Aims:
- Evaluate isometric endurance of trunk muscles

Note from the editor – I am pleased to announce a new feature to the journal ‘#Medoftheweek’ which will take over the exercise slot. This will provide information on common medication we are seeing patients being prescribed on a daily basis. This feature is for information only and is not aimed at extending scope into medication management but should provide us all with some information of warning signs to watch out for when taking patients medication summaries. If you would like further information on the scope of physiotherapists with regard to medicines management please feel free to contact myself or your clinical lead. Joe

#PODCASTTUESDAY - by Emily Jennings

The Strength Physio Podcast e12
http://www.strengthphysio.com/tspp-012-active-listening-behaviour-change-therapists-coaches/

Questions:
What should be one of the first things we ask a patient and why?
What is active listening?
Why is behavioural change important?
What three things can we manipulate to change behaviour?
How may we change the environment?
How do you make sure patients are likely to do their exercises?

After listening to the podcast it would also be interesting to look at models of behaviour change. The most widely used is ‘the stages of change model’ see links below.
https://en.wikipedia.org/wiki/Transtheoretical_model
http://ahp.sagepub.com/content/12/1/38.short

#WHATSNEWFRIDAY- Biering Sorensen Test By - Jess Miller
http://www1.udel.edu/PT/PT%20Clinical%20Services/journalclub/caserounds/10-11/September/soreson%202006.pdf


Method:
- Patient lies prone with upper edge of iliac crests aligned with edge of table
- Lower body fixed to table by three straps at pelvis, knees, and ankles
- Arms folded across chest
- Isometrically maintain upper body in a horizontal position
- Time this position can be held is recorded
- Stopped after 240 seconds if have no difficult holding position

Aims:
- Evaluate isometric endurance of trunk muscles
For the next #WHATSNEWFRIDAY - Rotator cuff related shoulder pain (Lewis, 2016). We will be looking at the second part this week - from point 6 through to the conclusion.

http://www.manualtherapyjournal.com/article/S1356-689X(16)00040-0/fulltext

Any pictures, suggestions or comments to Jessica.z.miller@ahpsuffolk-cic.nhs.uk

#NEWSOFTHEWEEK – by Joe Russell

1. Manual therapy = analgesia; moderate evidence
One I missed in 2015 but very important. This systematic review looking at the analgesic effects of manual therapy, concludes that there is moderate evidence to support this. These analgesic effect are only immediately following treatment and only locally to where treatment was applied. The review was thorough with good search terms and inclusion criteria, although they appear to have excluded a large amount of data but detail why and how this was done.

http://www.manualtherapyjournal.com/article/S1356-689X(14)00180-5/fulltext

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Predictive Validity</th>
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<tr>
<td>- ?How will patients react to test</td>
<td><strong>Original paper (Biering Sorensen,1984) results:</strong></td>
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<td>- ?Realistic in clinic</td>
<td>- Position holding time of ≤176s predicted low back pain during the next year in males</td>
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<tr>
<td>-Cannot quantify relative muscle strength</td>
<td>- Time ≥198s predicted absence of low back pain</td>
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<td>-Does being able to hold position for 4 mins correlate to function?</td>
<td>- No predictive Validity in females</td>
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<td>-Consider psychological effects i.e.</td>
<td><strong>Since then:</strong></td>
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<td>Muscular endurance can be affected by competitiveness, pain tolerance, boredom...</td>
<td>- Some studies found the test predicted low back pain in males and females, others found no predictive value</td>
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<td><strong>Overall:</strong></td>
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<td>- In many studies, the position holding time was significantly decreased in patients with chronic low back pain</td>
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<td>- This suggests that chronic low back pain may be associated with decreased endurance of the trunk extensor muscles</td>
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**Sensitivity to change**
- Position holding time has been reported to significantly increase after active rehabilitation therapy

**Adverse Effects**
- Although the test has been reported to put the equivalent of 4,000N load through the back, no persistent adverse effects such as pain exacerbation have been reported

**Predictive Validity**
- Position holding time of ≤176s predicted low back pain during the next year in males
- Time ≥198s predicted absence of low back pain
- No predictive Validity in females
2. Satisfaction in OA – we don’t score so well
Patient satisfaction in those with OA, a large cohort of our patients, is an interesting statistic but does it really reflect the best clinical outcome? This questionnaire based study asked over 400 Australian OA patients about their satisfaction.
Highly: GP’s = 84%, Arthroplasty = 91%
Moderate: Medication = 62%, Walking Aids = 65%, Medication = 66%
Less: Physiotherapy = 43%, Exercise = 48%
This certainly does not align with the evidence base on OA for clinical outcome.

3. Hamstrings: tight ≠ ↑ risk of injury
It has long been the belief that athletes with tighter hamstrings were more likely to sustain hamstring injuries. This study of over 400 soccer players suggests otherwise. They report no link between hamstring tightness and injury rate. Quite a substantial finding. They do not offer any suggestion of what may predispose these players to injury and there is no way of extrapolating this to other athletes such as runners.
http://m.ajs.sagepub.com/content/early/2016/08/31/0363546516664162.short

4. Physiotherapist attitudes change with CFT
Cognitive functional therapy education is observed to change the attitudes and reported behaviours of physiotherapists managing persistent low back pain in this qualitative study, reporting an increase scope of practice and improved confidence in tackling persistent conditions. The paper calls for CFT training to be offered to more physiotherapists

#MEDOFTHEWEEK – Suzanne Godfrey
Naproxen – NSAID
Reduces hormones that cause inflammation within the body
Used for: pain and inflammation in rheumatic disease and other musculoskeletal disorders; dysmenorrhoea; acute gout.

Risks:
Taking naproxen during the last 3 months of pregnancy may harm the unborn baby
May cause stomach or intestinal bleeding – more common within older adults
Do not use just before or after heart bypass surgery
Renal pathology/disease should be avoided
Long term use of Naproxen is associated with reduced female fertility.

Research:
Several non-steroidal anti-inflammatory agents (NSAIDs) have shown promising chemo preventive activity in many cancers within mice. There has been some research into nitric-oxide releasing naproxen may be an agent to help prevent urothelial cancers and warrants further investigations.
In another 6 week study of 62 fibromyalgia patients, groups of patients were given the tricyclic anti-depressant Amitriptyline, the NSAID Naproxen, both drugs or neither drug. Although there was initial improvement in pain at two weeks in the Naproxen group, the difference was not significant. (Goldenburg, 1986)
Two double blind placebo controlled trials looking at time-to-first pain relief, effect size, correlations between various outcome measures and durability of relief for single-tablet naproxen 500 mg/esomeprazole given twice daily and celecoxib given once daily versus placebo in knee osteoarthritis (OA). Naproxen/esomeprazole produced a significant absolute moderate early pain response, which was maintained for 12 weeks. (Holt, 2015)

References:
https://www.drugs.com/naproxen.html
Goldenberg, A Randomized, Controlled Trial of Amitriptyline and Naproxen in the Treatment of Patients with Fibromyalgia. Arth & Rheum. 29 (11), 1986: 1371-1377

Disclaimer: This edit is for information/education use only and does not entitle people to advise patients on medication.

#AHPSCLINICALWEEKLY