



## Preliminary Conference Programme

### Friday, 28 August 2020

12.30 pm	Conference Welcome Chairman Opening Remarks	Ron Schenk
1.00pm – 2.30pm	<b>Plenary Session I: The Burden of MSK Disability</b>	Greg Lynch, Moderator
	Introduction	Greg Lynch
	MSK Disability: Why We Need to Pay Attention and What We Can Do About It	Jan Hartvigsen
	How Can We Provide High-Value Care for Our Patients? The Role of a Phenotype-Based Diagnosis in Musculoskeletal Rehabilitation	Yannick Tousignant-Laflamme
	The Burden of MSK Disability: Can We Do Better with MDT?	Richard Rosedale Hans van Helvoirt
	Session Review	Greg Lynch
2.30pm – 3.00pm	<i>Afternoon Tea</i>	
3.00pm – 4.30pm	<b>Parallel Sessions I</b> ( <i>Attendees choose one</i> )	
	<a href="#">Pain: Frameworks for Identification</a>	Yannick Tousignant-Laflamme, Nicolas Naiditch and Faculty
	<a href="#">Therapeutic Alliance: Factors to Consider</a>	Maïke Müller and Faculty
	<a href="#">Patient Demonstrations: Lumbar &amp; Lower Limb Extremity</a>	Anja Franz and Sara Luetchford
4.30pm – 4.45pm	<i>Rotation Break</i>	
4.45pm – 6.15pm	<b>Plenary Session II: Beyond the Spine</b>	Yvonne Body, Moderator
	Introduction	Yvonne Body
	Poking into Pain: The Case for Painful Exercise and Activity	Greg Lehman
	Tendinopathies: Does the Exercise and Dose Matter?	Peter Malliaris
	Beyond Cauda Equina Screening: Better Bladder/Bowel Screening for MDT Clinicians	Carolyn Vandyken
	Session Review	Yvonne Body
6.15pm – 8.00pm	<i>Conference Welcome Reception</i>	

### Saturday, 29 August 2020

7.00am – 8:30am	<i>Breakfast for Registered Conference Attendees who are Registered Guests of the Westin Ottawa. Westin Breakfast Vouchers Required</i>	
8.30am – 10.00am	<b>Parallel Sessions II</b> ( <i>Attendees choose one</i> )	
	<a href="#">Pain: Frameworks for Identification</a>	Yannick Tousignant-Laflamme, Nicolas Naiditch and Faculty
	<a href="#">Therapeutic Alliance: Factors to Consider</a>	Maïke Müller and Faculty
	<a href="#">Patient Demonstrations: Cervical &amp; Upper Limb Extremity</a>	Colin Davies and Robert Medcalf
10.00am – 10.45am	<i>Morning Tea</i>	
10.45am – 12.45pm	<b>Plenary Session III: International Tastings: Current MDT Research</b>	Margaret Campbell, Moderator
	Introduction	Audrey Long
	Historical Overview	Margaret Campbell

**Saturday, 29 August 2020 Continued**

	Special Tests of the Shoulder? How Often Do They Change with MDT Screening of the Spine?	David Vandeput
	Can MDT Reduce Surgical Rates Compared to Usual Care? Preventing Lumbar Surgery	Sinikka Kilpikoski Hans van Helvoirt
	The role of the MDT Clinician in Predicting Relevant Modic Changes on MRI	Henk Tempelman
	Research Panel - Q & A	Audrey Long
<b>12.45pm – 2.15pm Awards Luncheon Buffet</b>		
2.15pm – 3.45pm	<b>Parallel Sessions III (Attendees choose one)</b>	
	<a href="#">Sports: Optimizing Intervention</a>	Peter Malliaris, Greg Lehman and Faculty
	<a href="#">Pelvic Health: The Pelvis and Beyond</a>	Carolyn Vandyken, Di Wu and Faculty
	<a href="#">MDT Beyond the Clinic</a>	Jason Ward, Michelle Miller and Stephen Klassen
<b>3.45pm – 4.00pm Rotation Break</b>		
4.00pm – 5.30pm	<b>Plenary Session IV: Placebo / Nocebo</b>	
	Introduction	Georg Supp, Moderator
	Understanding Placebo and Nocebo: Basic Mechanisms and Their Relevance for Treating Patients	Georg Supp
	Analgesic Words - Analgesic Relationships: Understanding Placebo Effects to be a Better Clinician	Maike Müller
	Nocebo and Placebo in MDT: The Do's and Don'ts - How Do We Use Placebo and Avoid Creating Nocebo/Fear Avoidance Using MDT	Vicente Hennemann
	Session Review	Simon Simonsen
		Georg Supp
<b>6.30pm – 10.30pm Delegate Dinner Cruise (Optional)</b>		

**Sunday, 30 August 2020**

7.00am – 8:30am	<i>Breakfast for Registered Conference Attendees who are Registered Guests of the Westin Ottawa. Westin Breakfast Vouchers Required</i>	
8.30am – 10.00am	<b>Parallel Sessions IV (Attendees choose one)</b>	
	<a href="#">Sports: Optimizing Intervention</a>	Peter Malliaris, Greg Lehman and Faculty
	<a href="#">Pelvic Health: The Pelvis and Beyond</a>	Carolyn Vandyken, Di Wu and Faculty
	<a href="#">Patient Follow-ups</a>	Anja Franz and Sara Leutchford; Colin Davies and Robert Medcalf
10.00 – 10.45	<i>Morning Tea</i>	
10.45am – 1.00pm	<b>Plenary Session V: Future Innovations</b>	
	Introduction	Eva Novakova, Moderator
	If You Want to Change Practice, Involve Policy Makers	Eva Novakova
	Potential Influence of Predictive Factors in the Initial Indication, Follow-Up and Trajectory of the Chronic Painful Patient After Spinal Surgery	Jan Hartvigsen
	Centralization 2.0: Welcome to the Era of Big Data	Nicolas Naiditch
	Using an Avatar for Tele-Mentoring	Jean-Philippe Deneuille
	Panel Discussion / Q&A	Jon Weinberg
	Chairman Closing Remarks	Eva Novakova
		Ron Schenk

**The total contact hours for the Conference are 15.25. Preliminary Program is subject to change.**

## Description of Parallel Sessions (Workshops):

**Friday 3.00pm – 4.30pm and Saturday 8.30am – 10.00am**

### ▪ PAIN: FRAMEWORKS FOR IDENTIFICATION

#### Description

Many clinicians do not have a routine /standard way to assess for psycho social factors – What are some things that clinicians can consider that will aid in this issue from both the assessment standpoint & then what can we do with that information for treatment. The two workshops will focus on a framework and sociological approach and aid the clinician in measurement and assessment strategies.

#### **Yannick Tousignant-Laflamme: General view of chronic pain through a framework**

- Introduce the pain and disability Drivers management model
- Present a role to provide a framework for the diagnosis... leading to a more appropriate Dx that accounts for the complexity of LBP (for example). Thus, the model will dig further into it during the workshop
- Discuss potential role in the solution to the way MSK pain and disability are currently managed

#### **Nico Naiditch: Social Perspective of pain**

- Reintroduce what the sociological approach is and the confusion that exists with the psychological approach. Use the model of Shaw and al. 2013 and illustrate each category with qualitative or quantitative examples (Social Disadvantages, social factor at work, Social factor at home and social factors at the clinic).
- Review the main questionnaires and factors to which you should pay attention.
- Provide some examples of existing aids in France to socially manage physical pain

*Objectives: Upon completion of this session, participants will gain strategies to:*

1. Review the role of a diagnostic framework to assess and address the complexity and heterogeneity of common MSK disorders and the management of musculoskeletal pain
2. Discuss how this diagnostic framework may play a critical role to address the complexity and heterogeneity of common diagnostic labels.
3. Identify the primary social factors of chronicization
4. Review how social factors can aid clinical identification and the impact on the pain management effectiveness.

### ▪ THERAPEUTIC ALLIANCE: FACTORS TO CONSIDER

#### Description

The practice of contemporary clinical patient care is both a science and an art. It involves not only a proposed targeted intervention being delivered but also that the relational interaction between the clinician and the patient is enhanced. The optimisation of the clinician patient interactions has been termed therapeutic alliance. MDT, utilising the evidence of the patient to inform decision making, seeking a patient specific plan of care and the promotion of self-management, embodies the principles of therapeutic alliance. Having an improved understanding of the theoretical conceptualisation of therapeutic alliance, along with communication factors that are central to and correlate with enhancing alliance will give MDT clinicians improved strategies to facilitate and effect beneficial change in their patient interventions and interactions

#### **Maïke Müller: Alliance**

**Group Work – Communication:** *Margaret Campbell (New Zealand), Mark Cheel (Australia), and Ole Meyer (Denmark)*

**Group Work – Alliance:** *Charlotte Krog (Denmark), Steen Olsen (Denmark), and Hans Van Helvoirt (Belgium)*

*Objectives: Upon completion of this session, participants will gain strategies to:*

1. Have a conceptualisation of therapeutic alliance and its importance in the management of musculoskeletal disability.
2. Be able to discuss how communication can increase the capacity to develop therapeutic alliance.
3. Be able to discuss strategies to promote alliance for self-management and self-responsibility within health care provision.

**Friday 3.00pm – 4.30pm and Saturday 8.30am – 10.00am** *continued*

- **PATIENT DEMONSTRATIONS: LUMBAR & LOWER LIMB EXTREMITY (Friday)**  
*Anja Franz (Canada) and Sara Luetchford (Italy)*
- **PATIENT DEMONSTRATIONS: CERVICAL & UPPER LIMB EXTREMITY (Saturday)**  
*Colin Davies (Canada) and Robert Medcalf (USA)*
- **PATIENT FOLLOW-UPS (Sunday)**  
*All faculty as above*

**Description**

In these sessions, Canadian and International faculty will be assessing a range of musculoskeletal patients. There will be two clinicians assessing a patient in 45-minute demonstrations. Subject to availability, Friday will cover a Lumbar Spine and a Lower Extremities patient, and Saturday will feature a Cervical and an Upper Extremities patient. All four clinicians will review their patients on the Sunday morning.

*Objectives: Upon completion of this session, participants will gain strategies to:*

1. Utilize an effective MDT assessment for various regions of the body
  2. Utilize an effective Physical Examination, including the correct use of terminology when performing Repeated Movement Testing
  3. Review communication styles within patient interactions to create an effective therapeutic alliance
  4. Utilize a structured review process and confirm strategies for patient self-management
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**Saturday 2.15pm – 3.45pm and Sunday 8.30am – 10.00am**

- **SPORTS: OPTIMIZING INTERVENTION**

**Description**

**Greg Lehmann: Expose or Protect**

Pragmatic application of painful exercise for hamstring related pain.

Clinical decision making, exercise selection, pain science principles and exercise progression will be covered.

**Peter Malliaras: Optimising Exercise Dose, Adherence and Fidelity**

The aim of this workshop is to suggest practical strategies to enhance exercise dose delivery, adherence and fidelity, which overcome potential barriers to optimal exercise dosing. Rotator cuff and Achilles tendinopathy will be used as exemplar conditions.

*Objectives: Upon completion of this session, participants will gain strategies to:*

1. Allow pragmatic application of painful exercise for hamstring related pain.
2. Assist with clinical decision making, exercise selection, pain science principles and exercise progression
3. Enhance exercise dose delivery, adherence and fidelity.
4. Overcome potential barriers to optimal exercise dosing.

- **PELVIC HEALTH: THE PELVIS AND BEYOND**

**Description**

**Carolyn Vandyken**

Lumbopelvic pain and pelvic floor dysfunction (PFD) are highly correlated. MDT clinicians need to screen bladder and bowel function beyond cauda equina syndrome to effectively address the ever-increasing level of disability associated with chronic low back pain. Learn to use a validated screening questionnaire to ask those tough questions about bladder/bowel function, sexual function and comorbid urogynecological conditions. Central pain mechanisms also play a significant role in lumbopelvic pain and PFD which needs to be screened appropriately and integrated into a thoughtful and evidence-based treatment plan. You can't treat what you don't assess- assess lumbopelvic pain from a mechanical, pelvic health and a psychosocial perspective.

## ***Pelvic Health: The Pelvis and Beyond Continued***

### **Di Wu**

In this workshop, the clinical case of a male with urinary and sexual dysfunction following a lower back injury will be presented. Participants will be taken step by step through the assessment, classification and management of the patient using MDT principles in a biopsychosocial framework. We will look at how to establish proper functional baselines, recognize "red flags", and address the different drivers of pain and disability. We will also learn how to educate the patient with urinary, bowel, and/or sexual dysfunction. Finally, we will discuss the role of the clinician in pelvic health and how to communicate with other healthcare professionals involved in the patient's care.

*Objectives: Upon completion of this session, participants will gain strategies to:*

1. Utilize evidence-based screening tools to assess relevant lower urinary tract symptoms, psychosocial considerations of lumbopelvic pain, sexual health and bowel health
2. Develop basic skills to increase literacy in talking to your patients about bladder and bowel function as well as sexual function
3. Understand the potentially significant role of MDT in pelvic health and when to refer to specialty physiotherapy clinics or urology clinics

## **Saturday 2.15pm – 3.45pm**

### **▪ MDT BEYOND THE CLINIC**

#### **Description**

MDT delivered via Tele Health - Stephen Klassen. The use of Tele Health to deliver care to patients has been used for decades in some areas of healthcare but less so in physical therapy until more recently. While many clinicians delivering conservative care for musculoskeletal conditions may have used it in informal ways, there is a growing interest that MDT is well suited for this mode of delivery. Stephen Klassen will share successful platforms through which to administer care, related legal considerations, the evidence that MDT is safe and effective, and key do's and don'ts for positive outcomes.

MDT delivered via Mobile Health - Michelle Miller. "Home Health" physical therapy is a familiar mode of care for many home-bound patients. Onsite evaluation, education and treatment in the workplace is another site at which the individual with a musculoskeletal disorder would benefit from a mechanical exam. Is there a place for MDT at home or onsite? Michelle Miller will share her experience in delivering MDT at the patient's home and in their workplace. Legal considerations, the evidence to support this mode of delivery and key do's and don'ts.

MDT delivered to the Underserved - Jason Ward. Medical mission work is a common endeavor for many clinicians in developed countries who want to share their skills to underserved people groups. More familiar are the tooth extractions, limb amputations, cleft palate corrective surgeries, bloodborne disease treatment and other public health interventions as humanitarian efforts, but what about MDT for the greatest global cause of disability, back pain, and other musculoskeletal conditions? Jason Ward will share safety and legal considerations of those interested in serving the less-fortunate, ways in which these efforts are effective and in what ways they may actually do more harm, and the benefits to the served and to the volunteers.

*Objectives: Upon completion of this session, participants will gain strategies to:*

1. Discuss how clinicians are using MDT in a myriad of non-clinical environments
2. Review potential areas to use the MDT principles in the community, including the underserved, and in cyberspace
3. Understand the logistics, legalities and ethics of telehealth and community consultations
4. Explore further opportunities to develop Robin McKenzie's vision of MDT being the cornerstone of musculoskeletal care in a rapidly changing world

## **Sunday 8.30am – 10.00am**

### **▪ PATIENT FOLLOW-UPS**