical evidence includes a lack of studies on the effects of physical activity as add-on treatment for PTSD. Similar to this is the conclusion from the recent and first Cochrane review made about physical activity as treatment for PTSD from 2010; “Sports & Games for post-traumatic stress disorder”. The report concludes that no studies fulfil the inclusion criteria, underlining the limitations of the previous studies in this field.

Since this review, only a few, new studies have been conducted. Consequently, the basis for giving recommendations about physical activity as treatment for PTSD is very weak. Despite the little evidence, both physical activity in various forms and psycho education regarding physical activity is widely used as an integrated, additive part of the treatment by many Danish institutions treating traumatised refugees.

This study aims to provide evidence on the use of physical activity in the treatment of traumatised refugees. The poster presents the set up of our study and the provisional state of data.

2. Methods: 250 patients referred to treatment for PTSD at CTP from September 2013 - May 2015 will be included. All patients will be randomised into one of three groups: 1) Control group (treatment as usual), 2) BBAT or 3) Mixed physical activity. Inclusion criteria for participants:

- 18 years or older
- Refugees or persons who have been brought in under family reunification
- Symptoms of PTSD pursuant to the ICD-10 research criteria.
- Psychological trauma in the anamnesis.
- Informed consent and assessed by a doctor to be motivated for treatment

3. Instruments: Treatment as usual (TAU) is combined with manualised physical activity as an add-on treatment. The two types of physical activity are respectively BBAT and mixed physical activity. The physical activity will be running parallel to the TAU once a week for 1 hour per training session, in a total of 20 sessions. All patients will be motivated to do home exercises, which are shown in their respective session.

Outcome measures:
Primary: Harvard Trauma Questionnaire.

5. Keywords: Traumatised refugees, BBAT, physical activity

6. Ethical considerations: Randomisation is assessed to be ethical, as there is insufficient knowledge about which of the treatments offered to the patients is the best.

7. Funding acknowledgement: TrygFonden, Psychiatric Centre Ballerup
WORKSHOP: BODY AWARENESS OF WOMEN SUBJECTED TO VIOLENCE

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Purpose and Relevance: Through a two-year programme and in collaboration with a municipal women’s shelter in Odense, ATT has developed a psychiatric physiotherapeutic service. While Danish shelters support the rehabilitation of women in a variety of ways, the introduction of physiotherapy is a novelty; in spite of the fact that women may arrive at the shelters directly from long-time physical abuse from their partner.

Description: The programme was based on the experience that verbal psychotherapeutic treatment of abused women is not sufficient. The women share many symptoms of patients treated at ATT who suffer from PTSD: distorted body image, low awareness of bodily sensations, mental distraction, difficulties with sleep, hyper arousal, emotional deregulation, and memory loss.

Basic Body Awareness Therapy (BBAT) was chosen as therapeutic approach, resting on the idea that bodily and mental sufferings are interrelated, and on a four-dimensional conception of the human being: the physical/structural, physiological, psychological/relational, and the existential dimensions (Roxendal 1995, Skjærven 1999). Focal points in treatment and scoring on the Body Awareness Rating Scale-Movement Harmony (BARS-MH) are postural stability, freedom of respiration, and awareness as connecting factors between the four dimensions (Skatteboe 2000).

The vulnerable situation of the women who have been forced to abandon their homes and the need for flexible short term therapy at the shelter has been taken into account by adjustment of the BBAT programme. Emphasis has been made on helping the women to retake control of their lives, to connect to bodily sensations and emotions.

Evaluation: Effects of the short term programme are measured by self-reported indicators of emotional tension and vegetative disturbances. Preliminary results indicate the importance of departing from problems identified by the women themselves in order to sustain the obtained results through their continued use of the movements. Inquiry and dialogue about clients’ bodily and mental states has proved especially important for their liberation from the experience of being controlled by a violent partner. Final evaluation consisting in survey and interviews will take place in January 2014.

Funding acknowledgements: The programme is funded by Oak Foundation.

BASIC BODY AWARENESS GROUP PHYSIOTHERAPY FOR PTSD TREATMENT

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Introduction: Treatment of patients with PTSD at The Department for Trauma and Torture Survivors (ATT) builds on knowledge from a Health Technology Assessment report on PTSD (Lund et al 2008). One of the conclusions in the report was that there was little evidence regarding physiotherapeutic treatment for patients with complex PTSD. But the report did contain results indicating that, compared to usual treatment, BBAT improves body awareness, emotional awareness and feelings towards the body as well as self-efficacy, sleep and physical coping-resources. Inspired by these results Basic Body Awareness Group Physiotherapy has become an integrated part of the treatment offered to both refugees and veterans with PTSD at ATT. The patients are categorized into three groups with 1) high bio-psychosocial resources, 2) medium bio-psychosocial resources and 3) low bio-psychosocial ressources. Group 1 and 2 are offered Basic Body Awareness Group Physiotherapy in groups of maximum 7 patients.

Description: BBAT is a method that is built upon a holistic view of man, focusing on four dimensions; two physical and two mental. This physiotherapeutic method of treatment is developed by Roxendal 1995, Skjærven 1999 and Skatteboe 2000. BBAT is based on everyday-movement and emphazises a balanced posture, a free breathing and mental emotional presence. The method has been practised at our center for three years, including more than 300 patients. The Group Physiotherapy Treatment consists of 12 sessions of 1.5 hours over a short intervention period. Based on clinical observations, interview with some patients, joint reflexions among the physiotherapeutic group and the registration of patientdata such as KRAM (diet, smoking, alcohol and exercise), Brief Pain Inventory and BARS-MH, the following conclusions are drawn:

Conclusion: That integrating BBAT in the treatment of PTSD patients has the following positive effects:

1. Positive feedback from patients regarding BBAT treatment versus manual massage.
2. The patients’ tension has been reduced.
3. The patients have received help to catch up with fight-flight reactions.
4. Has caused a calm-resting reaction thus attenuating the arousal level among our patients.
5. That emotional regulation/ awareness from Mentalization-Based Treatment combined with BBAT physiotherapy increases the patients’ ability to regulate affect and reduce symptoms.
6. The patients have increased their ability to handle their chronic pain through increased body awareness.

Lund M, JH Sørensen, JB Christensen & A Ølholm (2008), MTV om behandling og rehabilitering af PTSD.
Anxiety group, from a physiotherapeutic view.

Authors: Birthe Kingo Christensen PT, Pernille Duun PT, Irene Smith Lassen PT, AUH Risskov

Purpose: The purpose of participating in this group is to improve quality of life by reducing the numbers and intensity of anxiety attacks.

Relevance: The hospitalized and ambulant patients connected to the Psychiatric Hospital are often marked by different anxiety problems, in correlation to their primary diagnosis such as depression. The anxiety problems lower the patients’ quality of life, even after remission of depression. The Department of Physiotherapy receives many referrals concerning this type of disorder.

Description: When the patient is referred to anxiety treatment, a physiotherapist is making a pre-admission assessment for the Anxiety-group, to clarify if the patient is a candidate for the group. He or she is offered 10 sessions.

The treatment is organized in 5 topics:
1: physiology of anxiety
2: acute and chronic symptoms
3: strategies to manage the anxiety
4: plans for exposure in vivo
5: follow-up on plans

Each session begins with approximately 15 minutes of “topic of the day” psychoeducation/physioeducation. We aim to involve the participant as much as possible. After approximately 40 minutes of practical exercises, a 5 minutes briefing will be held and the participants have the occasion to evaluate the session. The practical exercises include: physical techniques to reduce anxiety by focusing on the relation to the ground, sense of weight and free breathing. Also elements of body awareness therapy, balance-training and exposure for accelerated pulse rate.

Evaluation: The attendance in the group is stable and the feedback from the participants are mainly positive referring to fewer anxiety attacks, less tendency to isolation and in-patients feel supported when discharged from the psychiatric hospital.

Conclusions: We find it is relevant to create a future project researching the outcome of participating in the anxiety group, in regards to quality of life and amount of anxiety attacks.

Implications: By offering group sessions, we are able to optimize the treatment of anxiety patients and make it more efficient. Furthermore the patients are benefitting from the group dynamics.

Keywords: Anxiety-group, quality of life, physioeducation

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THE SHORT-TERM EFFECT OF RELAXATION GROUP THERAPY IN OLDER PSYCHIATRIC INPATIENTS.

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Purpose: The aim of the study was to investigate the outcome of relaxation therapy based on B-BAT on restlessness, muscle tension and pain among patients in a psychogeriatric ward.

Relevance: Patients +65 years old suffering from severe mental illness are hospitalized in psychogeriatric ward, and the majority of patients is diagnosed with depression. The common bodily symptoms are increased muscle tension, pain complaints, restricted breathing, restlessless and anxiety. A variety of physiotherapeutic methods are needed to address the various symptoms, and relaxation technique can be considered as a contributive part of the treatment.

Methods:
Participants: Fortytwo (42) patients in psychogeriatric ward who were invited to the relaxation session.
Description: Once a week in the afternoon patients were gathered in a therapy room and seated in resting chairs declined to almost supine position. Instrumental music was playing in the background while the physiotherapist systematically guided the patients through a body scan based on B-BAT and inspired by Mindfulness, focusing on the relation between the body and the chair, the sense of weight and the free breathing.
Each session lasted 20 minutes and before and after the intervention the patients were asked to fulfil 3 VAS-scales, from none to worst thinkable, concerning the present sensation of muscular tension, pain and restlessness. The outcome was defined as changes in VAS-scores, and paired t-test were used for data analysis.

Results: A total of 41 patients fulfilled the three VAS-scales and 70-75% of the patients gained a positive effect of the relaxation. The average change among the participants was significant in all three items.

Conclusions & implications: In this study psychogeriatric inpatients benefitted from participating in relaxation group therapy, and they experienced a positive short-term effect on muscle tension, pain and restlessness. The results indicate that relaxation technique is useful as a non-pharmacological treatment of older psychiatric inpatients.
These findings may give occasion for future research, investigating the long-term effect of relaxation, especially the impact on sleeping disturbances and need for medication, and it could be interesting to study the correlation to diagnosis, age and sex.
The selfreporting VAS-scale requires a certain level of cognitive function and other standardized assessment scales may be considered instead or as a supplement.

Keywords: Relaxation technique, physical therapy, psychiatry

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Research Report

The development of the Body Awareness Scale Movement Quality and Experience (BAS MQ-E)

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Purpose and relevance: In Physiotherapy there is a need to have valid and reliable assessments that can serve both as process-oriented in the discussions with the patient and aid in treatment planning and evaluation for patients with problems in movement function and body awareness. There is a need of an integrated assessment of functional ability, movement quality and the patients’ own experiences of functions, symptoms and movements. The assessment also should be able to capture both aspects of health and pathology.

Methods and patients: The development of the movement test included patients with prolonged pain and psychiatric disorders. In all 172 patients were included into a factor analysis. The self-report questionnaire and the qualitative interview were developed in the context of psychiatric care and body awareness therapy evaluation.

Results: The factor analysis of the movement test revealed a 23 item solution with 3 factors. The Stability in function factor (9 items), the Coordination/breathing factor (8 items) and the Relational/awareness factor (6 items). Other psychometric properties of the movement test e.g. reliability for the three factors was found to be good and inter-reliability between two raters were satisfactory.

Conclusions: The BAS MQ-E has the potential to be a satisfactory assessment for patients with psychiatric and psychosomatic disorders within the areas of mental health and prolonged pain. More research is needed and ongoing as to the validity of the assessment for different groups of patients, the ability to discriminate between groups and sensitivity to capture change after rehabilitation. There is also a need to uncover more about the relationship between the different parts of the instrument; the movement test, the self-report inventory and the qualitative interview.

Keywords: Physiotherapy, assessment, movements, psychometric properties

Ethics: Ethic approval was obtained from the Medical Research Ethics committee at Lund University, Sweden

Funding acknowledgements: The study was supported by the Medical Faculty, Lund University, Sweden
Research report

Disturbed bodily experiences in patients with first-episode schizophrenia

Author(s): Lene Nyboe¹, PT, MSc, Ph.D; Poul Videbech¹, MD, Prof.

Purpose: Patients with schizophrenia often have disturbed bodily experiences that might hinder their engagement in physical activities. In the research project “Metabolic syndrome in patients with first-episode schizophrenia” the correlation between disturbed bodily experiences and physical activity is investigated.

Relevance: Thorough and systematic assessment can give a better understanding of the nature of disturbed bodily experiences and may serve as guidelines for a more specific physiotherapeutic intervention to patients with first-episode schizophrenia.

Participants: All patients consecutively assigned to The OPUS project and inpatients in The Central Region, Denmark having an ICD-10 diagnosis of first –episode schizophrenia(18-45 years) is the population of interest(N=100). In comparison in-patients with ICD-10 diagnosed depression and healthy controls matched on age, gender and level of education are also included.

Methods: The study is a clinical, prospective, observational study. For all participants the disturbed bodily experiences, comprising morphological changes, bodily estrangement, cenefsthetic disturbances, bodily disintegration, hypochondrias, motor disturbances, are assessed using items from “Examination of Anomalous Self Experience” and “The Body Awareness Scale”.

Ethical considerations: All participants are included after given informed consent. The project has been approved by the Ethical Committee of Central Region, Denmark.

Analysis: Qualitative data on patient’s disturbed bodily experiences are systematically quantified for further statistical analyses.

Results / findings: In all, 101 patients with first-episode schizophrenia have been included in the study. Disturbed bodily experiences are prevalent in 75 % of the patients. There is a significant correlation between severity of disturbed bodily experiences and low levels of physical activity. Results from the specific analyses will be presented.

Conclusions: Disturbed bodily experiences are common in patients with first-episode schizophrenia and negatively correlated to physical activity-level.

Implications: Thorough assessment of the patient’s potential barriers for engagement in physical activity including disturbed bodily experiences is crucial in promoting physical activity in patients with first episode schizophrenia.

Keywords: Disturbed bodily experiences, schizophrenia, physical activity.

Funding acknowledgements: The study has been funded by The Danish Physiotherapy Association and The Psychiatric Research Fund in The Central Region, Denmark.

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Plenary session

GRIP ON MEDICALLY UNEXPLAINED SYMPTOMS (MUS), A PRACTICAL APPROACH WITH A COMBINED EXERCISE- AND BEHAVIORAL PROGRAM FROM A NEURO-BIOLOGICAL PERSPECTIVE.

Medically Unexplained Symptoms (MUS) are very common in Western healthcare. Around 50% of the people in general practice and hospitals are having physical (and also psychological) problems without an medically explanation. These complaints are i.e. chronic fatigue and pain, abdominal discomfort, chest pain, stuffiness, mood problems, emotional sensitivity, mood problems, anxiety, concentration-, memory- and planning problems and sleep problems. Most often they appear combined and develop gradually on a continuum in terms of severity. There are many controversies, ambiguities and unanswered questions around MUS. As a Physiotherapist working more than 30 years in a primary care practice, within a multidisciplinary health centre, my colleague (a Psychologist) and I developed a combined exercise- and behavioral program. More than 200 participants have successfully followed the program the last 5 years.

In this plenary session an introduction into the field of MUS will be given, followed by the theoretical background of the self-action energy- and recovery management program for MUS. First of all an introduction of MUS will be given, and instead of focusing on symptoms, a description of the fundamental mechanism that plays a role in developing MUS will be explained. A new neuro-biological framework from the allostasis-theory, together with exercise-physiology principles are the basis of this approach. From a operationalization of allostatic load, manifesting in a decreased physical and psychological resilience over time, complaints (symptoms) can be explained (as is worked out in a new sickness theory). This overload by prolonged chronic stress is leading to energy debts. The combined exercise- and behavioral program is aimed at maintaining and building up energy (to improve physical and psychological resilience). The goal is also focused on self-control and achieving recovery, by appealing on self-management and daily energy management. The program is supervised by a physiotherapist and psychologist. A theoretical framework of the exercise- and behavioral program, together with a delineation of the practice of the program (in the workshop, part 2) will be given. Physical activity/movement is key i.a. from embodied cognition principles and the exercise physiology, together with psycho education and health counseling. The program is in line with guidelines and evidence based on the latest neurophysiologic scientific insights.

The program shows new insights and opportunities for people with MUS, often leading to recovery. It shows also the strength of physiotherapy, when movement and recovery principles are embedded in a behavioral approach. It hopes to become an inspiring example for patients and professionals, for practitioners and scientists.

In Dutch this approach is described in the book: “Grip op SOLK”, een praktische aanpak voor onverklaarde lichamelijke klachten vanuit neuro-biologisch perspectief (B. Kallen, M. Pennings, Uitgeverij Boom Lemma, Den Haag, 2013).

Ethical considerations are concerned (focused on self management) and the work is unfunded.

Keywords: MUS, the theory of a exercise-and behavioral program, allostatic load.

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ICF FOR MONITORING AND EVALUATING PHYSICAL THERAPY FOR PATIENTS WITH PTSD

Authors:
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Purpose and relevance:
In Denmark an interdisciplinary approach is the prioritized treatment model for traumatized refugees and other patients with PTSD. Traumatized refugees as well as patients with PTSD suffer from numerous and often very complex mental, emotional and bodily complaints, severely affecting both activities of daily life as well as participation in family and work. The International Classification of Functioning, Disability and Health (ICF) classify health and health-related domains from body, individual and societal perspectives comprising domains of body functions and structure, domains of activity and functioning as well as environmental factors. Originally the purpose of this project was to develop a tool for interdisciplinary treatment - including physical therapy - documentation and monitoring which included both physical, mental and social factors. The aim was partly to describe health conditions among patients with PTSD by ICF and partly to test whether ICF could be suitable for describing functional ability before and after intervention.

Results:
During the 3 year study-period the systematic use of a selected number of ICF codes evolved some specific codes, that were found significant meaningful for evaluation of physical therapy intervention in relation to patients with PTSD: energy level and impulse control, quality of sleep, sustaining attention, generalized pain, handling stress, maintaining one’s health and community life participation.

Experiences from the project and the future implications for evaluation of physical therapy for patients with PTSD will be presented and discussed.

Keywords: PTSD, ICF, Evaluation

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1. **Purpose and relevance:**
Physical activity is an important part of the treatment for hospitalized patients with severe mental disorders at the psychiatric ward at the hospital Diakonhjemmet in Oslo. Overweight and conditions affecting physical activity is often a problem in this patient group, and it is a challenge to get the patients to continue physical activity after being discharged from the hospital. During a twelve weeks period in 2011 and 2012, seventeen physiotherapy students acted as a physical activity mentor for one patient each. Results showed that the patients managed to continue physical activity when they were mentored.

For 2013 we had this issue: “To what extent can weekly physical activity together with psychiatric patients in twelve weeks be a suitable practice for physiotherapy students? Is it possible that the training period can constitute two of four weeks of student practice?”

2. **Description:**
Ten physiotherapy students in their 4th semester have, during a period of twelve weeks, been a physical activity mentor for one patient each. The students had different forms of sports and physical activity backgrounds and had an interest of mental health. The patients were matched with students with regards to personal activity interests. Several forms of activity were included; for example walking, gymnastics, dancing, tennis and ski. The students were supervised from a physiotherapist and a psychologist during the period.

3. **Evaluation:**
All the patients conducted the training, except for a few cancellations. The patients felt physically and socially more fit after the training period, and some of them required less support from the public mental health services. On the other hand, the patients played an important role for the student practice, and the students increased their interest in psychiatry as a discipline. The students were challenged to solve eventual problems on their own, and they highlighted experiences in motivational work. Being a physical activity mentor seems to contribute in the development towards a professional role. The students evaluated this form of practice as important and interesting. They would have chosen the same model for practice once again (two and two weeks instead of four weeks at the same place).

4. **Conclusions:**
This kind of practice is now established permanently physiotherapy students by HiOA, but only for interested students.

5. **Implications:**
The students get experiences from patients with psychiatric disorders, and this could increase the interest toward physiotherapy and mental health.

6. **Keywords:**
Schizophrenia, physical activity, student practice

7. **Funding acknowledgements:** Funded by cooperation between HiOA, the hospital and the public health service in the municipality.
SPECIAL INTEREST REPORT

WINDOW ON A MOVEMENT AWARENESS TRAINING APPROACH - DOCUMENTARY FILM AND TUTORIAL FILM SEQUENCES ON MOVEMENT QUALITY IN BASIC BODY AWARENESS THERAPY

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PURPOSE AND RELEVANCE: The purpose of making the documentary film and the tutorial film sequences is rooted in the idea of students asking for a pedagogical tool to study the skills of guiding movement quality, at the international study program in Basic Body Awareness Methodology, Bergen University College, Norway. The relevance was to support the learning process of movement communication, and what is required of the physiotherapist when promoting movement quality.

DESCRIPTION: A documentary film of 6 minutes on Basic Body Awareness Therapy (BBAT) offers short stories of three patients and their experiences on use of BBAT in daily life. The following 14 tutorial film sequences, each of 5-10 minutes duration, shows real-life physiotherapy sessions focusing on movement communication, lying, sitting, standing, walking, relational movement, massage and reflective talk on movement experiences.

EVALUATION: The film and its sequences are meant for self-study and as a base for professional discussions between teacher and student. All film-sequences are followed by learning questions. An accompanying book for practical use adds written text of introductory movement guidance, theoretical models for clinical use and research in the field of BBAT.

CONCLUSION: Pedagogical tools within the profession of physiotherapy are essential for further developing the art of movement communication between patient and therapist, and to structure the clinical movement dialogue. The project includes aspects on how marketing of physiotherapy can be done – a window to the future.

IMPLICATIONS: The idea is to enhance use of computer technology in teaching physiotherapy to meet a need of future physiotherapy education.

KEYWORDS: Basic Body Awareness Methodology (BBAM), Basic Body Awareness Therapy (BBAT), Movement Quality (MQ), E-learning

FUNDING ACKNOWLEDGEMENT: The project is funded by Bergen University College, Bergen, Norway. The film is produced by Centre for New Media, Bergen University College in collaboration with Skjærven and co-producers.

ETHICAL CONSIDERATIONS: Ethical considerations are followed; the participants in the film and the film sequences have signed a written informed consent.
WORKSHOP

THREE PATIENTS’ STORIES OF IMPLEMENTING ASPECTS OF BASIC BODY AWARENESS THERAPY (BBAT) INTO DAILY LIFE, – A DOCUMENTARY FILM.

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PURPOSE and RELEVANCE: The purpose of the workshop is to illustrate, through a documentary film, film sequences and practical movements, how BBAT may be applied in clinical physiotherapy. In the documentary film, three patients describe their experiences based on BBAT, and how the therapy has affected their daily life, illustrating a relevance of the clinical approach to various individuals. Furthermore, one of the patients is followed through 14 film sequences, reflecting a relevance of the physiotherapist’s movement communication.

DESCRIPTION: In the documentary film the three patients describe real-life physiotherapy experiences, how they have transmitted it and actively use it in relation to work and home situations. Through the film sequences you follow one of the patients when being guided by the physiotherapist focusing on movement communication, lying, sitting, standing, walking, relational movement, massage and reflective talk on the movement experiences. The film and its sequences exemplify the content of BBAT, how it can be implemented in the therapist’s clinical work, and how the interaction between therapist and patient can be. One factor of the therapist’s communication, is to invite the patients to describe the direct movement experiences, both through immediate statements, and through own movements and behavior while in therapy.

CONCLUSION: A documentary and tutorial film accompanied by a written supplementary book, demonstrates how BBAT can be implemented in clinical physiotherapy. In the workshop, the film material may serve as a background for discussions and reflections on how to expand knowledge and skills of the therapeutic communication in promoting Movement Quality (MQ). The film sequences illustrate the importance of the guiding role of the BBAT therapist, verbally and through own movement. This is especially the case encouraging the patient to include the movement and its aspects into daily life, guiding the patient to become more aware of and use own resources, keeping and/or restoring health through movement. For physiotherapy in mental health, in the clinic as well as in education, it is important to discuss what consequences the therapist’s movement guidance have on the outcome of physiotherapy.

IMPLICATIONS: The film and its sequences will be shown at the workshop, and there will be a possibility to practice and discuss some movements communicated in the film. The workshop will include a focus on how film and film sequences can be useful as a pedagogical tool, also working online.

KEYWORDS: Basic Body Awareness Therapy, Movement Quality, Clinical implementation, Documentary film.

ETHICAL CONSIDERATIONS: Ethical considerations are followed. All participants have signed written informed consent.

FUNDING ACKNOWLEDGEMENT: The film and the sequences are made with grant from Department of Occupational Therapy, Physiotherapy and Radiography, Faculty of Health and Social Sciences, Bergen University College, Norway.
Physical activity in patients with severe mental illness

**Authors:**
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**Purpose:**
Severely ill psychiatric patients often have very low levels of physical activity and the psychopathology of the psychiatric disease may be a main reason for this. However, since physical inactivity is a major risk factor for cardiovascular mortality and morbidity as well as for type-2 diabetes maintaining and enhancing patient’s physical activity is an important focus in psychiatric treatment. The Physical Activity Scale has been proven to be a valid and reliable measurement, but has not earlier been tried on a population with psychiatric illness; nor has PAS previously been evaluated regarding test-retest reliability.

The aim of this study was to evaluate PAS in a psychiatric population and to evaluate the test-retest reliability; finally to compare the physical activity level in psychiatric patients with healthy controls.

**Relevance:**
Physiotherapists working in psychiatry will often be engaged in promoting physical activity in there patients. There is therefore a need for valid and reliable measurements to assess and evaluate levels of physical activity in psychiatric patients.

**Participants:**
In all 47 in- and outpatients treated at The University Hospital of Aarhus, Risskov and 28 healthy controls recruited among hospital staff were included in the study.

**Methods:**
PAS was administered as an interview regarding psychiatric patients and they were asked about there physical activity level twice with 5-7 days interval. Healthy controls were given the questionnaire for self-reporting with similar time intervals.

**Analysis**
All results were analysed with the SPSS version 17. For evaluating the test-retest reliability a Intra Class Coefficient 2.2 (ICC) was conducted. For comparisons of physical activity level between patients and healthy controls a students t-test was performed; p<0.05 being the level of significance.

**Results**
PAS showed good test-retest reliability for both healthy controls and psychiatric patients with an ICC of 0.97 (0.92:0.98) and 0.75(0.58:0.86) respectively. Patients had significantly lower levels of physical activity than healthy controls (p< 0.001); the physical activities comprising mostly of lying and sitting activities throughout the day.

**Conclusion**
The study confirmed earlier findings that patients with severe mental illness have low levels of physical activity. Furthermore, The Physical Activity Scale was shown applicable and useful in evaluating physical activity in patients with severe mental illness.

**Implications:**
The Physical Activity Scale is now used in daily clinical physical therapy practice as well as in research e.g. in the Ph. D project:Metabolic syndrome in patients with first-episode schizophrenia”

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Research report

PHENOMENOLOGICAL APPROACH IN ANOREXIA NERVOSA PHYSIOTHERAPY

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Purpose & Relevance: This research has been carried out to find out the effectiveness of 15 physiotherapy sessions in treating patients diagnosed with anorexia nervosa. A phenomenological approach was used to measure changes in these patients’ body image and self-conception. Another purpose was to plan and carry out a qualitative questionnaire utilizing methods used in eating disorder physiotherapy.

Participants: The participants consisted of nine female patients diagnosed with anorexia nervosa. They had never been before in physiotherapy or any kind of body therapy. All the participants were 18 years or older.

Instruments: The methodological approach was planned as part of Master's Thesis in Philosophy at the University of Tampere. The approach was set in phenomenological context. Moreover, each physiotherapy session included work with themes that are typical in eating disorder physiotherapy, such like body observations, body awareness and muscle tension decreasing exercises.

Analysis: The analysis has been conducted based on the answers the participants gave to ten questions concerning their body image and self-conception. The participants answered these questions using preset theme pairs (positive/ negative). Body Attitude Test (BAT) was used as the standard for the questionnaire.

Results & Findings: The results show that after 15 physiotherapy sessions, every patient’s own self-conception improved. Furthermore, the questionnaire enabled them to become more aware of their own thinking in relation to their diagnosis. The results of the questionnaire correlated with the results of BAT.

Conclusions & Implications: The aim of the research was to find out if phenomenological approach together with physiotherapy can improve anorexia patients’ self-conception. Phenomenology was used when planning the questionnaire in order to gain on the changes in the patients' thinking. The results showed that this was actually the case and phenomenological theory works well with physiotherapy when treating patients with anorexia nervosa and helps the patients to improve their self-conception and body awareness.

Keywords: Phenomenology, anorexia nervosa, body awareness, body agency, ownership of the body, psychological education

Ethical considerations: All the participants were 18 years or older and they participated in the research voluntarily. Only a physiotherapist met and interviewed them. The Ethical Committee of Tampere University Hospital has accepted the research.

Funding acknowledgements: This research has been partially funded by The Finnish Funding Agency for Technology and Innovations Center (TEKES)
Expressive Arts Physiotherapy for Patients with Burnout

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Purpose:
The purpose of the workshop is to show and get a feeling of a two hour group-physiotherapy with elements from BBAT (Basic Body Awareness Therapy), Expressive Arts Therapy, “Heilsammes Singen” and to enable a personal reflection on the behavior of body and mentality before and after the workshop.

The workshop based on practical experiences and theoretical knowledge about burnout patients and will offer inspiration to work out a plan for a treatment programme e.g.

During a six week therapeutic programme the patients will have to participate in daily outdoor exercises and in a two hour group-physiotherapy once a week.
The therapeutic programme is built on personal resources of the patients and on interdisciplinary teamwork between psychiatrists, doctors, psychotherapists, psychiatric nurses, occupational therapists, physiotherapists, masseurs, music therapists, social workers and a nutritionist.

Aim:
The aim is to show the importance of physiotherapy in the treatment/therapy concept for persons with a burnout and to show how patients can be helped to transfer their own awareness from the physiotherapy into other therapeutic settings.
SPECIAL INTEREST REPORT

THE FINNISH EDUCATION OF BASIC BODY AWARENESS THERAPY INTEGRATED IN PHYSIOTHERAPY IN MENTAL HEALTH

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Presenting author: Kirsti Niskala

PURPOSE: The purpose is to describe how the education of Basic Body Awareness Therapy (BBAT) is organized in Finland and how it has become a part of the specialty of psychophysical physiotherapy.

RELEVANCE: During the last 10 years there has been an increasing interest of physiotherapists wanting to qualify in BBAT, in clinical, health promoting and preventive health physiotherapy. Through this example from Finland other countries are encouraged to consider building own study program in line with the regulation of the International Association of Teachers in Basic Body Awareness Therapy (IATBBAT).

DESCRIPTION: Historically the interest in BBAT was raised among Finnish physiotherapists through introduction courses in BBAT, information in the newsletter of the Organization of Psychophysical Physiotherapy and in the Finnish Physiotherapy Journal. The BBAT education in Finland is organized in co-operation with official institutions offering degree programs of applied sciences at two universities. The Finnish degree programs of applied sciences are presenting BBAT as a part of the subject of psychophysical physiotherapy in the bachelor degree program and in elective courses. The education in BBAT is based on the principles from the international study program Basic Body Awareness Methodology, Bergen University College, Norway. Thus the study program includes four steps, each of a one week course, followed by months of self-study, clinical practice, literature studies, self-training, seminar and report writing. The qualification ends with a final project and clinical, oral exam. Currently there is one qualified BBAT teacher and two teacher candidates in Finland that organizes and teaches BBAT.

EVALUATION: The International Association of Teachers in BBAT (IATBBAT) is the organization for teachers and teacher candidates, consisting of members from 10 national BBAT organizations. The BBAT teacher education in Finland is associated to the Norwegian Institute of BBAT and the candidates are mentored by qualified Norwegian and Finnish teachers. For ensuring the quality in teaching, the teacher and candidates are taking part in the annual summer seminar, consensus seminars and collaborating with colleagues, internationally and nationally.

CONCLUSIONS: In building up clinical education in BBAT the importance of national and international networks with colleagues and degree programs at universities, are important for receiving guidance and critical view from mentors. It is important to have a group of teacher(s) and candidate(s) working together in planning the education in a country because development of the mother language is important. Continually evaluation is done in all steps of the education. Evaluation of the study program in Finland reveals that BBAT therapist education has brought an important point of view into Finnish physiotherapy.

IMPLICATIONS: BBAT offers clinical competence to physiotherapists for facing multidimensional needs in the health care system in society. Thus BBAT offers development of professional growth, strengthening the identity in contemporary field of global physiotherapy.

KEYWORDS: BBAT, physiotherapy education, physiotherapy in mental health in Finland

FUNDING ACKNOWLEDGEMENTS: no funding

ETHICAL CONSIDERATIONS: General regulation for ethical consideration in teaching is followed.
EFFECT OF EXERCISE THERAPY IN PATIENTS WITH THE CHRONIC FATIGUE SYNDROME: A SYSTEMATIC LITERATURE REVIEW.

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Purpose and relevance
The chronic fatigue syndrome (CFS) is characterized by chronic disabling fatigue in the absence of an alternative diagnosis. In 1997, the estimated prevalence of CFS patients in the Dutch general medical practice was 0.1%. Full recovery without treatment is rare. To decrease fatigue and increase physical functioning in CFS patients, adequate treatment is necessary. Exercise therapy has proven to have some benefits on fatigue in CFS but evidence is rare and sometimes conflicting. The aim of this review is to assess the effect of exercise therapy in patients with CFS.

Methods
A systematic article search was conducted in Medline, Cinahl, Cochrane, PEDro and Embase databases. Inclusion criteria were: exercise therapy, participants diagnosed with CFS, randomized clinical trials or controlled clinical trials and fatigue on any scale as primary outcome measure. Methodological quality of all included articles was assessed using the PEDro scale.

Results
The electronic database search resulted in 155 hits. Nine articles were included in this review. All were of high methodological quality with a score of 5 points or more on the PEDro scale. Due to the heterogeneity of the results a best evidence synthesis based on Van Tulder was conducted. Outcome measures were: fatigue, SF 36, global impression of change, depression and anxiety. Results are grouped by duration of intervention. Fatigue improved the most with medium and long-term exercise therapy.

Conclusions
There is strong evidence that an exercise therapy intervention of ≥12 weeks has a positive effect on fatigue and global impression of change in patients with CFS. There is a small positive effect on depression and quality of life, but no effect on anxiety. The intensity of the exercise seems more important than the kind of exercise that is performed. Future research to establish the best aerobic intensity for exercise therapy in patients with CFS is necessary.

Keywords: chronic fatigue syndrome, exercise therapy.

Ethical considerations: Although there is little harm for the patients in writing this review, I am aware that further research can have a negative effect on the patients’ well being. It is to future researchers to acknowledge and minimize that risk.

Funding acknowledgments: This work was unfunded.
The field of MH has become more and more an important policy issue. The World Health Organization (WHO), the European Commission, and also different national governments are engaged in the prevention, treatment and the rehabilitation of mental health problems and disorders. Today, one out of four people are confronted with a mental dysfunction.

Within the mental health care, physiotherapy is a relative young specialty. Through past years, physiotherapy education in some countries developed its own specific approach. In the past decade, the idea for an international conference of physiotherapy in mental health as precursor of the international organization was conceived. What are, after ten years, the results of this idea or what is, in an international perspective, the state of the art of physiotherapy in mental health?

Through scientific literature and evidence based clinical practice, a lot of efforts were done during the past decade to promote the specific clinical role of physiotherapy and to convince health care providers of the benefits of physiotherapy interventions in mental health and psychiatry. Currently, there is sufficient evidence that physiotherapy, with his specific approach and therapeutic interventions, has a major contribution to wellbeing and mental health. Scientific literature provides evidence of the unquestionable bio-psycho-social effect of “exercise” both in pathological contexts and upon individuals generally speaking on health related and mental health issues. A more bodily-directed approach including body awareness and relaxation is also important within a psychiatric setting as pain and other somatic complaints are recurrent complaints in mental health.

Physiotherapists are, due to an education that combines physical and mental aspects of human being, in the unique position to provide an extensive range physical approaches within a bio-psycho-social model that aim at health related benefits, symptom relief, confidence boosting and improvement of quality of life.

Although there exist some evidence for a physiotherapeutic approach in mental health, we can actually ask ourselves whether these international contacts and the growing number of scientific papers in the field of mental health, already has an impact on the treatment of the patient and/or the education of physiotherapy students. In other words are our unique selling points visible enough for policy makers, medical doctors, and patients? Based on a SWOT-analysis further directions will be elaborated.
The integration of physiotherapy in the approach of patients with eating disorders depends largely on the setting in which one works (in- versus outpatient; individual versus group approach). Physiotherapy in eating disorders is an approach that is based on learning by doing/experiencing and includes specific “active” exercises focused on the body experience. The emphasis is put on experiences and how reactions to these experiences function as a dynamic power. The focus of the physiotherapy is the “body” and “the body in movement”, two important issues of the eating disorder pathology.

Patients with eating disorders experience an intense fear of gaining weight and present a negative body experience and a disturbed body perception (weight, circumference and form). They are concerned about certain body parts and distrust objective standards.

Excessive exercise, drive for activity or hyperactivity are considered to be a secondary symptom in the diagnostic of patients with eating disorders and are characterised by a voluntary increase of physical activity, a compulsive urge to move and by the dissociation of fatigue. In bulimia nervosa and binge eating disorder passivity and a lack of exercise are described. The both characteristics are the cornerstones for a physiotherapy approach in children, adolescents and adults in an in- or outpatient treatment. Physiotherapy focuses on the multidimensional aspect of the body experience (perception, cognition, attitude, behavior) with three specific objectives: (1) rebuilding a realistic self-image, (2) curbing hyperactivity, impulses, and tensions and (3) developing social skills. Based on clinical practice and research, different exercises and guidance’s are offered. The therapist has a wide array of possibilities and chooses the simple techniques (relaxation training, breathing exercises, awareness exercise, exercise programs, mindfulness, tai chi, yoga, sensory awareness and self-perception (mirror exercises, video-confrontation and body awareness) which seem most effective in influencing the distorted body experience and the hyperactivity of patients with anorexia nervosa and that can be used in group or in individual therapy.

At the end, three questions will be elaborated: “What kind of assessment can be used by body oriented therapists working with patients with eating disorders?”, “What is the scientific evidence of body oriented therapy in eating disorders?” and “Do patients with eating disorders benefit from physiotherapy?“

The goals of the workshop
- To offer different exercises for in- and outpatient and for individual and group treatment
- To discuss the therapeutic and practical implications as well as the pitfalls
Research on your own clinical data
Why and how?

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Purpose and relevance
Physiotherapists working as clinicians have a lot of professional knowledge and experience, but many times we keep the knowledge inside our clinical practice. Good treatment is important for patients, but it is also necessary to think about our work in a systematic manner. To evaluate what we do on a qualitative good way, to communicate our knowledge to colleagues, collaborators and those who allocate money, and to highlight our profession.

Description
Research is a specialist field, but it is possible to move forward step by step. Some questions and assumptions are necessary to consider, and I will try to shed light on some of these topics, and the process from idea to research. What I am curious about /research question? What is known and what is unknown? Which design end method is suitable? Ethical consideration.

Conclusion
New knowledge is necessary. Things take time, more than one would think, and there may be frustrating periods. BUT: It is interesting to be curious and achieving new knowledge. It makes the clinical work more interesting too. Clinical research in relation to clinical practice, and evidence based practice is becoming increasingly important. As a healthcare professional group, it is necessary to be a part of this process. An important condition for this to be possible is that employers and / or colleagues understand and accept that research should have a place in the clinical field.

Keywords: Clinical research, physiotherapy.
Title: SELFMANAGEMENT IN CHRONIC PRIMARY INSOMNIA

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1. Purpose
To investigate the effect of a physiotherapeutic selfmanagement intervention in chronic primary insomnia, using relaxation, sleep education and sleep hygiene.

One third of the Dutch inhabitants is complaining of regular sleep disorders, women about 1,5 to 2 as often as men. Physiotherapists are dealing with many musculoskeletal complaints which can be related to sleep disorders. Also cognitive impediments are reported as a result of sleep disorders, like tiredness, concentration problems, worrying and memory problems. Physiotherapists, specialized in psychosomastics, may tackle these secondary complaints by teaching relaxation exercises, sleep education and sleep hygiene, in order to increase the amount of sleep hours en to improve the quality of sleep. A short (6 sessions), primary care, multidisciplinary group intervention, directed by a physiotherapist is designed and evaluated.

2. Methods
a. participants: ± 60 people diagnosed with primary insomnia
   - age ≥ 18
   - existing > 6 weeks
   - reporting minimal 30% less sleep hours compared to their ideal amount of sleep
   - no coexisting psychiatric complaints (DSM IV ax I / II)
   - adequate command of the Dutch language

b. instruments:
   - derived from sleep diary: ratio of the average amount of sleep hours compared to the ideal amount
   - Insomnia Severity Index (ISI)
   - ‘overspannings klachtenlijst vlgs. Schmidt’ (questionnaire after the amount of distress in daily living)

c. analysis: experimental study design; quantitative analysis, using Wilcoxon signed rank test.

3. results
Still to be investigated.

4. conclusions & implications
For example: physiotherapeutic intervention based on selfmanagement and relaxation might improve the quantity and quality of sleep. The level of activities and participation is improved; moreover, use of sleep medications is reduced.

5. keywords
insomnia; selfmanagement; relaxation; mindfulness; sounder sleep; sleep education; sleep hygiene; multidisciplinary

6. ethical considerations
No control intervention is used, neither any invasive or radical questionnaire.

7. funding acknowledgements
None
What methods are community mental health clinicians using to assess for pain in people with dementia who live at home?

**Purpose:** This project aimed to evaluate what methods community mental health are using to assess for pain in people with dementia who are living at home. The literature indicates that healthcare professionals are not adhering to the national guidelines and that people with dementia are vulnerable to experiencing unrecognised pain.

**Methods:** A questionnaire and focus group were used to collect information about methods of pain assessment from a population of 105 community mental health clinicians in one organisation.

**Results:** 46 clinicians responded to the questionnaire and 9 volunteered for the focus group. The findings indicate that the clinicians were 77.4% adherent to the national guidelines and all participants identified barriers to effective pain assessment. The five most commonly identified barriers to effective pain assessment were: Health care clinicians are not using pain assessment scales, the knowledge of pain assessment in carers and loved-ones of people with dementia is insufficient, there is not enough training about pain assessment techniques, pain behaviour is misinterpreted as indicative of other problems related to dementia, the health care clinicians tend to be reactive to pain rather than proactive and there is a lack of collaboration between dementia care, palliative care and older adult care. The focus group identified the central theme of a drive for pain assessment to be improved and the five main themes of: The belief that pain is inevitable with older age, the importance of knowing the person with dementia, there are barriers to achieving effective pain assessment, the role of the family is influential in pain assessment and reservations about the role of assessment scales.

**Implications:** this project identified that mental health clinicians are not assessing for pain at every contact with people with dementia, contrary to the British Pain Society and British Geriatrics Society guidelines (2007), and there were a number of barriers identified preventing more effective pain assessment. There was disagreement about the methods that should be employed to assess for pain and whether assessment scales should be used. The main barrier identified was that not everyone is using assessment scales but only 9% of the participants reported they use an assessment scale frequently, suggesting that there may be a problem with the clinical utility of the scales. The attitude of pain being inevitable with age was identified among all the members of the focus group and also in the questionnaire and the risk is that this is percolating into the belief systems of people with dementia and influencing approaches to pain assessment.

**Keywords:** pain, dementia, barriers, focus group, questionnaire

**Ethical considerations:** the project was considered to be service evaluation and so ethical approval was not required

**Funding Acknowledgements:** Derbyshire Healthcare NHS Foundation Trust. Project supervised by Bradford University.

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Physical Therapy in Psychiatry and Mental Health in People with Intellectual Disabilities

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Purpose and relevance
Most Physical therapists work with people with intellectual disability (ID). They may not readily identify them as such, but they all know the clients who do know how to use a cell phone, but do not know how to pay for it; the still young person who asks the same question time after time and the one you suspect cannot read or write or is very lonesome. They all may belong to the group of people with ID. Between 1 and 3% of the population worldwide has a severe ID and an estimated 12.5% has an I.Q. between 70 and 85 which is considered to be mildly or moderately intellectually disabled. The existence of mood disorders among people with ID is well known. Almost 50% of the adolescents with ID show serious emotional and behavioural problems. The prevalence of depression in adults with ID ranges between 2.2% till 10.9%. The prevalence rates for affective disorder and anxiety in a random community sample of 90 adults with ID were 8.8% and 14.4% respectively.

Description
In this presentation I will try to answer the following questions:
What are some common challenges encountered in working with people with ID and what are some strategies to overcome these challenges? Which treatment modalities have shown to be effective and which have been shown to be ineffective? How can Cognitive Behavioural Therapy be modified to an understandable and effective therapy in people with ID? What are some best-practice guidelines for communication with this population; and what are signs of overcharging (would “overload” be a better term?)

Conclusions
People with ID and physical therapists working in Psychiatry and mental health both face frustration. The therapist may wonder why the effects of the therapy are not evident and the client may not feel understood.
There are some effective approaches for physical therapists in working with people with ID and this population is eager to receive therapy for their emotional and behavioural problems.
This presentation is based on four case studies of persons with ID who came to the physical therapist working within psychiatry and mental health.

Implications
Physical therapists working in Psychiatry and Mental Health treating people with ID. Similar problems can be present in people with Functional illiteracy or neglected people. The accent of this presentation is working with people with a mild or moderate intellectual disability.

Keywords
intellectual disability, emotional problems, physical therapy.

Funding acknowledgements
This study was financed by ASVZ, an organization dedicated to the care and service provision to people with an intellectual disability.
THE EXPERIENCE OF BASIC BODY AWARENESS GROUP THERAPY
IN PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME

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Purpose and Relevance: The aim of this report is to study how Basic Body Awareness Therapy (BBAT) is experienced, from the clients' perspective, in a multidisciplinary treatment of inpatients suffering from alcohol dependence syndrome in the process of dishabituation. Alcohol consumption is deeply integrated in the European culture and mindset. Alcohol creates a significant health burden in Spain, with 8.4% of female and 12.3% of male deaths being attributable to alcohol consumption.

Method:
- **Participants:** 6 informants, 3 men and 3 women, between 27 and 47 years-old. They all were participants of a BBAT voluntary group (twice a week, 60’ each session) developed with people suffering from alcohol dependence in the dishabituation process, during their 4 weeks of stay in a public psychiatric hospital in Spain.
- **Instrument:** A qualitative design with a phenomenological approach. The data collection was done through in-depth interviews. Ethical issues were considered.
- **Analysis:** The interviews were analysed using Giolgi’s phenomenological method.

Results: Based on the experience of BBAT, 7 themes emerged:
1. The movements in BBAT
2. The therapist
3. The group
4. The effects of BBAT
5. Usefulness in daily life
6. The frames of the therapy
7. Self-practice as a part of the therapy.

All informants have reported positive experiences with BBAT. They gave value to the qualities of movement and the role of the therapist in the process (good communicator and having knowledge, being integrated in the group doing movements as a reference).

They reported good experiences in being in a group where they could share and learn experiences.

Informants expressed benefits in physical and mental spheres and improvement both in relation with themselves and with others, reporting usefulness in daily life. They reported changes in the relation to their bodies, expressing that BBAT helped them to appreciate and take care of their bodies again.

They considered BBAT as a complement in their dishabituation process, as a help to channel thoughts and a useful tool to have serenity and concentration to focus in themselves.

Self-practice was considered as a part of the therapy for them.

Conclusions: Further researches are needed to deepen on the experiences of BBAT in people suffering from alcohol dependence, and this study could be used as a pilot study. It would be interesting to explore the experiences of the patients in long term and also the connection with movement quality. Those researches could support the role of the physiotherapist in the multidisciplinary treatment of people in alcohol dishabitation process.

Key words: Basic Body Awareness Group Therapy, experience, alcohol dependence, dishabitation.
Illness Perceptions in patient centred physiotherapy

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1. Purpose and relevance:
Illness Perceptions (IPs) belong to the core concepts in the Common-Sense Model of Self-Regulation (CSM), developed by Leventhal. The CSM is based on a parallel processing model, describing behavior in response to health threats. In this model, a health threat is theorized to generate both cognitive representations (danger control) and emotional states of fear and distress (fear control). The cognitive representations are known as IPs. Maladapted IPs are associated with physical activity limitations and pain in several diseases and illnesses, such as Low back pain, osteoarthritis and various medical unexplained symptoms. Treatments of maladapted IPs are promising in improving patient’s health status.
To incorporate IPs in daily physiotherapy practice is the objective of this presentation.

2. Description:
To assess IPs in daily practice, physiotherapists can make use of an open interview as well as validated questionnaires. The use of the Brief Illness Perceptions Quetionnaire Dutch language Version (IPQ-DLV) will be presented and discussed.

3. Evaluation:
A case description of chronic non-specific low back pain will presented, and psychometric measurement properties will be discussed.

4. Conclusions:
After the presentation physiotherapists can make use of the Brief IPQ in daily practice to assess maladapated IPs.

5. Implications:
Assessment and treatment of maladapted IPs can be a part of the physiotherapy diagnostic and therapeutic assessment.

6. Keywords:
Illness Perceptions. Brief IPQ-DLV. Common Sense Model of Illness Representations.

7. Funding acknowledgements:
The University of Utrecht and the University of Applied Sciences Utrecht.

8. Ethical considerations:
not required.
Poster

**Basic Body Awareness Therapy: treatment for patients with prolonged musculoskeletal disorders, focusing on Movement Quality, salutogenesis and daily life use.**

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**Purpose:** The purpose was to study how the participants respond to and experience Basic Body Awareness Therapy (BBAT), focusing on their Movement Quality, their health thinking and the usefulness in everyday life.

**Relevance:** Prolonged musculoskeletal disorders often develop to chronic disorders and cause considerable consequences for quality of life and ability to work. Complaints with a duration of more than six month cause a medical, social and financial problem in European countries. Although the sickness absence decrease slightly, the visit to the physiotherapist is increased and is almost 25% of the total consumption in the care.

**Participants:** Six women with prolonged musculoskeletal disorders, varied in age from 39 to 73 years. Five of them were in a group and one was treated on individual basis. Both group and individual sessions were running from March till May 2013 in my private praxis in Leiden, for 10 times, one hour each session. Before and after the set of 10 sessions, individual intakes and evaluations were planned.

**Instruments:** Both quantitative and qualitative methods were used. Data were collected from BodyAwarenessRatingScale (BARS), questionnaire MentalHealthContinuum-shortform (MHC-SF) and some open questions. BARS and MHC-SF were done before and after the therapy, the questions about usefulness at the end of the therapy.

**Analysis:** Movement Quality was assessed by therapist’s observation and patient’s experiences (BARS), health thinking by the MHC-SF and the usefulness by open questions. Initial and final assessments were compared and put in diagram. Experiences of participants were compared and put in Movement Quality Model.

**Result:** All the participants have improved in Movement Quality. Five of the six participants has changed their way of health-thinking in a positive way. And for all of the participants, each in her own way, BBAT is useful in everyday life.

**Conclusion:** In this study BBAT showed good qualities to help people, suffering from prolonged musculoskeletal disorders, with giving them better handles to cope with their complaints, changing their illness-orientated view in a more health-orientated view and to integrate new behavior in everyday life.

**Implications:** This study is small, more research is needed to generalize results. Future research should be interesting to explore what BBAT can do and change with people diagnosed with prolonged musculoskeletal disorders, when given for a period of at least six months. Another aspect what could be interesting is to investigate how long the usefulness in everyday life will extended.

**Key words:** Basic Body Awareness Therapy, Movement Quality, Salutogenesis, musculoskeletal disorders.

**Ethical considerations:** These were taken by signing a letter.

**Funding acknowledgements:** There were no funding sources.

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“HOW CAN I JOIN A BBAT GROUP WHEN I DON`T TRUST OTHER PEOPLE”

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Purpose: The purpose of this pilot study was to present and reflect upon the process of change in individual movement quality and the patient`s own experience of this process. Will there be any changes in movement quality and what did the patients experience from the group treatment during these 18 sessions? To find the answer for this, BARS (Basic Awareness Rating Scale) and a focus group interview was used.

Methods:
a. Participants: 6 participants suffering from traumas, outpatients in connection to a psychiatric ward.
b. Instruments: The data analysis was based on the model described by Giorgi and modified by Malterud. Giorgi`s phenomenological analysis method consist of 4 steps:
1. Getting a total impression
2. Identifying meaning units
3. Abstracting the contents of individual meaning units
4. Summarizing their importance

c. Analysis: The data consist of quantitative and qualitative data, and it encompasses The Body Awareness Rating Scale (BARS) and a focus group interview which consist of qualitative data. The observation of Movement Quality can be quantified in BARS and BARS also contains information of qualitative character; the patient`s subjective experience of the movements. Data collection: everyone has been guided through 2 BARS, from the start and the end of the group. Last session was a focus group interview for 1,5 hour.
Summary of results: All participants made improvement during these 4 months, which was shown in the BARS and a common change for all of them was less muscle tensions and improvement in the breathing. Their own experience of the process of change presented in the focus group interview confirmed the changes in BARS and in addition awareness and trust were mentioned among others as an important improvement. Two of the participants quoted that they had started to trust the group. One participant struggles to see her own improvement.
The focus group interview revealed 4 codes with subgroups. The codes: Precondition, experiences of BBAT, dissociation, time.
Conclusion: All participants made progressions when comparing the first and last BARS result. Generally all participants except one, expressed many positive benefits from their participation in the BBAT group during the focus group interview, and two participants told that they had started to trust the group and some other people.
The BBAT treatment in a group seemed to be a good treatment for traumatized persons and time seem to be an important factor for the result of the treatment.
Keywords: trauma, group physiotherapy, movement quality.
Ethical consideration: Contract: name/personal information was to be kept secret/anonymous, names in report are altered.
Funding acknowledgements: Psychiatric ward Røyse, Ringerike Hospital, Norway.
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Workshop

GRIP ON MEDICALLY UNEXPLAINED SYMPTOMS (MUS), A PRACTICAL APPROACH WITH A COMBINED EXERCISE- AND BEHAVIORAL PROGRAM FROM A NEURO-BIOLOGICAL PERSPECTIVE.

In this workshop the elaboration and practical approach of the combined exercise- and behavioral program for MUS is explained, as introduced in the theoretical plenary session (part1).

The practical implementation of the physiotherapeutic and psychological interventions will be shown. Insight will be given in the exercise program, in the individual psychological intervention and further coaching, as also find place in the group meetings. In these group meetings, evaluations are conducted and also there is room for psycho education and exchanges between participants focusing on the formulation of new goals. Also the 3 phases of the combined program, the exploration-, savings- and stabilization phase will be discussed. The progress of the participant is recorded in scores and graphics, which gives insights in the relation between behavior and complaints and which are acting as ongoing evaluations, leading to pursue continuous new goals for the purpose of self management.

The aim of this workshop is to give practical insight in the self-action energy- and recovery management program for MUS. The program shows new insights and opportunities for people with MUS, often leading to recovery. It shows also the strength of physiotherapy, when movement and recovery principles are embedded in a behavioral approach. It hopes to become an inspiring example for patients and professionals, for practitioners and scientists.

In Dutch this approach is described in the book: “Grip op SOLK’, een praktische aanpak voor onverklaarde lichamelijke klachten vanuit neuro-biologisch perspectief (B. Kallen, M. Pennings, Uitgeverij Boom Lemma, Den Haag, 2013).

Ethical considerations are concerned (focused on self management) and the work is unfunded.

Keywords: MUS, the practice of a exercise-and behavioral program, allostatic load.

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Research report

THE EFFECT OF MINDFULNESS-BASED STRESS REDUCTION ON PAIN INTENSITY IN PATIENTS WITH CHRONIC PAIN AND MUSCULOSKELETAL PROBLEMS

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1. Purpose & relevance: In recent years Mindfulness-based interventions have become increasingly popular in the clinical approach of various health problems including chronic pain. Research suggested that an 8-week Mindfulness-based stress reduction (MBSR) program might be effective in the treatment of chronic pain. In the treatment of chronic pain, the focus in is not so much on controlling or fighting the pain, but on accepting the pain. Research into the correlation between mindfulness and pain intensity in chronic pain suggests that a higher level of mental mindful attitude is associated with a decrease of pain intensity. Insufficient research has been done into the specific effect of the MBSR program leading to changes in pain intensity ratings. The aim of this review is answering the question what the effect of MBSR is on pain intensity in patients with chronic musculoskeletal pain. Positive findings may lead to further development in finding an optimal application of the MBSR-program in Physical therapy in Psychiatry and Mental Health.

2. Methods: A systematic literature review was conducted using the databases PUBMED, PsychINFO and Pedro. Included in the review were randomized controlled trials (RCT’s) and controlled clinical trials (CCT’s) published in English or Dutch between 2007 and 2012 that provided results on change in pain intensity rating measures of patients with chronic musculoskeletal pain. Excluded in the review were patients with a diagnosis Axis I psychiatric diagnosis disorder. Studies were rated for clinical relevance and quality by using the list of Van Tulder and the Physiotherapy Evidence Database (Pedro-scale). Level of evidence is based on best evidence synthesis formed by significant results. The two authors independently searched and judged de data.

3. Results: Five studies were included in the review, totalling 531 participants; aged 47 to 57 years, more women than men. The clinical relevance and quality of these studies was high. There was strong evidence that MBSR is superior to regular care in reducing VAS and NRS pain intensity ratings in patients with chronic musculoskeletal pain. Moderate evidence was found for the effect of MBSR compared to cognitive behavioural therapy. Limited evidence was found for the effect of MBSR compared to a waiting list or video distance training. There is no evidence for a more positive effect of MBSR compared to a multidisciplinary pain intervention program.

4. Conclusions & implications: MBSR seemed to be an effective intervention program for reducing pain intensity in patients with chronic musculoskeletal pain. Future research is needed to clarify the mechanism of MBSR and the clinical relevance of MBSR as an effective and useful intervention for the treatment of patients with chronic musculoskeletal pain in the practice of physical therapy.

5. Keywords: MBSR, pain intensity, musculoskeletal pain and chronic pain.
6. Ethical considerations: None.
7. Funding acknowledgements: This review was unfunded.
A STUDY OF MOVEMENT QUALITY USING BASIC BODY AWARENESS GROUP THERAPY ON SIX PERSONS SUFFERING FROM FIBROMYALGIA

``I am rediscovering myself and discovering new things’’
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Purpose: The aim of this study is to investigate patient experiences from 20 sessions of Basic Body Awareness Group Therapy (BBAGT) and therapist observations of movement quality measured with Body Awareness Rating Scale-8 (BARS-8) IN 6 persons with Fibromyalgia.

Relevance: Living with Fibromyalgia can lead to an existential breakdown in the familiar world first and foremost related to the lived body, with loss of bodily based integrity, control, and freedom to act.

The number of patients with fibromyalgia is increasing in primary care in Spain. In many health areas the rheumatology departments have decided not to treat them anymore. BBAGT is a process-oriented physiotherapy movement modality that includes bodily, psychological and existential perspectives and is used in rehabilitation setting for patients with various problems.

Methods:

a- Participants: 6 participants, 1 man and 5 women, with an average of 49 years-old. They all suffered from fibromyalgia for more than 5 years. They all had a past positive experience of individual therapy from 12 sessions one year before, and an increase of their movement quality was observed and measured with BARS. Their family doctors considered positive the therapy.

b- Instruments:
1- A qualitative design with a phenomenological approach was used. The data collection was done through in-depth interviews (with the design of a semi-structured interview guide) that were audiotaped and transcribed by the interviewer.
2- A quantitative assessment of movement quality was made using the observational part of Basic Awareness Rating Scale. It was made before and after the 20 sessions of therapy.

c- Analysis:
1- The qualitative design data analysis of the interviews was based on Giorgi’s phenomenological method.
2- The quantitative data was collected with the use of Basic Body Awareness Scale-8 (BARS-8) and are presented graphically for each patient.

Results: Based on the experience of the participants, the movement quality has been promoted and the main themes that have emerged are: Pain decrease and control, acceptance, increased body awareness, experiencing the group as a whole as an embodied learning process, the embodied presence of the physiotherapist promoting therapy as something positive, well-being and an ally to stimulate their self-awareness. Finally; in the theme `what has the Basic Body Awareness Group Therapy brought into my life? We find important outcomes used by the patients in daily life: Self-control for stress, anxiety or tension; increased bodily self-sufficiency and efficiency or stamina and better relationship with familiar and social environment. Based on the quantitative assessments, the promotion of movement quality is reflected in the changes in the MQ scores, observing an increase between the first and the last BARS-8 measurement in all the participants.

Conclusions: The movement quality has been promoted and increased during Basic Body Awareness Group Therapy with this group of 6 persons suffering from fibromyalgia. The results are positive and indicate an improvement in health-related quality of life. Further research in larger patient groups is
needed to generalize the findings.

Key words: Basic Body Awareness Group Therapy, Movement Quality Promotion, Fibromyalgia.

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Ethical considerations: Each patient was informed about the study, the data would be anonymous and confidential; and everyone signed a consent form.

Study unfunded
FIRST YEAR PHYSIOTHERAPY STUDENTS EXPERIENCES FROM BASIC BODY AWARENESS THERAPY GROUP INTERVENTION

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Purpose: The aim of this project was to study how a group of bachelor program physiotherapy students experience Basic Body Awareness Therapy (B BAT), promoting their movement quality (MQ) and movement awareness.

Relevance: In the current bachelor program more attention has been paid to the approach of seeing person as a whole, often without clarifying the concept. According to research (Skjærven et al. (2010)) the physiotherapist’s own movement awareness is a precondition for observing, understanding and promoting MQ. While promoting physiotherapy students’ movement quality, one’s movement awareness and professional skills are also improved.

Participants: 12 physiotherapy students were invited to participate in 10 week elective course with B BAT; 10 female and 2 men, age between 19-44 years. Each B BAT session lasted for 1,5h and included lying, sitting, standing, walking and pair movements.

Method and analysis: A phenomenological approach was chosen for data collection. Participants` written summaries from their training diary’s were used as data. They was analyzed according to Systematic Text Condensation following Giorgi’s four step method. For quantitative data Body Awareness Rating Scale 8 (BARS 8) was used before and after the training period. Ethical considerations were followed.

Results: From the qualitative analyzes five meaning units with subgroups are found: 1) physical experiences (postural stability; development of position; form of movement; path of movement), 2) physiological experiences (breathing; centering; rhythm, flow and elasticity in movement), 3) psycho-socio-cultural experiences (cognitive; emotional; relational; intentional), 4) existential experiences (total coordination; presence; self-expression) and 5) role of therapist (verbal guidance; creating a meaning). The results from BARS 8 showed some positive changes in movement quality. Average score increased most in movements which required alignment in the body. This is supported by qualitative findings, where participants described how they experienced a contact with vertical axis and, how it supported the path and form in their movement.

Conclusion: Participants’ described movement experiences from four perspectives as in Movement Quality Model and they emphasised therapist role in guidance. The elective course was effective to improve most of the students MQ and quantitative results were supported by qualitative results. How the student can benefit and use the new awareness, gained from the course, needs to be further studied by individual interview.

Implication: B BAT training improved most of the participants’ movement quality within this group, but further studies are needed.

Key words: Basic Body Awareness Therapy (B BAT), movement experiences, physiotherapy student

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THE PSF7; A SCREENING INSTRUMENT FOR PSYCHOSOCIAL FLAGS.

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Tutor / Supervisor during 1st validation study: M. van der Horst Msc.
Coordinator Hogeschool Utrecht, HU University of Applied Science Utrecht: R. IJntema

Purpose and relevance: The purpose of this study was to measure the criterion validity of the PSF7 after its first revision. At this stage the first version, a screener for yellow flags only, is extended by adding a ‘context flag’ (black) question to the 6 ‘personal flag’ questions. To make it more applicable for general use. Negative personal and external factors appear to be associated with greater chance of treatment obstacles in primary care physiotherapy practice. In order to improve treatment results, early detection seems essential for adequate treatment indication. A screening instrument, the PSF7, is developed to detect most important factors to support a referral for a psychosomatic physiotherapeutic interview.

Description: Items of the PSF7, for measuring quality of life and symptoms of distress, depression, anxiety and somatization, were compared with items of the SF36, 4DSQ and Koeter screening interview. A population of 57 adults whom experienced a physical complaint of more than 3 weeks duration, were asked to fill out the entire set of psychometrics to give one overall picture.

Evaluation: There is a significant correlation between items of the PSF7 and the SF36, 4DSQ and Koeter in the items seriousness of complaint, health beliefs, live events, mood, somatization and quality of life. Six questions show good predictive validity as a screening question for the existence of psychosocial flags which might become an obstacle for recovery.

Conclusions: The PSF7 shows a good criterion for the detection of six psychosocial flags which can act as an obstacle for recovery and return to participation. There is a significant correlation in six of the seven questions to identify a flag in a sensitive as well as specific way.

Implications: Using the PSF7, it is possible to reveal negative personal and external factors in a quick and valid way. Doing so pointing towards an opportunity in treatment to facilitate recovery and return to participation.

The PSF7 can support an early referral to a specialized physiotherapist, trained to help people manage these psychosocial factors. Integrating the PSF7 in primary care might contribute to adequate treatment indication to optimize treatment result.

Follow up: To motivate for a referral to a physiotherapist specialized in psychosomatic disorders in primary care, a ‘work related flag’ (blue) is also indicated. In the latest revision, following this short validation study, it is now formulated within the screener replacing one question. To make the PSF7 ready for general use.

An extensive criteria validation study is planned.
Furthermore several research questions are formulated.

Keywords: psychosocial flags, screening, validity.

References:
NFP Beroeps competentieprofiel, 2009.
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Narrative review HE Roozenburg 2010, unpublished.
Special Interest report

“Best practice” protocols for the treatment of individual patients in primary care

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Purpose and relevance
In the primary care physiotherapy practise 30 % of the patients experience complaints of distress, 14 % score moderately to high on depression and 32 % show somatisation. These numbers require appropriate interventions and treatment strategies.

Description
The Dutch association for Psychosomatic Physiotherapy (NFP) has asked second year master students psychosomatic physiotherapy of the University of Applied Sciences Utrecht (Hogeschool Utrecht) to develop an evidence based or “best practice” protocols for the treatment of individual patients in the primary care psychosomatic physiotherapy practise. Subsequently a protocol was developed for occupational related distress, mild depression complaints and somatisation. These protocols are all based on research of literature in Pubmed, Cinahl, and Pedro. They all include a manual, which describes at the level of each treatment session what needs to be done, a rationale of the sequence and interventions of the treatment for the physiotherapist, and a workbook for the patient. The protocols have been implemented in psychosomatic physiotherapy practices. This was until now in 2-5 practices so it is a start for more.

Evaluation
The protocols for occupational related distress and mild depression have been tested in a “research” on patients in two practices for psychosocial physiotherapy. The result: patients who completed all the steps of treatment according to protocol under auspices of the therapist were satisfied about the treatment (4 on 5 points scale).

Conclusion and Implications
The protocols have been well received by both the psychosomatic physiotherapists and patients. They are available for members of the NFP and via its website (http://www.psychosomatischefysiotherapie.nl). The NFP stimulates the use by all its members and requests feedback and input from the users, in order to improve them.

Locally, in The Hague, the “Fysiogroep Haaglanden” is involved in increasing the awareness and use of the protocols by other stakeholders, such as occupational health physicians.

Keywords: distress; depression; somatisation

Funding acknowledgements: not relevant in this presentation

Ethical considerations: not relevant in this presentation

What are the barriers and facilitators to physical activity participation in community dwelling adults with dementia? A systematic review of physical activity correlates and implications for physical therapy practice

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Objective
Physical activity shows promise as a modifiable lifestyle intervention to benefit pathological symptoms of dementia. However, little is known about the factors affecting participation in physical activity in community dwelling adults with dementia. A systematic review was undertaken to identify all correlates associated with physical activity participation.

Method
Two independent reviewers searched major electronic databases using the medical subject headings ‘physical activity’ or ‘exercise’ or ‘physical inactivity’ or ‘sedentary’ and ‘dementia’, or ‘Alzheimer’s disease’ or ‘vascular dementia’ or ‘Lewy Body dementia’ or ‘frontotemporal dementia’. Two reviewers conducted the data extraction.

Results
Out of a potential of 118 articles, 12 met the eligibility criteria encompassing 752 participants. We identified a number of facilitators to physical activity including increased energy intake, resting metabolic rate, fat free mass, gait speed, global motor function, overall health related quality of life (HRQOL), physical HRQOL, higher levels of social functioning and reduced apathy. Barriers to physical activity participation included taking > four medications, dizziness, lower ADL function, a history of falls, less waking hours in the day, more autonomic problems and delirium. Increasing age and lower global cognition were not associated with physical activity.

Conclusions
It is encouraging that increasing age and lower global cognition do not appear to be barriers to physical activity. All significant correlates should be confirmed in prospective studies with particular focus on the relationship of physical activity and gait speed, ADL function, falls history and dietary intake and the progression of frailty and nursing home admission as a priority. Implications for physical therapy practice will be discussed.
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Special Interest Report

COGNITIVE BEHAVIOURAL THERAPY INFORMED PHYSIOTHERAPY IN CHRONIC PAIN: APPLICABILITY AND CHALLENGES IN CLINICAL PRACTICE

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Purpose and Relevance: Chronic musculoskeletal pain disorders such as non-specific chronic low back pain (NSCLBP) result from a complex interaction of physical, psychological, social and behavioural factors. Strong evidence supports this multidimensional nature of NSCLBP, where disability is more closely related with cognitive and behavioural aspects of pain rather than physiological or biomedical factors. Physiotherapists often see patients with NSCLBP in their outpatient practice and are consequently challenged to target mal-adaptive pain cognitions and behaviours. Cognitive behavioural therapy (CBT) is a promising intervention in NSCLBP since CBT involves helping patients to see how their thoughts (cognitions) and behaviours relate to the way they feel and experience their body, but the application of this therapeutic concept is challenging for health care providers, other than specialised clinical psychologists. This report aims to review experiences from a newly implemented CBT-informed physiotherapy for long-lasting NSCLBP by discussing the applicability and challenges in clinical practice.

Description: The treatment theory was initially analysed on the basis of a systematic review, for identifying specific CBT approaches that can be integrated into physiotherapy practice. In February 2013, an outpatient CBT-informed physiotherapy treatment was implemented at a general hospital in Winterthur, Switzerland.

Evaluation: Experiences with the CBT-informed physiotherapy intervention are linked with results from research as basis for the critical discussion in regard of the applicability and challenges in clinical practice.

Conclusion: Behavioural treatment approaches such as Graded Activity or Exposure in Vivo, based principles of operant conditioning, are applicable for physiotherapists within an outpatient setting. These approaches aim to facilitate adaptive pain behaviours (active coping) and decreasing disability by exposing patients to pain-related movements or activities and reinforcement of exercise behaviour. The application of cognitive treatment approaches is more challenging for physiotherapists. Modifying dysfunctional pain cognitions such as catastrophizing may require additional training, particularly regarding the cognitive model, CBT formulation and change techniques. In clinical practice, patients’ lack of curiosity regarding psychological issues, insufficient treatment adherence and weak therapeutic alliances between therapists and patients were identified as major barriers for cognitive approaches. More research is needed for studying therapeutic processes in physiotherapy aiming to facilitate cognitive and behavioural changes in patients with NSCLBP.

Implication: The integration of CBT-informed strategies into physiotherapy has the potential to improve quality of clinical practice by targeting all relevant physical, psychological, social and behavioural factors related with NSCLBP.

Funding acknowledgments: The project did not receive external funding.

Key words: cognitive behavioural therapy, physiotherapy, chronic pain, low back pain.
A systematic review and meta-analysis of osteoporosis and low bone mass in patients with schizophrenia: Implications for physical therapy practice
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Purpose and relevance
People with schizophrenia may be at risk of presenting with low bone mass (including osteopenia and osteoporosis) due to a complex range of factors. Low bone mass is a risk factor for fractures which is associated with significant morbidity and mortality. We aimed to clarify the prevalence and moderators of low bone mass, osteoporosis and osteopenia in patients with a diagnosis of schizophrenia. The implications for physical therapy practice will be discussed.

Methods
We searched major electronic databases from inception until November 2013 and conducted the review in line with the MOOSE guidelines and the PRISMA statement. We included articles that reported prevalence rates of osteoporosis and osteopenia according to the WHO criteria in people with a diagnosis of schizophrenia. Two reviewers independently extracted the data and completed methodological appraisal of each study.

Results
From 689 candidate publications we included 19 articles with 3038 people with schizophrenia and 1126 controls. We found that one in two people with schizophrenia had low bone mass (51%, CI: 43-60%) and they were almost twice as likely to experience this as age and gender matched controls (OR: 1.9, CI: 1.3-2.7). We also found that around one in ten patients with schizophrenia had osteoporosis (13.2%, CI: 7.8-21.6%) but that the risk of osteoporosis was over two and a half times that seen in the control populations (OR: 2.86, CI: 1.27-6.42). The pooled prevalence of osteopenia in patients with schizophrenia was 40.0% (CI: 34.7-45.4%). A number of moderators were identified within the analysis and will be discussed.

Conclusion
Around one in two patients have low bone mass and patients with schizophrenia are over two and half times likely to have osteoporosis than controls. Bone health assessments should form a routine part of the multidisciplinary care of patients with schizophrenia.

Implications for physical therapy practice
Physical activity is effective in preventing and managing low bone mass and physiotherapists should take a leading role. People with schizophrenia are at great risk of falls and physiotherapists are likely to have an increasing role in falls prevention. This will be particularly important due to the greatly increased risk of fractures due to the increased prevalence of low bone mass.
What methods are community mental health clinicians using to assess for pain in people with dementia who live at home?

**Purpose:** This project aimed to evaluate what methods community mental health are using to assess for pain in people with dementia who are living at home. The literature indicates that healthcare professionals are not adhering to the national guidelines and that people with dementia are vulnerable to experiencing unrecognised pain.

**Methods:** A questionnaire and focus group were used to collect information about methods of pain assessment from a population of 105 community mental health clinicians in one organisation.

**Results:** 46 clinicians responded to the questionnaire and 9 volunteered for the focus group. The findings indicate that the clinicians were 77.4% adherent to the national guidelines and all participants identified barriers to effective pain assessment. The five most commonly identified barriers to effective pain assessment were: Health care clinicians are not using pain assessment scales, the knowledge of pain assessment in carers and loved-ones of people with dementia is insufficient, there is not enough training about pain assessment techniques, pain behaviour is misinterpreted as indicative of other problems related to dementia, the health care clinicians tend to be reactive to pain rather than proactive and there is a lack of collaboration between dementia care, palliative care and older adult care. The focus group identified the central theme of a drive for pain assessment to be improved and the five main themes of: The belief that pain is inevitable with older age, the importance of knowing the person with dementia, there are barriers to achieving effective pain assessment, the role of the family is influential in pain assessment and reservations about the role of assessment scales.

**Implications:** this project identified that mental health clinicians are not assessing for pain at every contact with people with dementia, contrary to the British Pain Society and British Geriatrics Society guidelines (2007), and there were a number of barriers identified preventing more effective pain assessment. There was disagreement about the methods that should be employed to assess for pain and whether assessment scales should be used. The main barrier identified was that not everyone is using assessment scales but only 9% of the participants reported they use an assessment scale frequently, suggesting that there may be a problem with the clinical utility of the scales. The attitude of pain being inevitable with age was identified among all the members of the focus group and also in the questionnaire and the risk is that this is percolating into the belief systems of people with dementia and influencing approaches to pain assessment.

**Keywords:** pain, dementia, barriers, focus group, questionnaire

**Ethical considerations:** the project was considered to be service evaluation and so ethical approval was not required

**Funding Acknowledgements:** Derbyshire Healthcare NHS Foundation Trust. Project supervised by Bradford University.

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Is a Behavioral Graded Activity Program More Effective Than Manual Therapy in Patients With Subacute Neck Pain?

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Purpose and relevance;
To compare the effectiveness of a behavioural graded activity program with manual therapy in patients with subacute non specific neck pain.
Neck pain is a common complaint for which many therapies are available in primary care. There is strong evidence for the effectiveness of manual therapy combined with exercises. Also psychological factors are believed to play a rorl in chronic pain and in the ttransition from an acute to chronic stage of pain.

Methods:
A randomized clinical trial was conducted, involving 146 patients with sub-acute nonspecific neck pain. The BGA program can be described as a time-contingent increase in activities from baseline toward predetermined goals. Manual therapy consists of specific spinal mobilization techniques and exercises. Primary outcomes were global perceived effect, the Numerical Rating Scale for pain and the Neck Disability Index. Secondary outcomes were the Tampa Scale for Kinesiophobia, the 4 Dimensional Symptom Questionnaire, and the Pain Coping and Cognition List. Measurements were carried out at baseline and 6, 13, 26, and 52 weeks after randomization. Data are analyzed according to the intention-to-treat principle, using multilevel analysis.

Results.
The success rates at 52 weeks, based on the GPE were 89.4% for the BGA program and 86.5% for MT. This difference was not statistically significant. For pain and disability, a difference was found in favor of the BGA program; mean difference for pain - 0.99 (95% CI 0.15–1.83) and mean difference for NDI - 2.42 (95% CI 0.52–4.32). All other differences between the interventions in the primary and secondary outcomes were not statistically significant.

Conclusion.
Based on this trial it can be concluded that there are only marginal, but not clinically relevant, differences between a BGA program and MT.

Key words: neck pain, randomized clinical trial, behavioral graded activity, manual therapy.
Does focus on psychological aspects in neck pain patients have an added value.

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There is more and more focus on psychological aspects in the clinical decision making. The philosophy behind this thought has led to a paradigm shift in the approach to patients with for example neck pain. Also, psychological factors are responsible for the transition from acute to chronic complaints. In literature a behavioural graded activity program (BGA) is described as an alternative therapy in patients with musculoskeletal pain. The question is; is this an option? Furthermore, what is the content of such a program and are PT’s capable to use a structured and “hands-off” protocol? Two recently conducted randomized controlled trials on patients with sub-acute and chronic neck pain are used to review the results of a BGA program.

The purpose of this presentation is to give a short insight of the content of a BGA program and to discuss the clinical use of a BGA program in the physiotherapy practice. Furthermore the attitude of the participating PT’s will be discussed using the Patients Beliefs and Attitude Scale for Physical therapists.
Title of special interest report: Using the Four-Dimensional Symptom Questionnaire (4DSQ) to detect psychological problems in primary care physiotherapy in mental health

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Purpose and relevance According to current research\(^1\), one in every three adult patients in primary care physiotherapy is also suffering from complex mental disorders, such as depression and anxiety. This number has most likely increased since the introduction of the Direct Consultation System for physiotherapy in the Netherlands (2006). Although physiotherapists are not trained to recognize mental disorders, they should be aware of them, as they are associated with a decreased chance of recovery.

Description The Four-Dimensional Symptom Questionnaire (4DSQ) is a Dutch self-reporting questionnaire\(^2\), which is designed to assess common psychological symptoms in primary care patients. Based on the 4DSQ’s a therapist is enabled to distinguish general distress from depression, anxiety and somatisation\(^3\). The 4DSQ consists of fifty items concerning complaints in the past seven days. Reliability and validity of the 4DSQ scales is high. Based on experience in using the 4DSQ in daily practice, the patient first needs to understand that psychological factors could play a role in his complaints. Secondly, he or she needs to understand the purpose of the questionnaire, and only then the 4DSQ should be completed, which takes about 5-10 minutes.

Evaluation The 4SDQ can be used to assess whether a patient could be treated by the physiotherapist in mental health or should be referred to a General Practitioner (GP). In case of moderately high scores it is recommended to the results with the patient, in order to make her/him understand that psychological problems are possibly associated with the physical complaints. In case of high scores it is important that a patient is referred to her/his GP, as there is a possibility of a psychiatric disorder.

Conclusions and implications In several studies the 4SDQ proves to be a simple, reliable and valid self-reporting questionnaire. The 4 SDQ enables the identification of distress, depression, anxiety and somatisation in primary care patients and the decision whether further diagnosis is necessary. Discussing the 4DSQ scores is a good way to involve the patient in formulating a shared diagnosis and treatment plan. Future research in primary care physiotherapy in mental health is needed for more validation.

Keywords: Distress, depression, anxiety, somatisation, physiotherapy

Ethical considerations: None.

Funding acknowledgements None.

References
\(^1\) Horst M. van der, Terluin B., Lucas C. De invloed van depressie en angst in de eerstelijns fysiotherapiepraktijk Ned Tijdschr Fysiother 2007;117(1):15-22
Title of special interest report:
How to define in and exclusion criteria for physical therapy in mental health

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Purpose and relevance
A recent tendency in mental health care is the shift from institutional care to care closer to home. According to the first step of a balanced care model for global health in primary mental health care, a good screening/assessment is needed. The question is how to define criteria for in and exclusion of physical therapy in mental health care.

Description
In the Netherlands most of the physiotherapist are working in primary care and under the rules of the insurance companies they are allowed 30 minutes to screen a patient. Based on Dutch Professional competency profile the screening process should not be limited to biomedical pathology but also include risk factors in behavioral, psychosocial, employment, and social economic realm, which could be a barrier for recovery from physical complaints (‘yellow flags’). The tools we use are interview, (inter)national questionnaires and physical examination.

Evaluation
Physiotherapy practice OTC-BAG Gooi en Vechtsreek had an issue with screening ‘yellow flags’, resulting in a research project by students from Hogeschool Utrecht in Pubmed, Cinahl, Academic Search and Pedro (Roozenburg H, Swiers E, et al 2009) and the first edition of the PSF-7. The research shows there is not a single instrument that combines all the risk factors in one instrument. For screening the whole area several questionnaires need to combined. This takes a lot of time. The most important risk factors appear to be quality of life, work experience, and symptoms of distress, depression, anxiety and somatization. Validated screening instruments are UBOS, Koeter, SF36, and 4DSQ. Following this research the second edition was developed which attempts to distinguish on the most important factors (quality of life and symptoms of distress, depression, anxiety and somatization) to support a full psychosomatic physiotherapeutic interview. In not published descriptive research by Roozenburg, the validity of the second edition is investigated by comparing the items of this version, with items of the SF36, 4DSQ and Koeter screener under 57 adult patients in primary care physiotherapy practice. The second version appears to provide good criteria for the detection of negative personal and external factors.

Conclusions and implications
The second edition of PSF-7 seems to be an effective screenings instrument to assess some of the most important risk factors. Future research on a larger scale is needed for more validation, and measuring the effect of this instrument to include or exclude patients in primary care for physical therapy in mental health.

Keywords
Screening, physiotherapy, primary care

Funding Acknowledgements
Unfunded.

Ethical considerations

3Roozenburg H, To physical therapy in mental health care: yes or no? 2010
Influence of cognitive impairment in gait and balance in older adults
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Research report

Abstract

Purpose & relevance: Falls are a complex and multi-factor problem that cover aspects such as balance and cognitive impairment. The objective of this study was to analyse whether there are differences between gait and balance in older adults according to cognitive impairment (CI).

Methods: 113 participants were included in the study: 36 without CI, 44 with mild CI, and 33 with moderate CI. Participants were assessed with the Performance-oriented assessment of mobility (POMA), developed by Tinetti. POMA is composed by 2 sub-scales, balance (POMA-B) and gait (POMA-G). Participants were mostly women (73.5%) with average of 73.79 years old (DT 9.105) for the participants without CI, 81.59 (DT 4.984) years old for participants with mild CI and 82.97 (DT 4.305) for participants with moderate CI.

Findings: The variance analysis provided significative statistically differences for POMA-B \((F(2,113)=10.619, p \leq 0.000\), and POMA-G \((F(2,113)=6.512, p \leq 0.002\). Following multi-comparisons post hoc, significative differences were found \((p=0.01)\) in both gait and balance between participants without CI and participants with Mild and Moderate CI.

Conclusions & implications: Participants in this study showed differences in gait and balance according to their cognitive impairment. Differences were found in the gait and balance between participants without CI and those with mild CI and moderate CI. However, there were no differences in gait and balance between participants with mild CI and moderate CI.

Keywords: Balance, Elderly, Moderate Cognitive Impairment.

Ethical considerations: This study has been approved by the research ethical committee of the University Hospital “Virgen de la Arrixaca”, Murcia (Spain).
The cognitive impairment in the daily LIFE ACTIVITIES in THE elderly

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Research report

Abstract

Purpose & relevance: Dependency relates to the physical, psychological and intellecual aspects decreasing the capacity to perform the daily life activities independently, and requiring the caregiver support. The objective of this study was to analyse the dependency for daily life activities related to ageing and to cognitive impairment.

Methods: 113 participants with age range 60-90 recruited from city elderly centres, day centres, nursery homes, patient associations, and dementia units in the Region of Murcia (Spain). Criteria inclusion were: people that lived in their homes, diagnosed of mild-cognitive impairment (group 2) or moderate-cognitive impairment (Mild Dementia, group 3), and people without cognitive impairment (group 1). The assessment of the cognitive status was made by the Mini-Mental State Examination (MMSE), and the Global Deterioration Scale (GDS). With regards to the daily life activities, they were assessed by the Barthel Index (BI), their global results are grouped in 4 categories for dependency: total < 20; severe= 20-35; moderate = 40-55; and mild ≥ 60.

Findings: The analysis of the variance showed significative statistically differences among the three groups for the BI [F(2,113) = 6,335, p≤0,00]. Post-hoc multiple-comparisons showed differences among group 1 (without cognitive impairment) and group 2 (Mild cognitive impairment) and group 3 (Mild Dementia). Differences among groups 2 and 3 were not found. Analysing case by case, 11 of the 113 participants scored less than 60 in the BI meaning dependency. From these participants with dependency one scored 4 in GDS and 10 in MMSE, and 5 in BI with total dependency for daily life activities; 2 participants scored 3 in GDS and showed severe dependency.

Conclusions & implications: Significative differences were found in the dependency for daily life activities between the participants without cognitive impairment and those with mild cognitive impairment and mild dementia. There were no limitations for daily life activities between participants with mild cognitive impairment and mild dementia.

Keywords: Dementia, Disability, Elderly,

Ethical considerations: This study was approved by the research ethical committee of the University Hospital “Virgen de la Arrixaca”, in Murcia (Spain).
Postural Alignment in Major Depressive Disorder: Comparisons between recurrent and non-recurrent depression

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1. Purpose & relevance:
Major Depressive Disorder (MDD) is a serious chronic health problem. Physical symptoms of the depression are always present and include psychomotor delay, fatigue and pain symptoms such as back pain, causing various body impairments, which may have long-term consequences. Although rational, there is no evidence of an association between pain and body posture or of the influence of recurrent episodes on postural alignment in this group.

2. Methods:
34 patients with MDD undergoing treatment with medications were assessed. Of these patients, 11 had a single MDD episode and 23 recurrent episodes. Severity of the symptoms was rated by scores obtained on the Hamilton Depression Rating Scale. Postural assessment was carried out by photogrammetry in a standing position on frontal, sagittal and posterior planes. The angles and distances between anatomical reference points were quantified using CorelDraw\textsuperscript{®}. In addition, intra-examiner reliability was determined for the postural variables evaluated. This is a control quantitative study.

3. Results/findings:
Results showed no relationship between episode severity and posture, but revealed a postural difference between the single and recurrent MDD episode groups. MDD patients with recurrent episodes had round shoulder, worse thoracic kyphosis, and less lordosis compared to the single episode group. Recurrence was associated with postural alterations similar to those seen in elderly.

4. Conclusion & implications:
The present study showed an influence of recurrence of depressive episodes on postural alignment. Patients with recurrent MDD had greater postural misalignment than non-recurrent MDD patients.
These findings are novel and underscore the clinical importance of postural misalignments when assessing depression. The recurrence of the disease is associated with greater strain on supporting structures, negatively impacting muscle efficiency and predisposing patients to pain and musculoskeletal pathologies.

5. Keywords:
Depression, Posture, Recurrence

6. Ethical considerations:
After study information, the legal representative signed the informed consent. The project was approved by the Local Ethics Committee. n\textsuperscript{*}1127-05

7. Funding acknowledgements:
Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) do Ministério da Saúde is an independent public foundation with the mission to foster research and the scientific and technological development in Brazil.
Jarricot dermatome pain test (TDRJ) validation as a test associated with suffering physical stress.

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1. Purpose & relevance:
The correlation between musculoskeletal and mental disorders it is a studied and evidenced frame in last decades and there is evidenced of their interrelationship. It is important then to find a suitable and rapid diagnosis in order to avoid the symptoms become chronic and contribute to early recovery it is wanted.
The aim of the study was to validate Jarricot dermatome pain test (TDRJ) as a test associated with the assessment of somatization in the dermis for a state of physical stress.

2. Methods:
2.1. Participants: 32 working volunteers. Exclusion criteria were: diagnosis of gastrointestinal organic disease or the presence of panic attacks in the past three days, have taken medicines in the last month and toxic habits. Inclusion criteria: having over 18 years old, do not have toxiics habits and do not be taken psychotropic drugs or if any usually taken in the last month.
2.2. Instruments: The TDJR measurement was performed by two physiotherapist and the Hamilton anxiety test by a psychologist.
2.3. Analysis: A quantitative analysis was performed. The data analysis was done using the SPSS statistical software 18. Cohen kappa test and intraclass reliability correlation coefficient (ICC) was used to calculate the concordance. By using Spearman coefficient, the number of positive dermatome pain and Hamilton anxiety punctuation were correlated.

3. Results / findings:
The interobserver agreement was very good for five dermatome pain, good for another five and moderate in one. The intraobserver agreement was very good in seven, good in three and moderate in one. The CCI was (0.98) for Interobserver, and for intraobserver (0.99). The Spearman coefficient was 0.7.

4. Conclusions & implications: The TDRI is a valid and reliable test; there is a strong correlation between the number of positive dermatome pain test and the score in the anxiety Hamilton test. Although the correlation is strong and significant, a further study with a larger population should be done to confirm this coorelationship.

5. Keywords: dermatome pain correlation Hamilton test

6. Ethical considerations: Helsinki declaration guidelines were followed. All Participants signed an informed consent.

7. Funding acknowledgments: Although this study didn’t receive funding, we thank the Institute of Neuropsychiatry and addictions of Parc de Salut Mar (Barcelona-Spain) to allow performing the study at their facilities.
PILOT STUDY INTO THE EFFECTIVENESS OF BASIC BODY AWARENESS THERAPY IN AN INPATIENT ANOREXIA NERVOSA UNIT.

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Research report

Purpose:
The purpose of this 8 week pilot study was to evaluate the use of group based Basic Body Awareness Therapy (BBAT) in an inpatient Anorexia Nervosa Unit studying different variables: body image, body experience, anxiety and movement quality.

Relevance:
This study will demonstrate how patients with Anorexia Nervosa may benefit from BBAT physiotherapy intervention. Anorexia Nervosa is a multifactorial problem where body image/experience can often be a precipitating factor. Currently BBAT is used throughout Europe within the field of mental health physiotherapy. This trial is the first time BBAT has been introduced into treatment within Scotland for patients with severe Anorexia Nervosa. If this study indicates that BBAT has positive outcomes then a full-scale trial over a longer period with larger sample size would be developed.

Participants:
Patients admitted to REDU attended a weekly group on BBAT. Patients are admitted to the unit from 5 areas: Edinburgh (ANITT/ Cullen), Forth Valley, Borders, Fife. All patients admitted to the unit are assessed by the physiotherapist and multidisciplinary team on admission. Exclusion criteria: medically unfit to attend groups/ bed rest patients.

Ethical considerations:
Participants were informed about the nature and purpose of the group. Unless medically unfit to attend groups in the unit all patients sign up to group attendance on admission (part of the admission criteria).

Methods:
Groups were led by the physiotherapist who had attended training in Basic Body Awareness Methodology. Movements from BBAT were adapted for low weight patients with the guidance of physiotherapy colleagues with experience in BBAT and Eating Disorders. Standing practice was limited throughout the 8 week programme and mat work and Dropsy massage was focussed on.

Analysis:
Qualitative data was collected through the use of feedback questionnaires and the Body Attitude Test Questionnaire.

Results/ Findings:
Early analysis from patient feedback indicates a positive impact for patients of weekly group sessions in BBAT improving body experience, anxiety and movement quality. Some issues with positions used were highlighted by patients and require further adaptation.

Conclusions:
Comments from patients indicate the positive experience of attending weekly sessions in BBAT. Patient feedback highlights the need for body-orientated interventions within an inpatients Anorexia Nervosa unit. Further work is required on positioning of patients with extremely low weight BMI and possible adaptations of some of the techniques of BBAT to work with low weight patients.

Key words:
Eating Disorders, Anorexia Nervosa, BBAT, treatment intervention

Funding: BBAT training was self-funded by the physiotherapist.
Workshop

EGON measurement
Kjölstad Gunhild, Sweden
POSTER AWARD

As a participant you choose the poster you find to be “the best” from the exhibited posters. Choose the one which should, from your opinion, receive the FIRST PLACE, according to the following criteria:

1. Scientific Novelty and Excellence
2. Concise clear and informative Introduction and Purpose
3. Brief Methodology
4. Local and clear presentation or description of Results / Findings
5. Clear concise and comprehensive summary and conclusion
6. A visual balance between text, figures, tables
7. Overall readability and impact (scientific and aesthetic)

There are 23 posters; you are to vote for “the winner”

Questionnaire

My vote is POSTER NUMBER: .................................

Please return the questionnaire to the organizing staff – look for a basket no later than Friday 10, before 1300 pm